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 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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
CINCINNATI TOOL STEEL COMPANY PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1978

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

CINCINNATI TOOL STEEL CO

5190 28TH AVENUE
ROCKFORD, IL 61109

2b Employer Identification Number (EIN) 36-2991003

2c Sponsor's telephone number 800-435-0717

2d Business code (see instructions) 331200

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.	07/17/2012	JULIE HANSBERRY
	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

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

5190 28TH AVENUE
ROCKFORD, IL 61109

3b Administrator's EIN
36-2991003

3c Administrator's telephone number
800-435-0717

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**	179
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**	100
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	84
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	184
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	185
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	174
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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 2K 2T 3D

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

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

A Name of plan
CINCINNATI TOOL STEEL COMPANY PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CINCINNATI TOOL STEEL CO

D Employer Identification Number (EIN)
36-2991003

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JP MORGAN RETIREMENT SERVICES, LLC

71-0930784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 49 50 52 59 60 63 64 65 71 72 99	NONE	1286	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	227	Yes [ ] No [X]

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 49 64 65 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	12979	Yes [ ] No [X]

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)

GPC SECURITIES, INC.

58-1517899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 65	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	613	Yes [ ] No [X]

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

MORNINGSTAR ASSOCIATES. LLC

36-4317381

(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?
49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	44	Yes [ ] No [X]

(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
JP MORGAN RETIREMENT PLAN SERVICES	52 59 60 63	0

(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.
SEE ATTACHED FEE DISCLOSURE REPORT 12-3456789	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 99	227

(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.
HARTFORD RETIREMENT SERVICES 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD RETIREMENT SERVICES, LLC	15 37 38 49 64 65 99	12979

(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.
JP MORGAN RETIREMENT PLAN SERVICES 71-0930784	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

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
GPC SECURITIES, INC.	15 64 65	613

(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.
HARTFORD RETIREMENT SERVICES, LLC 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	44

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection.

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

A Name of plan
CINCINNATI TOOL STEEL COMPANY PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CINCINNATI TOOL STEEL CO

D Employer Identification Number (EIN)
36-2991003

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN STABLE ASSET INCOME

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK NA

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)
20-1978950-001	C	306354

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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 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
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

2011

This Form is Open to Public Inspection

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

A Name of plan
CINCINNATI TOOL STEEL COMPANY PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CINCINNATI TOOL STEEL CO

D Employer Identification Number (EIN)
36-2991003

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		
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)		
(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)	78280	92750
(9) Value of interest in common/collective trusts	1c(9)	836504	306354
(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)	3488666	4212476
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	4403450	4611580
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4403450	4611580

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)	142026	
(B) Participants	2a(1)(B)	246012	
(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)		388038
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)	2912	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2912
(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)	66217	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		66217
(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)		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)		11735
(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)		-178376
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		290526
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81110	
(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)		81110
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)	1286	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1286
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		82396
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		208130
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: MCGLADREY LLP **(2)** EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
CINCINNATI TOOL STEEL COMPANY PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CINCINNATI TOOL STEEL CO

D Employer Identification Number (EIN)
36-2991003

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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

EIN(s): 06-0974148

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 of 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 (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Cincinnati Tool Steel Company
Profit Sharing and 401(k) Plan

Financial Report
December 31, 2011

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McGladrey

Independent Auditor's Report

To the Plan Administrator and Participants
Cincinnati Tool Steel Company
Profit Sharing and 401(k) Plan
Rockford, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of the Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan (f/k/a Cincinnati Tool Steel Company Profit Sharing Plan) as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Hartford Retirement Services, LLC as agent for JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the agent on behalf of the trustee regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the agent for the trustee as of and for the year ended December 31, 2011 and as of December 31, 2010.

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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the agent on behalf of 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Rockford, Illinois
July 11, 2012

Member of the RSM International network of independent accounting, tax and consulting firms.

Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
Assets		
Investments, at fair value:		
Collective investment trust	**$ 306,967**	$ 828,139
Shares of registered investment companies	**4,212,476**	3,488,666
Total investments	**4,519,443**	4,316,805
Receivables:		
Employer contributions	**225,000**	142,000
Notes receivable from participants	**92,750**	78,280
Total receivables	**317,750**	220,280
Net assets available for benefits at fair value	**4,837,193**	4,537,085
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**(613)**	8,365
Net assets available for benefits	**$ 4,836,580**	$ 4,545,450

See Notes to Financial Statements.

Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011

Investment income (loss):	
Net appreciation (depreciation) in fair value of investments:	
Shares of registered investment companies	$ (178,352)
Collective investment trust	11,711
Interest and dividends	66,217
	(100,424)
Interest income on notes receivable from participants	2,912
Contributions:	
Employer	225,026
Participants	246,012
	471,038
Total additions	373,526
Benefits paid directly to participants	81,110
Administrative expenses	1,286
Total deductions	82,396
Net increase	291,130
Net assets available for benefits:	
Beginning of year	4,545,450
End of year	$ 4,836,580

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of Cincinnati Tool Steel Company (the Company). Employees must be 19 years of age and have completed one year of service in which the employee was credited with at least 1,000 hours to be eligible for the Plan. Participants may enter the Plan on January 1 and July 1 of each plan year. Participants must be employed at the end of the plan year in order to receive a share of the Company's discretionary match and profit sharing contribution. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Participant contributions are limited to a maximum of 50% of compensation. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The employer matching and profit sharing contributions are discretionary as determined by the Board of Directors of the Company each year. The Company approved contributions totaling $225,000 which were split between match contributions of approximately $145,000 and a profit sharing contribution of $80,000 during 2011. Contributions are subject to certain limitations.

Vesting: Participant contributions and earnings thereon vest immediately. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

Investment options: Participants may direct their account balances into various investment options offered by the Plan. Participants may elect to change their investment options on a daily basis.

Payment of benefits: On termination of service for any reason, a participant with $5,000 or more in vested benefits may elect to receive either a lump-sum amount equal to the vested value of their account or periodic payments over their life expectancy. A participant with less than $5,000 in vested benefits may receive the value of the vested interest in their account as a lump-sum distribution. Participants are not eligible to receive their vested employer contribution balance until five years after their date of termination, unless the termination is due to retirement or death. Participants who have not separated from service and have reached normal retirement age of 65 may receive in-service distributions.

Notes receivable from participants: Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Participants may only obtain loans for medical expenses, purchase of a principal residence, tuition expenses, death of participant's spouse or dependents, prevention of eviction from a participant's principal residence or expenses for the repair of damage to the employees' principal residence that would qualify for the casualty deduction. Note terms range from 1-5 years or up to 30 years for the purchase of a primary residence. The notes have maturities ranging from April 2012 through April 2037. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The interest rates on the outstanding notes range from 1.25% to 5.25%. Principal and interest are paid ratably through payroll deductions.

Forfeited accounts: At December 31, 2011 and 2010, forfeited nonvested accounts totaled approximately $2,100 and $600, respectively. Forfeitures are allocated to eligible participant accounts based on eligible compensation. Total forfeitures allocated to participants for 2011 were approximately $2,100.

Note 2. Significant Accounting Policies

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

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 benefits of a defined-contribution plan attributable to a fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents 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 Benefits is prepared on a contract value basis.

Use of estimates: The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

Subsequent events: Plan management has evaluated subsequent events through July 11, 2012, the date on which the financial statements were available to be issued.

Note 3. Information Certified or Provided by Hartford Retirement Services, LLC as Agent for JPMorgan Chase Bank, N.A., the Trustee of the Plan

The following is a summary of the Plan's asset information as of December 31, 2011 and 2010, and for the year ended December 31, 2011, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Hartford Retirement Services, LLC (Hartford) as agent for JPMorgan Chase Bank, N.A. (Chase), the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Hartford as agent for Chase that the information provided to the Plan Administrator by the agent for the trustee related to the following assets is complete and accurate. Accordingly, as permitted by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets.

	December 31, 2011	December 31, 2010
Shares of registered investment companies, at fair value	$ 4,212,476	$ 3,488,666
Collective investment trust, at contract value	306,967	836,504
Notes receivable from participants	92,750	78,280

Hartford as agent for Chase also certified to the completeness and accuracy of $166,641 of net depreciation in fair value of investments and $69,129 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2011.

Note 4. Investments

The following table presents investments that represent 5% or more of the Plan's net assets at December 31:

	2011	2010
Investments at fair value, based on quoted market price:		
Shares of registered investment companies:		
The American Funds Group:		
Growth Fund of America	$ 1,854,140	$ 1,819,615
Fundamental Investors Fund	632,465	639,161
American Balanced Fund	-	460,989
JP Morgan Funds:		
Smart Retirement 2020 Fund	797,316	*
Smart Retirement 2030 Fund	256,616	*
Core Bond Fund	355,058	338,725
Investment as quoted by the funds sponsor:		
Collective investment fund:		
JP Morgan Stable Asset, at contract value	306,354	836,504
JP Morgan Stable Asset, at fair value	306,967	828,139

*Balance did not exceed 5% of net assets.

Note 5. Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Collective investment trust: The collective investment trust funds are reported at net asset value per share (NAV) based on information reported by the trust's sponsor representing the fair value of the trust's underlying investments.

Shares of registered investment companies: Shares of registered investment companies are reported at fair value based on the quoted market price of the fund which represents the net asset value of the shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. We evaluate the significance of the transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2011, there were no transfers in or out of Levels 1, 2, or 3.

Note 5. Fair Value Measurements (Continued)

The following tables present the Plan's fair value hierarchy for those assets measured at fair value as of December 31, 2011 and 2010:

	2011			
	Assets at Fair Value			
	Total	Level 1	Level 2	Level 3
Collective investment trust:				
Stable asset	$ 306,967	$ -	$ 306,967	$ -
Shares of registered investment companies:				
Foreign large cap blend	17,606	17,606	-	-
Intermediate term bond	355,058	355,058	-	-
Large cap blend	647,694	647,694	-	-
Large cap growth	1,854,140	1,854,140	-	-
Large cap value	21,610	21,610	-	-
Mid cap growth	24,765	24,765	-	-
Mid cap value	3,645	3,645	-	-
Small cap growth	24,754	24,754	-	-
Target date	1,263,204	1,263,204	-	-
	$ 4,519,443	$ 4,212,476	$ 306,967	$ -

	2010			
	Assets at Fair Value			
	Total	Level 1	Level 2	Level 3
Collective investment trust:				
Stable asset	$ 828,139	$ -	$ 828,139	$ -
Shares of registered investment companies:				
Foreign large cap blend	16,278	16,278	-	-
Intermediate term bond	338,725	338,725	-	-
Large cap blend	651,135	651,135	-	-
Large cap growth	1,819,615	1,819,615	-	-
Large cap value	19,139	19,139	-	-
Mid cap growth	23,914	23,914	-	-
Mid cap value	4,461	4,461	-	-
Moderate allocation	461,085	461,085	-	-
Small cap growth	24,892	24,892	-	-
Target date	129,422	129,422	-	-
	$ 4,316,805	$ 3,488,666	$ 828,139	$ -

Note 5. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using the net asset value per share as of December 31, 2011 and 2010:

	2011 Fair Value Estimated Using Net Asset Value per Share			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Asset category:				
Stable asset (a)	$ 306,967	$ -	Immediate	12 months

	2010 Fair Value Estimated Using Net Asset Value per Share			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Asset category:				
Stable asset	$ 828,139	$ -	Immediate	12 months

(a) Stable Value – the objective of this category is to preserve the value of money invested, perform better than the average money market fund, and earn consistent, reliable income. The fund invests in a high quality fixed income portfolio consisting of investment grade fixed income securities, primarily U.S. Treasury, agency, corporate, mortgage-backed, asset-backed, and privately placed mortgage debt. The fund also has investments in contracts that are issued by insurance companies and banks.

Note 6. Related Party Transactions

Certain plan investments are shares of registered investment companies managed by JP Morgan Funds, an affiliate of JPMorgan Chase Bank, N.A., and a collective investment trust managed by JP Morgan Chase Bank, N.A., the plan trustee and, therefore, these transactions qualified as party-in-interest transactions. Fees paid to the trustee by the Plan for administrative expenses amounted to approximately $1,300 in 2011.

Certain administrative functions are performed by officers or employees of the Company for which no compensation is received from the Plan.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants become 100% vested in their accounts.

Note 8. Income Tax Status

The Plan has adopted a nonstandardized form of a prototype plan sponsored by Hartford Retirement Services, LLC. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended since the prototype plan received the opinion letter, however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S. federal, state or local authorities for years before 2008.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010 to Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	$ 4,836,580	$ 4,545,450
Differences in:		
Investments	92,137	86,645
Notes receivable from participants	(92,750)	(78,280)
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	613	(8,365)
Employer contributions receivable	(225,000)	(142,000)
Net assets available for benefits as presented on Form 5500	$ 4,611,580	$ 4,403,450

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 291,130
Investment income	-
Administrative expenses	-
Employer contributions	(83,000)
Net increase in net assets available for benefits per the Form 5500	$ 208,130

Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

	(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Payor or Maturity Value	(d) Cost	(e) Current Value	
		Shares of Registered Investment Companies:				
		Eaton Vance Funds	Large Cap Value A Fund	**	$ 21,610	
		Goldman Sachs Funds	Mid Cap Value A Fund	**	3,645	
*		JP Morgan Funds	Core Bond Fund	**	355,058	
*		JP Morgan Funds	Equity Index A Fund	**	15,229	
*		JP Morgan Funds	International Equity Index Fund	**	17,606	
*		JP Morgan Funds	Mid Cap Growth Fund	**	24,765	
*		JP Morgan Funds	Small Cap Equity A Fund	**	24,754	
*		JP Morgan Funds	Smart Retirement 2010 Fund	**	1,960	
*		JP Morgan Funds	Smart Retirement 2015 Fund	**	21,080	
*		JP Morgan Funds	Smart Retirement 2020 Fund	**	797,316	
*		JP Morgan Funds	Smart Retirement 2030 Fund	**	256,616	
*		JP Morgan Funds	Smart Retirement 2040 Fund	**	100,509	
*		JP Morgan Funds	Smart Retirement 2050 Fund	**	74,348	
*		JP Morgan Funds	Smart Retirement Income A Fund	**	11,375	
		The American Funds Group	Fundamental Investors Fund	**	632,465	
		The American Funds Group	Growth Fund of America	**	1,854,140	
					4,212,476	
		Investment in Collective Investment Trust:				
*		JP Morgan Chase Bank, N.A.	Stable Asset Income Fund	**	306,354	***
*		Participant	Participant notes receivable (rates from 1.25% to 5.25%; maturing from April 2012 to April 2037)	**	92,750	
					$ 4,611,580	

*Indicates a party-in-interest as defined by ERISA.
**Not applicable for participant-directed investments.
***This investment is presented at contract value to be consistent with the presentation in the Form 5500 filings.

The above information has been certified or provided by Hartford Retirement Services, LLC as agent for JP Morgan Chase Bank, N.A., the plan trustee, as complete and accurate.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

CINCINNATI TOOL COMPANY P/S PLAN (070215)
EIN #: 36-2991003

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$1,285.52**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: J.P. Morgan EIN: 71-0930784

Service Codes: 15, 37, 38, 49, 52, 59, 60, 63, 64, 65, 71, 72, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$1,285.52**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to J.P. Morgan are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Fees Received from Funds on your Plan's Menu (rates as of 12/31/2011)*	*Fund's Total Annual Expenses (as of 12/31/2011)*
AMERICAN FUNDS AMER BALANCED-A	94-6050854	0.35% x assets	0.63%
AMERICAN FUNDS FUNDAMENTAL INV-A	22-1557722	0.35% x assets	0.64%

Investment Option Name	*EIN*	*Fees Received from Funds on your Plan's Menu (rates as of 12/31/2011)*	*Fund's Total Annual Expenses (as of 12/31/2011)*
AMERICAN FUNDS GROWTH FUND-A	52-0792143	0.35% x assets	0.68%
EATON VANCE LARGE CAP VALUE FD-A	04-6039283	0.55% x assets	0.98%
GOLDMAN SACHS MID CAP VALUE-A	13-4019460	0.55% x assets	1.16%
JPMCB STABLE ASSET INC FD F-30	13-4161079		0.00%
JPMORGAN CORE BOND-A	26-3613641	0.50% x assets	0.97%
JPMORGAN EQUITY INDEX FUND-A	26-3613641	0.30% x assets	0.94%
JPMORGAN INTERNAT'L EQUITY IND-A	33-1043149	0.30% x assets	1.34%
JPMORGAN INVESTOR GROWTH & INC-A	13-4161079	0.55% x assets	0.71%
JPMORGAN MID CAP GROWTH-A	26-3613641	0.55% x assets	1.36%
JPMORGAN SMALL CAP EQUITY FUND-A	33-1043149	0.55% x assets	1.40%
JPMORGAN SMARTRETIREMENT 2010-A	33-1043149	0.55% x assets	0.58%
JPMORGAN SMARTRETIREMENT 2015-A	33-1043149	0.55% x assets	0.58%
JPMORGAN SMARTRETIREMENT 2020-A	33-1043149	0.55% x assets	0.58%
JPMORGAN SMARTRETIREMENT 2030-A	33-1043149	0.55% x assets	0.60%
JPMORGAN SMARTRETIREMENT 2040-A	33-1043149	0.55% x assets	0.62%
JPMORGAN SMARTRETIREMENT 2050-A	33-1043149	0.55% x assets	0.68%
JPMORGAN SMARTRETIREMENT INC-A	33-1043149	0.55% x assets	0.56%

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that JP Morgan received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

JPMorgan funds are distributed by JPMorgan Distribution Services, Inc., which is an affiliate of J.P. Morgan Retirement Plan Services LLC and JPMorgan Chase & Co. Affiliates of JPMorgan Chase & Co. receive fees for providing various services to JPMorgan funds, including fees for investment management, shareholder servicing, administration, distribution, custody, fund accounting, securities lending and other services.

Recipient: Hartford Retirement Services, LLC EIN: 26-1589907

Service Codes: 15, 37, 38, 49, 64, 65, 99

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

Base Fees	Payor: J.P. Morgan	EIN: 71-0930784	**$11,667.32**
Ancillary Fees	Payor: J.P. Morgan	EIN: 71-0930784	**$1,311.21**

Recipient: GPC Securities, Inc. EIN: 58-1517899

Service Codes: 15, 64, 65

Indirect Compensation

Transaction Processing Services Payor: Hartford Retirement Services, LLC EIN: 26-1589907 **$613.43**

GPC Securities, Inc. performed recordkeeping and trading functions through August 22, 2011. These activities were transferred to Hartford Securities Distribution Company, Inc. ("HSD") on August 23, 2011. HSD is a broker-dealer registered with the Securities and Exchange Commission which executes, clears and settles the Plan's purchase, exchange and redemption of shares or units in the funds on an agency basis. It is a wholly-owned affiliate of Hartford Retirement Services, LLC. More information is available in the Fund Fee Disclosure Notice for Retirement Plan Fiduciaries which accompanies the HSD Securities Account Agreement.

This is an estimate based on multiplying actual 2011 month end assets by 0.020%/12 for months January through August and then summing the results.

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee Payor: Hartford Life Insurance Company EIN: 06-0974148 **$43.60**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Custodial/Trust service fee **$227.36**
Service Codes: 19, 25, 99

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

This is an estimate based on multiplying actual 2011 month end assets by 0.005%/12 and then summing the results.

Direct Revenue Detail

Recipient: ***J.P. Morgan***

Fee Description	**Dollar Amount**
Loan Set-up Fee	$400.00
Recordkeeping Fee	$765.52
One-Time Distribution Fee	$120.00
Total Direct Revenue:	**$1,285.52**
Grand Total Direct Fees:	**$1,285.52**

Cincinnati Tool Steel Company
Profit Sharing and 401(k) Plan

Financial Report
December 31, 2011

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McGladrey

Independent Auditor's Report

To the Plan Administrator and Participants
Cincinnati Tool Steel Company
Profit Sharing and 401(k) Plan
Rockford, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of the Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan (f/k/a Cincinnati Tool Steel Company Profit Sharing Plan) as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Hartford Retirement Services, LLC as agent for JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the agent on behalf of the trustee regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the agent for the trustee as of and for the year ended December 31, 2011 and as of December 31, 2010.

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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the agent on behalf of 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Rockford, Illinois
July 11, 2012

Member of the RSM International network of independent accounting, tax and consulting firms.

Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
Assets		
Investments, at fair value:		
Collective investment trust	**$ 306,967**	$ 828,139
Shares of registered investment companies	**4,212,476**	3,488,666
Total investments	**4,519,443**	4,316,805
Receivables:		
Employer contributions	**225,000**	142,000
Notes receivable from participants	**92,750**	78,280
Total receivables	**317,750**	220,280
Net assets available for benefits at fair value	**4,837,193**	4,537,085
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**(613)**	8,365
Net assets available for benefits	**$ 4,836,580**	$ 4,545,450

See Notes to Financial Statements.

Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011

Investment income (loss):	
Net appreciation (depreciation) in fair value of investments:	
Shares of registered investment companies	$ (178,352)
Collective investment trust	11,711
Interest and dividends	66,217
	(100,424)
Interest income on notes receivable from participants	2,912
Contributions:	
Employer	225,026
Participants	246,012
	471,038
Total additions	373,526
Benefits paid directly to participants	81,110
Administrative expenses	1,286
Total deductions	82,396
Net increase	291,130
Net assets available for benefits:	
Beginning of year	4,545,450
End of year	$ 4,836,580

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of Cincinnati Tool Steel Company (the Company). Employees must be 19 years of age and have completed one year of service in which the employee was credited with at least 1,000 hours to be eligible for the Plan. Participants may enter the Plan on January 1 and July 1 of each plan year. Participants must be employed at the end of the plan year in order to receive a share of the Company's discretionary match and profit sharing contribution. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Participant contributions are limited to a maximum of 50% of compensation. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The employer matching and profit sharing contributions are discretionary as determined by the Board of Directors of the Company each year. The Company approved contributions totaling $225,000 which were split between match contributions of approximately $145,000 and a profit sharing contribution of $80,000 during 2011. Contributions are subject to certain limitations.

Vesting: Participant contributions and earnings thereon vest immediately. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

Investment options: Participants may direct their account balances into various investment options offered by the Plan. Participants may elect to change their investment options on a daily basis.

Payment of benefits: On termination of service for any reason, a participant with $5,000 or more in vested benefits may elect to receive either a lump-sum amount equal to the vested value of their account or periodic payments over their life expectancy. A participant with less than $5,000 in vested benefits may receive the value of the vested interest in their account as a lump-sum distribution. Participants are not eligible to receive their vested employer contribution balance until five years after their date of termination, unless the termination is due to retirement or death. Participants who have not separated from service and have reached normal retirement age of 65 may receive in-service distributions.

Notes receivable from participants: Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Participants may only obtain loans for medical expenses, purchase of a principal residence, tuition expenses, death of participant's spouse or dependents, prevention of eviction from a participant's principal residence or expenses for the repair of damage to the employees' principal residence that would qualify for the casualty deduction. Note terms range from 1-5 years or up to 30 years for the purchase of a primary residence. The notes have maturities ranging from April 2012 through April 2037. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The interest rates on the outstanding notes range from 1.25% to 5.25%. Principal and interest are paid ratably through payroll deductions.

Forfeited accounts: At December 31, 2011 and 2010, forfeited nonvested accounts totaled approximately $2,100 and $600, respectively. Forfeitures are allocated to eligible participant accounts based on eligible compensation. Total forfeitures allocated to participants for 2011 were approximately $2,100.

Note 2. Significant Accounting Policies

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

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 benefits of a defined-contribution plan attributable to a fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents 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 Benefits is prepared on a contract value basis.

Use of estimates: The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

Subsequent events: Plan management has evaluated subsequent events through July 11, 2012, the date on which the financial statements were available to be issued.

Note 3. Information Certified or Provided by Hartford Retirement Services, LLC as Agent for JPMorgan Chase Bank, N.A., the Trustee of the Plan

The following is a summary of the Plan's asset information as of December 31, 2011 and 2010, and for the year ended December 31, 2011, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Hartford Retirement Services, LLC (Hartford) as agent for JPMorgan Chase Bank, N.A. (Chase), the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Hartford as agent for Chase that the information provided to the Plan Administrator by the agent for the trustee related to the following assets is complete and accurate. Accordingly, as permitted by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets.

	December 31, 2011	December 31, 2010
Shares of registered investment companies, at fair value	$ 4,212,476	$ 3,488,666
Collective investment trust, at contract value	306,967	836,504
Notes receivable from participants	92,750	78,280

Hartford as agent for Chase also certified to the completeness and accuracy of $166,641 of net depreciation in fair value of investments and $69,129 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2011.

Note 4. Investments

The following table presents investments that represent 5% or more of the Plan's net assets at December 31:

	2011	2010
Investments at fair value, based on quoted market price:		
Shares of registered investment companies:		
The American Funds Group:		
Growth Fund of America	$ 1,854,140	$ 1,819,615
Fundamental Investors Fund	632,465	639,161
American Balanced Fund	-	460,989
JP Morgan Funds:		
Smart Retirement 2020 Fund	797,316	*
Smart Retirement 2030 Fund	256,616	*
Core Bond Fund	355,058	338,725
Investment as quoted by the funds sponsor:		
Collective investment fund:		
JP Morgan Stable Asset, at contract value	306,354	836,504
JP Morgan Stable Asset, at fair value	306,967	828,139

*Balance did not exceed 5% of net assets.

Note 5. Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Collective investment trust: The collective investment trust funds are reported at net asset value per share (NAV) based on information reported by the trust's sponsor representing the fair value of the trust's underlying investments.

Shares of registered investment companies: Shares of registered investment companies are reported at fair value based on the quoted market price of the fund which represents the net asset value of the shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. We evaluate the significance of the transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2011, there were no transfers in or out of Levels 1, 2, or 3.

Note 5. Fair Value Measurements (Continued)

The following tables present the Plan's fair value hierarchy for those assets measured at fair value as of December 31, 2011 and 2010:

	2011			
	Assets at Fair Value			
	Total	Level 1	Level 2	Level 3
Collective investment trust:				
Stable asset	$ 306,967	$ -	$ 306,967	$ -
Shares of registered investment companies:				
Foreign large cap blend	17,606	17,606	-	-
Intermediate term bond	355,058	355,058	-	-
Large cap blend	647,694	647,694	-	-
Large cap growth	1,854,140	1,854,140	-	-
Large cap value	21,610	21,610	-	-
Mid cap growth	24,765	24,765	-	-
Mid cap value	3,645	3,645	-	-
Small cap growth	24,754	24,754	-	-
Target date	1,263,204	1,263,204	-	-
	$ 4,519,443	$ 4,212,476	$ 306,967	$ -

	2010			
	Assets at Fair Value			
	Total	Level 1	Level 2	Level 3
Collective investment trust:				
Stable asset	$ 828,139	$ -	$ 828,139	$ -
Shares of registered investment companies:				
Foreign large cap blend	16,278	16,278	-	-
Intermediate term bond	338,725	338,725	-	-
Large cap blend	651,135	651,135	-	-
Large cap growth	1,819,615	1,819,615	-	-
Large cap value	19,139	19,139	-	-
Mid cap growth	23,914	23,914	-	-
Mid cap value	4,461	4,461	-	-
Moderate allocation	461,085	461,085	-	-
Small cap growth	24,892	24,892	-	-
Target date	129,422	129,422	-	-
	$ 4,316,805	$ 3,488,666	$ 828,139	$ -

Note 5. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using the net asset value per share as of December 31, 2011 and 2010:

	2011 Fair Value Estimated Using Net Asset Value per Share			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Asset category:				
Stable asset (a)	$ 306,967	$ -	Immediate	12 months

	2010 Fair Value Estimated Using Net Asset Value per Share			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Asset category:				
Stable asset	$ 828,139	$ -	Immediate	12 months

(a) Stable Value – the objective of this category is to preserve the value of money invested, perform better than the average money market fund, and earn consistent, reliable income. The fund invests in a high quality fixed income portfolio consisting of investment grade fixed income securities, primarily U.S. Treasury, agency, corporate, mortgage-backed, asset-backed, and privately placed mortgage debt. The fund also has investments in contracts that are issued by insurance companies and banks.

Note 6. Related Party Transactions

Certain plan investments are shares of registered investment companies managed by JP Morgan Funds, an affiliate of JPMorgan Chase Bank, N.A., and a collective investment trust managed by JP Morgan Chase Bank, N.A., the plan trustee and, therefore, these transactions qualified as party-in-interest transactions. Fees paid to the trustee by the Plan for administrative expenses amounted to approximately $1,300 in 2011.

Certain administrative functions are performed by officers or employees of the Company for which no compensation is received from the Plan.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants become 100% vested in their accounts.

Note 8. Income Tax Status

The Plan has adopted a nonstandardized form of a prototype plan sponsored by Hartford Retirement Services, LLC. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended since the prototype plan received the opinion letter, however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S. federal, state or local authorities for years before 2008.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010 to Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	$ 4,836,580	$ 4,545,450
Differences in:		
Investments	92,137	86,645
Notes receivable from participants	(92,750)	(78,280)
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	613	(8,365)
Employer contributions receivable	(225,000)	(142,000)
Net assets available for benefits as presented on Form 5500	$ 4,611,580	$ 4,403,450

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 291,130
Investment income	-
Administrative expenses	-
Employer contributions	(83,000)
Net increase in net assets available for benefits per the Form 5500	$ 208,130

Cincinnati Tool Steel Company Profit Sharing and 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

	(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Payor or Maturity Value	(d) Cost	(e) Current Value	
		Shares of Registered Investment Companies:				
		Eaton Vance Funds	Large Cap Value A Fund	**	$ 21,610	
		Goldman Sachs Funds	Mid Cap Value A Fund	**	3,645	
*		JP Morgan Funds	Core Bond Fund	**	355,058	
*		JP Morgan Funds	Equity Index A Fund	**	15,229	
*		JP Morgan Funds	International Equity Index Fund	**	17,606	
*		JP Morgan Funds	Mid Cap Growth Fund	**	24,765	
*		JP Morgan Funds	Small Cap Equity A Fund	**	24,754	
*		JP Morgan Funds	Smart Retirement 2010 Fund	**	1,960	
*		JP Morgan Funds	Smart Retirement 2015 Fund	**	21,080	
*		JP Morgan Funds	Smart Retirement 2020 Fund	**	797,316	
*		JP Morgan Funds	Smart Retirement 2030 Fund	**	256,616	
*		JP Morgan Funds	Smart Retirement 2040 Fund	**	100,509	
*		JP Morgan Funds	Smart Retirement 2050 Fund	**	74,348	
*		JP Morgan Funds	Smart Retirement Income A Fund	**	11,375	
		The American Funds Group	Fundamental Investors Fund	**	632,465	
		The American Funds Group	Growth Fund of America	**	1,854,140	
					4,212,476	
		Investment in Collective Investment Trust:				
*		JP Morgan Chase Bank, N.A.	Stable Asset Income Fund	**	306,354	***
*		Participant	Participant notes receivable (rates from 1.25% to 5.25%; maturing from April 2012 to April 2037)	**	92,750	
					$ 4,611,580	

*Indicates a party-in-interest as defined by ERISA.
**Not applicable for participant-directed investments.
***This investment is presented at contract value to be consistent with the presentation in the Form 5500 filings.

The above information has been certified or provided by Hartford Retirement Services, LLC as agent for JP Morgan Chase Bank, N.A., the plan trustee, as complete and accurate.