

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SUR-FLO PLASTICS & ENGINEERING, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>03/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>03/01/1998</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>SUR-FLO PLASTICS & ENGINEERING, INC.</u> <u>24358 GROESBECK HWY.</u> <u>WARREN, MI 48089</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-2148025</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>586-773-0400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-2148025</u>	2c Sponsor's telephone number <u>586-773-0400</u>	2d Business code (see instructions) <u>326100</u>	
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2c Sponsor's telephone number <u>586-773-0400</u>					
2d Business code (see instructions) <u>326100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2012	MARY A. GRAFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2012	MARY A. GRAFF
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SUR-FLO PLASTICS & ENGINEERING, INC. 24358 GROESBECK HWY. WARREN, MI 48089	3b Administrator's EIN 38-2148025 3c Administrator's telephone number 586-773-0400
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	152
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	117
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	22
d Subtotal. Add lines 6a , 6b , and 6c	6d	139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	57
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

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

2E 2F 2G 2J 2K 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan <u>SUR-FLO PLASTICS & ENGINEERING, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUR-FLO PLASTICS & ENGINEERING, INC.</u>	D Employer Identification Number (EIN) <u>38-2148025</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ING INSTITUTIONAL PLAN SERVICES LLC

04-3516284

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

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

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

ING INSTITUTIONAL PLAN SERVICES LLC

04-3516284

(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?
63 60	RECORDKEEPER	450	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY HOLDING

26-4310632

(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?
55 49 99	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	3058	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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:

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
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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
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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 SUR-FLO PLASTICS & ENGINEERING, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SUR-FLO PLASTICS & ENGINEERING, INC.	D Employer Identification Number (EIN) 38-2148025	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	870	0
(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)	21578	25218
(9) Value of interest in common/collective trusts.....	1c(9)	85876	81833
(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)	1263381	1162747
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1371705	1269798

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1371705	1269798
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9927	
(B) Participants	2a(1)(B)	74845	
(C) Others (including rollovers)	2a(1)(C)	43411	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		128183
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)	1194	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1194
(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)	22031	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		22031
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	745882	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	752045	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-6163

		(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)		1496
(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)		-31511
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		115230

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	216687	
(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)		216687
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	450	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		450
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		217137

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-101907
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: UHY LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 <u>SUR-FLO PLASTICS & ENGINEERING, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUR-FLO PLASTICS & ENGINEERING, INC.</u>	D Employer Identification Number (EIN) <u>38-2148025</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

To the Management of Sur-Flo Plastics & Engineering, Inc.

Except as discussed in the following paragraph, in planning and performing our audit of the financial statements of the Sur-Flo Plastics & Engineering, Inc. 401(k) Plan as of and for the year ended December 31, 2011, in accordance with auditing standards generally accepted in the United States of America, we considered Sur-Flo Plastics & Engineering, Inc. 401(k) Plan's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of issuing our report on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

We were engaged to perform a DOL limited-scope audit of those financial statements as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Our audit did not include all of the procedures required by auditing standards generally accepted in the United States of America and did not include a consideration of internal control relating to the information summarized in Note 3 to those financial statements. Because of the significance of the information that we did not audit, we were unable to, and did not, express an opinion on those financial statements.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the plan's financial statements will not be prevented, or detected and corrected on a timely basis.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first two paragraphs and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control that we consider to be material weaknesses, as defined above. However, we identified the following deficiencies in internal control that we consider to be significant deficiencies.

1. Current accounting standards expect clients to prepare their own financial statements and footnotes. Should you desire to prepare the financial statements internally, UHY can provide assistance. For the years ended December 31, 2011 and 2010, you have elected to have UHY prepare the financial statements.
2. It is the responsibility of the plan sponsor to review the SOC 1 *Reports on Controls Placed in Operation and Tests of Operating Effectiveness* for all third party administrators and be aware of any user controls for which the plan sponsor is responsible. Plan management should read these reports and evaluate their own internal controls to determine if the proper procedures are in place. Plan management reviews the SOC 1 report for ING Institutional Services, but does not review the SOC 1 reports for Reliance Trust Company or SunGard.
3. It is the responsibility of the plan sponsor to ensure that employer contributions are correctly calculated using the employer elected matching rate. There was one instance of incorrect employer contribution noted during the audit.
4. It is the responsibility of the plan sponsor to follow the plan document. The plan sponsor is not following the requirements set forth regarding participant enrollment dates.

During our audit we noted the following recommendations. However, they were not deemed to be significant deficiencies or material weaknesses:

1. It is the responsibility of the plan sponsor to ensure that loans in default are distributed. There was one instance of a past due loan that should have been distributed in 2011 that was distributed in 2012.

This communication is intended solely for the information and use of management and others within the plan, and is not intended to be and should not be used by anyone other than these specified parties.

The logo for UHY LLP, featuring the letters "UHY" in a large, stylized, cursive font, followed by "LLP" in a smaller, sans-serif font.

Sterling Heights, Michigan
September 21, 2012

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
Alliance Bern Sm/Md Val A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	7,094.84	6,659.39
Amer Euro Grwth R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	50,024.10	44,700.06
Fidelity Adv Free 2010 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	381.83	373.06
Fidelity Adv Free 2015 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	381.79	372.67
Fidelity Adv Free 2020 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,991.02	2,881.04
Fidelity Adv Free 2025 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	280.70	272.51
Fidelity Adv Free 2030 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	58,722.72	60,735.27
Fidelity Adv Free 2035 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,507.98	2,345.20
Fidelity Adv Free 2040 T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	293.66	284.38
Fidelity Adv Small Cap T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	13,930.52	12,857.71
ING VP Money Market I	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	164,476.71	164,476.72
Invesco Real Estate Fund	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	735.77	775.50
Invesco VK Amer Franchise	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	237,241.67	234,132.99
Jan Perk SmallCap T	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	14,515.75	13,088.47
LM Equity Inc Builder	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	165,110.50	145,385.85
Legg CBrdge Appreciation	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	26,811.24	26,626.71
Legg CBrdge Lcp Value	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	173,637.74	155,144.87
Legg West Asset Core Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	50,111.70	52,084.07
Legg West Asst Backed Sec	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	15,679.54	16,602.50
Legg Wstrn Glb HiYld Bnd	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	12,699.50	12,108.82
Loan Fund	LOANS TO PARTICIPANTS: OTHER	25,218.14	25,218.14
MCM Stable Asset Fund (Y)	VALUE OF INTEREST IN COMMON / COLLECTIVE TRUSTS	77,546.69	81,832.74
MFS Global Total Return	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	29,471.51	30,173.81
MFS Research	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	82,090.44	93,122.32
Oppenheimer Dev Markets	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	30,939.19	28,231.45
Oppenheimer Intl Bond-A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	13,470.77	12,997.15
Pioneer S MidCap G	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	9,374.93	9,910.09
Templeton Growth Fund-R	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	48,472.99	36,403.97

SUR-FLO PLASTICS & ENGINEERING, INC.
401(k) PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2011 and 2010 and for the year ended
December 31, 2011

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplementary Information	
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)	14

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Sur-Flo Plastics & Engineering, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Sur-Flo Plastics & Engineering, Inc. 401(k) 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, per the table of contents, as of the year ended 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by ING Institutional Plan Services, LLC, as agent for Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee, or on their behalf, as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

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

UHY LLP

Sterling Heights, Michigan
September 21, 2012

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2011	2010
ASSETS		
Investments at fair market value:		
Mutual funds	\$ 1,162,747	\$ 1,263,381
Common collective trust	81,833	85,876
	<u>1,244,580</u>	<u>1,349,257</u>
Receivables:		
Notes receivable from participants	25,218	21,578
Participant contributions	-	869
	<u>25,218</u>	<u>22,447</u>
Net assets available for benefits at fair value	1,269,798	1,371,704
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(4,286)</u>	<u>(3,470)</u>
Net assets available for benefits	<u><u>\$ 1,265,512</u></u>	<u><u>\$ 1,368,234</u></u>

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income	
Interest and dividends	\$ 22,031
Contributions	
Participant contributions	74,846
Employer contributions	9,927
Rollover	43,411
Interest on notes receivable from participants	<u>1,194</u>
Total additions	<u>151,409</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Net depreciation in the fair market value of investments	30,831
Benefits paid to participants	216,687
Net realized loss on sale	6,163
Administrative expenses	<u>450</u>
Total deductions	<u>254,131</u>

NET DECREASE IN NET ASSETS (102,722)

NET ASSETS AVAILABLE FOR BENEFITS - beginning of year 1,368,234

NET ASSETS AVAILABLE FOR BENEFITS - end of year \$ 1,265,512

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Sur-Flo Plastics & Engineering, Inc. 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 profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement. The defined contribution profit sharing plan and trust was established by Sur-Flo Plastics & Engineering, Inc. (the “Company”) on March 1, 1998. Participation in the Plan is discretionary for all eligible employees who have attained the age of 21 and have completed six months of eligible service. Eligible employees are those who are not part of a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Trustee

Reliance Trust Company is the Plan’s trustee. The trustee invests all employee and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan.

Custodian

ING Institutional Plan Services, LLC is the Plan’s custodian. The custodian certifies the Plan’s investments on behalf of Reliance Trust Company.

Contributions

The Plan allows participants to elect to defer a portion of their compensation up to the maximum amount currently allowed by law, plus any make up contributions as allowed for by the Internal Revenue Service and the plan document. The amount of the participant’s deferred compensation is treated as a participant elective contribution, allocated to that participant’s elective account, and is 100% vested at the time of contribution. The employer may contribute a discretionary percentage of the amount deferred by the employee up to 25% of the first \$2,000 of employee compensation. The employer may also contribute a discretionary amount determined each year by the employer. Contributions are accumulated and invested, as directed by participants, in a trust fund held by the trustee, Reliance Trust Company, with the related investments in the custody of ING Institutional Plan Services, LLC. During the year ended December 31, 2010, there was no employer match. The employer match was reinstated during the year ended December 31, 2011.

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with an allocation of (a) the Company's discretionary matching contribution; (b) the Company's discretionary profit-sharing contribution; (c) the participants' voluntary contributions, transfer contributions, and rollover contributions; (d) forfeitures of terminated participants' non-vested accounts; and (e) Plan earnings. The accounts are charged for any withdrawals, distributions, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

The Plan provides that participants have no vested interest in the Company contributions until they have completed one year of plan participation and service, at which time they become 20% vested. Vesting increases by 20% each year up to 100% after five years of plan participation and service. An employee is considered to have completed one (1) year of service for purposes of vesting upon the completion of 1,000 hours of service at any time during a plan year. Participants are fully vested immediately with respect to employee contributions, rollovers and earnings thereon.

Forfeited Accounts

Forfeitures are allocated to contributing participant accounts based on a ratio of each participant's compensation for the plan year to total compensation of all participants for the plan year. Total unallocated forfeitures at December 31, 2011 and 2010 amounted to \$3,125 and \$3,124, respectively. Subsequent to year end, the Plan distributed all forfeitures to participant accounts.

Investments

Participants direct the investment of their contributions under options offered by the Plan.

Payment of Vested Benefits

Participants, or their beneficiaries, are entitled to receive the entire amount of their interest in the Plan upon retirement, death, total or permanent disability, employment termination, reaching the age of 65 or qualifying for "Hardship Distribution" as defined in the Plan.

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or payments over a certain period in monthly, quarterly, semi-annual, or annual cash installments.

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Notes receivable from participants are permitted under the Plan. Participants are limited to one note outstanding at any time. The rules are covered in a separate note application form and notes must be applied for through the plan administrator. All notes are limited to 50% of the participant's vested account balance, provided such notes do not exceed \$50,000. Participant notes must be repaid within 5 years, unless the note is for the purchase of a principal residence.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of certain accounting policies followed in the preparation of these financial statements.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments represent the Plan's interest in the fair value of the net assets of mutual funds and a common collective trust as determined by the trustee of the Plan, at December 31, 2011 and 2010. Investment transactions are reflected on a trade-date basis. Gains and losses on investment transactions are based on average costs. Dividend income is recorded on the ex-dividend date. Investment income represents the Plan's pro rata share of the aggregate income of the investments. Investment income also includes the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses, and the unrealized appreciation (depreciation) of those investments.

Notes Receivable from Participants

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

Administrative Expenses

The Plan pays administrative expenses to the extent that the Company does not pay them. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

Subsequent Events

The Company has performed a review of events subsequent to the balance sheet date through September 21, 2012, the date the financial statements were available to be issued.

Fully Benefit-Responsive Contracts

The investment contracts are presented at fair value on the statements of net assets available for benefits. The investments in the fully benefit-responsive investment contracts are also stated at contract value which is equal to principal balance plus accrued interest. Investment contracts are generally valued at contract value, rather than fair value, to the extent they are fully benefit-responsive. The fair value of fully benefit-responsive investment contracts is calculated using a discounted cash flow model which considers recent fee bids as determined by recognized dealers, discount rate, and the duration of the underlying portfolio securities. The average yield earned by the plan for the Common Collective Trust was 1.81% for the period ended December 31, 2011. The average yield earned by the plan for the Common Collective Trust with an adjustment to reflect the actual interest rate credited to plan participants was 2.13% for the period ended December 31, 2011.

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by ING Institutional Plan Services, LLC, on behalf of Reliance Trust Company for the 2011 and 2010 plan years.

	As of and for the years ended December 31,	
	2011	2010
Investments at Fair Market Value:		
Mutual Funds		
Amer Euro Growth R3	\$ 44,700	\$ 49,241
Fidelity Adv Small C	12,858	10,774
Jan Perk SmallCap T	13,088	12,697
Legg Battery Em Mkts	-	28,999
AB Small/Mid Cap Value Fund	6,659	9,334
Templeton Growth Fund- R Share	36,404	38,706
MFS Research Fund	93,122 *	93,405 *
Legg West Asset Core	52,084	49,171
Legg Aggressive Growth Fund	-	273,592 *
Western Asset Money Market	-	174,846 *
Legg West Asset Government	16,603	17,462
LM Equity Inc	145,386 *	135,194 *
Legg Wstrn Glb HiYld	12,109	10,598
Legg Large Cap Value	155,145 *	161,292 *
MFS Global Total Ret	30,174	23,885
Amer Growth Fund R3	-	33,496
Oppenheimer Intl Bon	12,997	9,575
Lmp Appreciation Fund	26,627	58,857
Invesco Real Estate	776	894
Invesco Van Kampen American Franchise	234,133 *	-
Fidelity Adv Free 2010	373	-
Fidelity Adv Free 2015	373	-
Fidelity Adv Free 2020	2,881	-
Fidelity Adv Free 2025	273	-
Fidelity Adv Free 2030	60,735	57,428
Fidelity Adv Free 2035	2,345	-
Fidelity Adv Free 2040	284	-
Alger Mid Cap Growth Fund- I	-	13,935
ING VP Money Market	164,477 *	-
Oppenheimer Developing Markets	28,231	-
Pioneer S MidCap G	9,910	-

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

(Continued)

Common Collective Trusts		
MCM Stable Value Fund	<u>81,833</u>	<u>85,876</u>
	*	*
Total investments	<u>\$ 1,244,580</u>	<u>\$ 1,349,257</u>
Unrealized and realized loss on investments	<u>\$ (36,994)</u>	
Dividend and investment interest	<u>\$ 22,031</u>	

* Individual investment represents 5% or more of the net assets available for benefits for the year then ended.

The Common Collective Trust was also certified by ING Institutional Plan Services, LLC, on behalf of Reliance Trust Company, at its contract value of \$77,547 and \$82,406 as of December 31, 2011 and 2010, respectively.

NOTE 4 – FAIR VALUE MEASUREMENT

Generally accepted accounting principles establish 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 the fair value hierarchy under generally accepted accounting principles are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 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.

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 4 – FAIR VALUE MEASUREMENT (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value.

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

Common collective trusts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

Description	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced funds	\$ 145,386	\$ -	\$ -	\$ 145,386
Growth funds	759,091	-	-	759,091
Fixed income funds	93,793	-	-	93,793
Other funds	164,477	-	-	164,477
Total mutual funds	<u>1,162,747</u>	<u>-</u>	<u>-</u>	<u>1,162,747</u>
Common collective trust funds	<u>-</u>	<u>81,833</u>	<u>-</u>	<u>81,833</u>
Total investments at fair value	<u>\$ 1,162,747</u>	<u>\$ 81,833</u>	<u>\$ -</u>	<u>\$ 1,244,580</u>

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 4 – FAIR VALUE MEASUREMENT (Continued)

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

Description	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced funds	\$ 135,194	\$ -	\$ -	\$ 135,194
Growth funds	866,533	-	-	866,533
Fixed income funds	86,808	-	-	86,808
Other funds	174,846	-	-	174,846
Total mutual funds	<u>1,263,381</u>	<u>-</u>	<u>-</u>	<u>1,263,381</u>
Common collective trust funds	<u>-</u>	<u>85,876</u>	<u>-</u>	<u>85,876</u>
Total investments at fair value	<u>\$ 1,263,381</u>	<u>\$ 85,876</u>	<u>\$ -</u>	<u>\$ 1,349,257</u>

NOTE 5 – TAX STATUS

The Plan uses a prototype plan sponsored by ING Institutional Plan Services, LLC. The trustee received an opinion letter from the Internal Revenue Service (IRS), dated March 31, 2008, which states that the aforementioned prototype plan satisfies the applicable provisions of the Internal Revenue Code (IRC). The Plan itself is not required to and has not received a determination letter from the IRS. The Plan has been amended since receiving the opinion letter, however the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 6 – PARTIES-IN-INTEREST TRANSACTIONS

During the years ended December 31, 2011 and 2010, there were transactions involving the investment of plan assets in investment funds maintained by ING Institutional Plan Services, LLC and Reliance Trust Company, parties-in-interest as defined in Section 3 (14) of ERISA. Indirect fees paid by the plan for investment management services are included in the net investment gain (or depreciation) of the fair value of investments.

NOTE 7 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to amend, modify, terminate or partially terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested and the net assets would be distributed to the participants according to the participant's account balances.

NOTE 8 – RECONCILIATION TO FORM 5500

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

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$ 1,265,512	\$ 1,368,234
Adjustment from fair value to contract value for fully benefit responsive contracts	<u>4,286</u>	<u>3,470</u>
Net assets available for benefits Per Schedule H to the Form 5500	<u><u>\$ 1,269,798</u></u>	<u><u>\$ 1,371,704</u></u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statement to the Form 5500 for the year ended December 31:

	<u>2011</u>
Net decrease in assets available for benefits per the financial statements	\$ (102,722)
Change in adjustment from fair value to contract value for fully benefit responsive contracts	<u>815</u>
Net decrease in assets available for benefits per Schedule H of the Form 5500	<u><u>\$ (101,907)</u></u>

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 9 – RISKS AND UNCERTAINTIES

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

NOTE 10 – SUBSEQUENT EVENTS

Subsequent to December 31, 2011 the Plan has been amended to automatically enroll employees once they meet the eligibility requirements set forth by the Plan.

SUR-FLO PLASTICS & ENGINEERING, INC. 401(k) PLAN**EIN # 38-2148025****Plan #003****Schedule H, Line 4i****SCHEDULE OF ASSETS (HELD AT END OF YEAR)****December 31, 2011**

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
Mutual Funds			
*	ING Institutional Plan Services, LLC	Amer Euro Growth R3	\$ 44,700
*	ING Institutional Plan Services, LLC	Fidelity Adv Small C	12,858
*	ING Institutional Plan Services, LLC	Jan Perk SmallCap T	13,088
*	ING Institutional Plan Services, LLC	AB Small/Mid Cap Value Fund	6,659
*	ING Institutional Plan Services, LLC	Templeton Growth Fund- R Share	36,404
*	ING Institutional Plan Services, LLC	MFS Research Fund	93,122
*	ING Institutional Plan Services, LLC	Legg West Asset Core	52,084
*	ING Institutional Plan Services, LLC	Legg West Asset Government	16,603
*	ING Institutional Plan Services, LLC	LM Equity Inc	145,386
*	ING Institutional Plan Services, LLC	Legg Wstrn Glb HiYld	12,109
*	ING Institutional Plan Services, LLC	Legg Large Cap Value	155,145
*	ING Institutional Plan Services, LLC	MFS Global Total Ret	30,174
*	ING Institutional Plan Services, LLC	Oppenheimer Intl Bon	12,997
*	ING Institutional Plan Services, LLC	Lmp Appreciation Fund	26,627
*	ING Institutional Plan Services, LLC	Invesco Real Estate	776
*	ING Institutional Plan Services, LLC	Invesco Van Kampen Amer Fran	234,133
*	ING Institutional Plan Services, LLC	Fidelity Adv Free 2010	373
*	ING Institutional Plan Services, LLC	Fidelity Adv Free 2015	373
*	ING Institutional Plan Services, LLC	Fidelity Adv Free 2020	2,881
*	ING Institutional Plan Services, LLC	Fidelity Adv Free 2025	273
*	ING Institutional Plan Services, LLC	Fidelity Adv Free 2030	60,735
*	ING Institutional Plan Services, LLC	Fidelity Adv Free 2035	2,345
*	ING Institutional Plan Services, LLC	Fidelity Adv Free 2040	284
*	ING Institutional Plan Services, LLC	ING VP Money Market	164,477
*	ING Institutional Plan Services, LLC	Oppenheimer Developing Mark	28,231
*	ING Institutional Plan Services, LLC	Pioneer S Midcap G	9,910
Common Collective Trusts, at contract value			
*	ING Institutional Plan Services, LLC	MCM Stable Value Fund	77,547
			<u>1,240,294</u>
*	Notes receivable from participants	Notes receivable from participants (interest rates from 5.25% to 8.00%) due at various dates through July 2016	<u>25,218</u>
			<u><u>\$1,265,512</u></u>