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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORDCO INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/09/1996

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

NORDCO INC.

245 WEST FOREST HILL AVENUE
OAK CREEK, WI 53154

2b Employer Identification Number (EIN) 39-1569204

2c Sponsor's telephone number 414-766-2340

2d Business code (see instructions) 333900

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.	10/11/2012	NANCY A. ZABOROWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	DANIEL T. GRIESBACH
	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")
NORDCO INC.

245 WEST FOREST HILL AVENUE
OAK CREEK, WI 53154

3b Administrator's EIN
39-1569204

3c Administrator's telephone number
414-766-2340

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**	324
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**	342
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	373
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	373
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	335
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 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	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
NORDCO INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
39-1569204

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)

MARSHALL & ILSLEY TRUST COMPANY NA

39-1186267

(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 19 21 25 36 37 38 50 57 59 62 63 64	NONE	74696	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LPL FINANCIAL

PO BOX 509025
DEPT 33-IMAGING
SAN DIEGO, CA 92150

(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?
17 26 27 50	NONE	58225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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(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
NORDCO INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NORDCO INC.

D Employer Identification Number (EIN)
39-1569204

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: BMO E.B. STABLE PRINCIPAL FUND

b Name of sponsor of entity listed in (a): MARSHALL & ILSLEY TRUST COMPANY 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)
39-6490536-001	C	2238321

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
NORDCO INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
39-1569204

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	28	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	699995	765415
(2) Participant contributions	1b(2)	14604	20984
(3) Other	1b(3)	10142	13598
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)	286552	460085
(9) Value of interest in common/collective trusts	1c(9)	1317415	2238321
(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)	18155685	16975078
(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	20484421	20473481
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	9552	
k Total liabilities (add all amounts in lines 1g through1j)	1k	9552	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20474869	20473481

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)	765415	
(B) Participants	2a(1)(B)	1397264	
(C) Others (including rollovers)	2a(1)(C)	252927	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2415606
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)	13383	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13383
(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)	377364	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		377364
(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)		49459
	(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)		-1282913
c	Other income	2c		14
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1572913
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1415155	
	(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)		1415155
f	Corrective distributions (see instructions)	2f		21700
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	62750	
	(4) Other	2i(4)	74696	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		137446
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1574301
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		-1388
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: SCHENCK SC **(2)** EIN: 39-1173131

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		3269
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		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? **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
NORDCO INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
39-1569204

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** 0

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): 39-6436442

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):

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Nordco Inc. 401(k) Plan
Oak Creek, Wisconsin

We were engaged to audit the accompanying statements of net assets available for benefits of Nordco Inc. 401(k) Plan (Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of or for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Marshall & Ilsley Trust Company N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that derived from the investment 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.

Schenck SC

Certified Public Accountants

Milwaukee, Wisconsin
July 18, 2012

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

SPONSOR: NORDCO INC.
EIN: 39-1569204
PLAN NUMBER: 004
NAME: NORDCO INC. 401(K) PLAN

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	AMERICAN FUNDS	AMERICAN EUROPACIFIC GROWTH R5 #2516		**	$1,066,846
	AMERICAN FUNDS	AMERICAN GROWTH FUND OF AMERICA	R6 #2605	**	$955,631
	ARTISAN FUNDS	ARTISAN FDS INC MID CAP FD		**	$1,985,287
*	BMO FUNDS	BMO STABLE PRINCIPAL FUND		**	$2,238,321
*	BMO FUNDS	BMO SMALL CAP GROWTH FD #612		**	$705,236
	DIAMOND HILL FUNDS	DIAMOND HILL SMALL CAP FUND	CLASS A	**	$867,824
	DODGE & COX FUNDS	DODGE & COX INTERNATIONAL STOCK FD	#1048	**	$795,673
	EATON VANCE DISTRIBUTORS, INC.	EATON VANCE LARGE-CAP VALUE	FUND CLASS I #223	**	$538,354
	FIDELITY INVESTMENTS INST. SVC. CO.	FIDELITY SELECT MATERIALS #509		**	$173,192
	FIDELITY INVESTMENTS INST. SVC. CO.	FIDELITY SPARTAN 500 INDEX FD #650		**	$317,370
	FIRST AMERICAN	NUVEEN REAL ESTATE SEC FD CL I #818		**	$324,998
	FRANKLIN TEMPLETON FUNDS	FRANKLIN HIGH INCOME FUND CL A #105		**	$403,390
	FRANKLIN TEMPLETON FUNDS	TEMPLETON GLOBAL BOND FD A #406		**	$578,500
	FRED ALGER & CO. INC.	ALGER CAP APPRECIATION INSTL PORT		**	$864,581
	GOLDMAN SACHS FUNDS	GOLDMAN SACHS MID CAP VALUE FUND A	#78	**	$576,468
	HARTFORD FUNDS	HARTFORD CAPITAL APPRECIATION	FUND - R4	**	$875,529
	JP MORGAN FUNDS	JP MORGAN MARKET EXPANSION	INDEX FUND CLASS S	**	$349,590
	LIBERTY FUNDS	COLUMBIA SELIGMAN COMMUNICATIONS	AND INFORMATION FUND CL A #5363	**	$51,248
	MFS DISTRIBUTORS, INC.	MFS UTILITIES FUND - R4		**	$191,974
	OAKMARK FUNDS	HARRIS ASSOC INVT TR OAKMARK	INTERNATIONAL SMALL CAP FD #811	**	$454,381
	OPPENHEIMERFUNDS DISTRIBUTOR, INC.	OPPENHEIMER DEVELOPING MARKETS	FUND CLASS Y #788	**	$617,337
	SCOUT FUNDS	SCOUT INTERNATIONAL FUND #29		**	$665,409
	PIMC0 INSTITUTIONAL	PIMCO FDS TOTAL RETURN FD #435		**	$2,379,124
	T. ROWE PRICE	T ROWE PRICE EQUITY INCOME FUND #71		**	$1,009,205
	VANGUARD FUNDS	VANGUARD SMALL CAP VALUE IDX FD #860		**	$227,931
	PARTICIPANT LOANS	INTEREST RATE RANGE 3.25% - 8.75%		**	$460,085

* A party-in-interest as defined by ERISA

** Cost ommitted for participant directed accounts

NORDCO INC. 401(K) PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

NORDCO INC. 401(K) PLAN

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Note: Other schedules required by 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Nordco Inc. 401(k) Plan
Oak Creek, Wisconsin

We were engaged to audit the accompanying statements of net assets available for benefits of Nordco Inc. 401(k) Plan (Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of or for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Marshall & Ilsley Trust Company N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that derived from the investment 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.

Schenck SC

Certified Public Accountants

Milwaukee, Wisconsin
July 18, 2012

NORDCO INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

ASSETS

	2011	2010
Investments, at fair value:		
Mutual funds	$ 16,975,078	$ 18,155,685
Common and collective trust fund	2,287,288	1,334,728
Cash equivalent	-	28
Total investments	19,262,366	19,490,441
Receivables:		
Notes receivable from participants	460,085	286,552
Company contributions	765,415	699,995
Participant contributions	20,984	14,604
Accrued income	13,598	10,142
Total receivables	1,260,082	1,011,293
Total assets available for benefits, at fair value	20,522,448	20,501,734
LIABILITIES		
Pending trade	-	9,552
Net assets available for benefits, at fair value	20,522,448	20,492,182
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(48,967)	(17,313)
Net assets available for benefits	$ 20,473,481	$ 20,474,869

See accompanying notes to financial statements.

NORDCO INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2011 and 2010

	2011	2010
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ (1,227,839)	$ 2,380,349
Interest and dividends	371,763	332,920
Net investment income (loss)	(856,076)	2,713,269
Interest income on notes receivable from participants	13,383	13,462
Contributions:		
Company	765,415	699,995
Participants	1,397,264	1,203,309
Rollovers	252,927	21,728
Total contributions	2,415,606	1,925,032
Total additions	1,572,913	4,651,763
Deductions from net assets attributed to:		
Benefits paid to participants	1,436,855	2,245,879
Administrative expenses	137,446	115,633
Total deductions	1,574,301	2,361,512
Net increase (decrease)	(1,388)	2,290,251
Net assets available for benefits:		
Beginning of year	20,474,869	18,184,618
End of year	$ 20,473,481	$ 20,474,869

See accompanying notes to financial statements.

NORDCO INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 – Description of the Plan

The following brief description of the Nordco Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established in 1996 and most recently amended in July 2010. This Plan is intended to be a qualified retirement plan under the Internal Revenue Code (the IRC) and the purpose is to enable eligible employees to save for retirement. The Plan covers substantially all non-leased employees of Nordco, Inc. and its subsidiaries JER Overhaul, Inc., Nordco Rail Services, Dapco Industries, Inc. and Shuttlewagon, Inc. (the Company) who are age 18 or older and have reached the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan administration: The Company is the Plan Sponsor of the Plan. Marshall & Ilsley Trust Company N.A. is the Trustee of the Plan. The Trustee is responsible for administering, investing and safekeeping all of the Plan's assets.

Eligibility: Employees are eligible to make salary deferral contributions and to receive Company discretionary matching and discretionary profit sharing contributions on the entry date following the completion of three months of eligibility service. The entry date is the first day of each month within the Plan's year coinciding with or subsequent to the date of completing each of the Plan's eligibility requirements. Additionally, to be eligible to receive the matching and profit sharing contribution, an employee must be employed on the last day of the Plan Year (December 31st) and complete at least 1,000 hours of service within the Plan year.

Participant accounts: Individual accounts are maintained for each participant of the Plan. Each participant's account is credited with the participant's contributions and an allocation of (a) the related Company matching and profit sharing contributions, net of available forfeitures, and (b) the Plan's investment earnings (losses) and charged with an allocation of administrative expenses. Plan investment income or loss within each fund is allocated to participants based upon their relative account balances as a percentage of the total account balances of all participants in each fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options: Participants may direct their contributions and related Company contributions among one or more investment options offered by the Plan. Changes in allocations of future contributions and transfers among funds of presently invested contributions are permitted pursuant to the Plan provisions.

Vesting: Participants are immediately fully vested in their elective deferrals and rollover contributions to the Plan and net earnings thereon. The balance in a participant's account relating to Company discretionary matching and profit sharing contributions become fully vested after three years of service. In the event of termination prior to achieving 100% vesting, the non-vested portions are forfeited. Participant accounts are 100% vested upon the attainment of early retirement age, disability or death.

NOTE 1 – Description of the Plan, continued

Participant contributions: Participants may elect to make voluntary tax-deferred contributions up to 50% of eligible annual pretax compensation as defined by the Plan, subject to maximum amounts established by the Internal Revenue Code (IRC) which are $16,500 for the calendar years 2011 and 2010. Catch up contributions of $5,500 are available for participants 50 years or older in 2011 and 2010. Eligible compensation excludes bonuses. Effective August 1, 2010, the Plan was restated and added an automatic enrollment feature where eligible employees are automatically enrolled into the Plan at a contribute rate of 3% of their eligible annual pretax compensation unless the employee formally elected not to participate.

Company contributions: The Company provides for discretionary matching contributions and profit sharing contributions which are determined each year by the Company. For the years ended December 31, 2011 and 2010, the Company matching contributions are based on the level of participant contributions and are determined as follows:

Year ended December 31, 2011:	
Non-union employees	Two-thirds of the first 9% of contributions
Union hourly employees at Oak Creek:	
- hired after April 1, 1997	3% of eligible wages, plus 50% of the first 6% of contributions
- hired before April 1, 1997	25% of the first 4% of contributions
Year ended December 31, 2010:	
Nordco, Inc.	
Salaried exempt employees	100% of the first 6% of contributions
Non-exempt employees	100% of the first 6% of contributions
Union hourly employees:	
- hired after April 1, 1997	3% of eligible wages, plus 50% of the first 6% of contributions
- hired before April 1, 1997	25% of the first 4% of contributions
JER Overhaul, Inc.	
Exempt hourly employees	100% of the first 6% of contributions
Non-exempt hourly employees	100% of the first 6% of contributions
Nordco Rail Services and Dapco Industries, Inc.	
All employees	50% of the first 12% of contributions
Shuttlewagon, Inc.	
All employees	100% of the first 6% of contributions

NOTE 1 – Description of the Plan, continued

Beginning January 1, 2010, the Company calculates the discretionary matching contribution on an annual basis and will fund the matching contribution in the subsequent year. The Company did not make discretionary profit sharing contributions during the years ended December 31, 2011 and 2010.

Forfeitures: At December 31, 2011 and 2010, forfeited nonvested amounts available to be used to offset future Company matching contributions totaled $22,756 and $37,139, respectively. Available forfeited non-vested amounts of $16,318 and $27,696 were used to reduce Company matching contributions during the years ended December 31, 2011 and 2010, respectively.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years for general loans or up to 10 years for the purchase of a primary residence and are payable immediately upon termination. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through monthly payroll deductions. The number of loans outstanding is limited to one per participant. The interest rates ranged from 3.25% to 8.75% at December 31, 2011.

Payment of benefits: Upon retirement, death, disability, or termination of employment, payment of benefits to participants will be in the form of a lump-sum distribution. Benefits are paid in the amount of the participant's vested account balance as of the valuation date preceding the date of distribution. Participants may make a hardship withdrawal of any portion of their participant deferral account balance subject to the terms in the Plan agreement. Participants are entitled to receive a withdrawal of all or any portion of their vested account balance upon attainment of age 59 ½. Such withdrawals will be authorized by the Plan Administrator only upon satisfaction of criteria as enumerated in the Plan document.

Administrative expenses: Investment management and loan origination fees are paid by the Plan and other administrative expenses are generally paid by the Company.

NOTE 2 – Summary of significant accounting policies

Basis of accounting: The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

NOTE 2 – Summary of significant accounting policies, continued

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 fully benefit-responsive investment contracts 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 Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator 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: The Plan's investments are stated 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. Quoted market prices in active markets are used to value investments. Mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the Plan at year-end. The Plan's interest in the BMO Employee Benefit Stable Principal Fund is valued at the net asset value of units held by the Plan at year-end, provided by the administrator of the fund. The net asset value is based on the value of the underlying assets of the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

Since the Plan's assets are reported at fair value in the financial statements, the Statement of Changes in Net Assets Available for Benefits reflect both realized gains and losses and unrealized appreciation and depreciation of Plan assets. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

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.

Risks and uncertainties: The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the Plan's financial statements.

NOTE 2 – Summary of significant accounting policies, continued

Payments of benefits: Benefits are recorded when paid.

Subsequent events: The Plan Administrator has evaluated events and transactions for potential recognition or disclosure in the financial statements through July 18, 2012, the date on which the financial statements were available to be issued.

NOTE 3 – Information certified by the Plan's Trustee

The Trustee has reported and certified as to the completeness and accuracy of the investment information it provided for purposes of preparing the financial statements and supplemental schedules related thereto. In addition to the investment information summarized in Note 4, the Trustee has certified the following as of and for the years ended December 31, 2011 and 2010:

	2011	2010
Statement of Net Assets Available for Benefits:		
Investments, at fair value	$ 19,262,366	$ 19,490,441
Notes receivable from participants	460,085	286,552

	Years ended December 31,	
	2011	2010
Statement of Changes in Net Assets Available for Benefits:		
Total appreciation (depreciation) in fair value of investments	$ (1,227,839)	$ 2,380,349
Interest and dividends	371,763	332,920
Interest income on notes receivable from participants	13,383	13,462

In accordance with the procedures stated in 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 audit of an independent public accountant need not extend to any statement or information prepared and certified by the Trustee. The Plan Administrator, therefore, has instructed the independent public accountants to exclude the information certified by the Trustee from the scope of their audits.

NOTE 4 – Investments

Separate identification of individual investments of the Plan that represent 5% or more of the Plan's net assets as of December 31, 2011 and 2010 are as follows:

	2011	2010
Mutual funds, at fair value		
PIMCO Total Return Fund	$ 2,379,124	$ 2,591,870
Artisan Mid-Cap Fund	1,985,287	2,064,674
American Europacific Growth Fund	1,066,846	1,630,393
Templeton Global Bond Fund	*	1,324,785
Diamond Hill Small-Cap Fund	*	1,100,738
T Rowe Price Equity Income Fund	*	1,098,189
American Growth Fund of America	*	1,084,787

* Not greater than 5% of plan assets

	2011	2010
Common and collective trust fund		
BMO Employee Benefit Stable Principal Fund:		
at fair value	2,287,288	1,334,728
at contract value	2,238,321	1,317,415

During the years ended December 31, 2011 and 2010, the net appreciation (depreciation) in fair value of the Plan's investments (including investments bought, sold, and held during the year) is summarized as follows:

	2011	2010
Mutual funds	$ (1,227,839)	$ 2,380,349

NOTE 5 – Fair value measurements

FASB *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 FASB ASC 820 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 specified (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.

The valuation methodologies used for assets measured at fair value as described in Note 2 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2011 and 2010.

NOTE 5 – Fair value measurements, continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds:				
Small-Cap equities	$ 1,800,991	$ -	$ -	$ 1,800,991
Mid-Cap equities	$ 2,561,755	-	-	2,561,755
Large-Cap equities	2,820,560	-	-	2,820,560
International equities	3,791,620	-	-	3,791,620
Other equities	2,639,138	-	-	2,639,138
Fixed income funds	3,361,014	-	-	3,361,014
Total mutual funds	16,975,078	-	-	16,975,078
Common and collective trust fund	-	2,287,288	-	2,287,288
Total	$ 16,975,078	$ 2,287,288	$ -	$ 19,262,366

	Assets at Fair Value as of December 31, 2010			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds:				
Small-Cap equities	$ 2,433,124	$ -	$ -	$ 2,433,124
Mid-Cap equities	2,825,622	-	-	2,825,622
Large-Cap equities	2,943,850	-	-	2,943,850
International equities	3,328,227	-	-	3,328,227
Other equities	2,069,677	-	-	2,069,677
Fixed income funds	4,555,185	-	-	4,555,185
Total mutual funds	18,155,685	-	-	18,155,685
Common and collective trust fund	-	1,334,728	-	1,334,728
Cash equivalent	28	-	-	28
Total	$ 18,155,713	$ 1,334,728	$ -	$ 19,490,441

NOTE 6 – Income tax status

The Plan obtained its latest determination letter on July 17, 2003 in which the Internal Revenue Service (IRS) has stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and 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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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.

NOTE 7 – Plan termination

Although it has not expressed any intent to do so, the Plan Administrator 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, each participant becomes fully vested in the total amount in their account.

NOTE 8 – Investment contracts

The BMO Employee Benefit Stable Principal Fund is primarily invested in traditional and synthetic guaranteed investment contracts. The fund is fully benefit-responsive and seeks to maintain a stable $1.00 unit value, although there is no guarantee it will be able to do so. The fund is stated at fair value and is adjusted to contract value, which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The fund could be limited in its ability to transact with issuers at contract value if the fund raises its risk profile or is subject to an extended period of significant cash outflow. The fair value of the investment contracts were $1.02/unit and $1.01/unit as of December 31, 2011 and 2010, respectively. The average yield was 2.81% and 2.51% for the years ended December 31, 2011 and 2010 and the portfolio gross crediting interest rate was 2.65% and 3.24% as of December 31, 2011 and 2010, respectively.

NOTE 9 – Party-in-interest transactions

Certain Plan investments include mutual funds and common and collective trusts sponsored by M&I Investment Management Corp., an affiliate of Marshall & Ilsley Corporation. Marshall & Ilsley Trust Company N.A. (a related party) is the Trustee and record keeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative fees and loan issuance fees totaling $74,696 and $66,147 were paid to Marshall & Ilsley Trust Company N.A. during the years ended December 31, 2011 and 2010, respectively. Participants are responsible for any origination fees for each of their loans. The Plan allows participants to obtain loans from the Plan, which are also considered party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

Investment advisory fees of $62,750 and $49,486 were paid from the Plan and are included and deducted as administrative fees in the Statements of Changes in Net Assets Available for Benefits.

NOTE 10 – Prohibited transactions

During 2011, the Company failed to remit certain employee contributions to the Plan on a timely basis, which is prohibited transaction under ERISA. The Company has properly remitted the late participant contributions to the Plan and has calculated lost earnings on these late participant contributions in order to correct the prohibited transaction.

NORDCO INC. 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

Plan Sponsor: Nordco Inc.
Plan Sponsor EIN: 39-1569204
Plan Number: 004

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investments including Interest Rate, Number of Shares, Etc	(e) Current Value
	Mutual funds		
	PIMCO Total Return Fund	218,870.698 shares	$ 2,379,124
	Artisan Mid-Cap Fund	60,288.104 shares	1,985,287
	American Europacific Growth Fund	30,403.125 shares	1,066,846
	T Rowe Price Equity Income Fund	43,764.318 shares	1,009,205
	American Growth Fund of America	33,274.067 shares	955,631
	Hartford Capital Appreciation Fund	28,371.006 shares	875,529
	Diamond Hill Small-Cap Fund	37,665.972 shares	867,824
	Alger Capital Appreciation Institutional I	43,820.617 shares	864,581
	Dodge & Cox International Stock Fund	27,211.790 shares	795,673
*	BMO Small-Cap Growth Fund	41,025.929 shares	705,236
	Scout International Fund	23,790.103 shares	665,409
	Oppenheimer Developing Markets	21,309.513 shares	617,337
	Templeton Global Bond Fund	46,615.640 shares	578,500
	Goldman Sachs Mid-Cap Value Fund	17,280.210 shares	576,468
	Eaton Vance Large-Cap Value Fund	31,354.323 shares	538,354
	Harris Assoc Invt Tr Oakmark	37,896.636 shares	454,381
	Franklin High Income Fund	207,932.943 shares	403,390
	JP Morgan Market Expansion Index Fund	36,151.998 shares	349,590
	Nuveen Real Estate Sec Fund Class Y	17,132.231 shares	324,998
	Fidelity Spartan 500 Index Fund	7,133.503 shares	317,370
	Vanguard Small-Cap Value Index Fund	15,154.983 shares	227,931
	MFS Untilities Fund	11,319.250 shares	191,974
	Fidelity Select Materials	2,820.251 shares	173,192
	Columbia Seligman Comms and Info Class A	1,256.094 shares	51,248
	Total mutual funds		16,975,078
	Common and collective trust fund		
*	BMO Employee Benefit Stable Principal Fund	2,238,321 shares	2,287,288
	Notes receivable from participants		
*	Participant loans	Promissory notes, interest rates ranging from 3.25% to 8.75%	460,085
	Total Investments		$ 19,722,451

* Represents a party-in-interest to the Plan.

Cost information omitted for participant-directed investments.

NORDCO INC. 401(K) PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Year Ended December 31, 2011

Plan Sponsor: Nordco Inc.
Plan Sponsor EIN: 39-1569204
Plan Number: 004

(a)	(b)	(c)	(d)
Identity of Party Involved	Description	Cost of Acquisition	Proceeds of Dispositions
Participants loans	Promissory notes, interest rates from 3.25% to 8.75%	$ -	$ -

NORDCO INC. 401(K) PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2011

Plan Sponsor: Nordco Inc.
Plan Sponsor EIN: 39-1569204
Plan Number: 004

	Total amounts that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Late Participant Loan Repayments were not Included				
	$ -	$ 3,269	$ -	$ -

Note: The Company deposited the delinquent deferrals and made an additional contribution for the lost earnings during the year ended December 31, 2011. The Form 5330 was completed and filed during the year ended December 31, 2011.

Attachment to 2011 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name NORDCO INC. 401(K) PLAN **EIN:** 39-1569204
Plan Sponsor's Name NORDCO INC. **PN:** 004

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	0	3,269	0	0