

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</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>GETRAG CORPORATION 401(K) PLAN AND TRUST</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1988</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>GETRAG PRECISION GEAR COMPANY LLC</u> <u>4500 LEEDS AVENUE</u> <u>SUITE 112</u> <u>NORTH CHARLESTON, SC 29405</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>57-1036134</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>843-745-1655</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>57-1036134</u>	2c Sponsor's telephone number <u>843-745-1655</u>	2d Business code (see instructions) <u>336300</u>	
2b Employer Identification Number (EIN) <u>57-1036134</u>					
2c Sponsor's telephone number <u>843-745-1655</u>					
2d Business code (see instructions) <u>336300</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.	10/12/2012	ANITA THOMPkins
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	ANITA THOMPkins
	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") GETRAG PRECISION GEAR COMPANY LLC 4500 LEEDS AVENUE SUITE 112 NORTH CHARLESTON, SC 29405	3b Administrator's EIN 57-1036134 3c Administrator's telephone number 843-745-1655
--	---

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 GETRAG CORPORATION	4b EIN 51-0260034 4c PN 002
---	--

5 Total number of participants at the beginning of the plan year	5	754
---	----------	-----

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	214
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	23
d Subtotal. Add lines 6a , 6b , and 6c	6d	237
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	237
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	221
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> 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 GETRAG CORPORATION 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GETRAG PRECISION GEAR COMPANY LLC	D Employer Identification Number (EIN) 57-1036134	

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

1 Coverage Information:

(a) Name of insurance carrier
UNION CENTRAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-0472910	80837	E745331	0	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

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

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

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

b Balance at the end of the previous year	7b	5894746
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
---------------------------	--------------	---

d Total of balance and additions (add b and c(6))	7d	5894746
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	5894746	
▶ TRANSFERRED TO OTHER INVESTMENTS			

(5) Total deductions	7e(5)	5894746
----------------------------	--------------	---------

f Balance at the end of the current year (subtract e(5) from d)	7f	0
---	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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>GETRAG CORPORATION 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GETRAG PRECISION GEAR COMPANY LLC</u>	D Employer Identification Number (EIN) <u>57-1036134</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
MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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

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

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

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

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

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

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

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

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

(b) Enter name and EIN or address of person who provided you 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)

ASCENSUS

11-3665754

(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?
99 37 15 60 50	RECORD KEEPER	26775	Yes ☒ No ☐	Yes ☐ No ☒	1940	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASCENSUS	15 60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>MERRILL LYNCH,PIERCE,FENNER & SMITH</p> <p>13-5674085</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB T/A REVENUE BY FUND</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>ASCENSUS</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>15 99</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">1940</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>MERRILL LYNCH,PIERCE,FENNER & SMITH</p> <p>13-5674085</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>QUALITY SERVICE BONUS (ALLOCATED ON MONTH END MARKET VALUE)</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> </div> </div>		

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>GETRAG CORPORATION 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GETRAG PRECISION GEAR COMPANY LLC</u>	D Employer Identification Number (EIN) <u>57-1036134</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UCL MUTUAL FUND SEP ACCT IV</u>			
b Name of sponsor of entity listed in (a): <u>UNION CENTRAL LIFE INSURANCE</u>			
c EIN-PN <u>31-0472910-011</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UCL MUTUAL FUND SEP ACCT LVII</u>			
b Name of sponsor of entity listed in (a): <u>UNION CENTRAL LIFE INSURANCE</u>			
c EIN-PN <u>31-0472910-057</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UCL MUTUAL FUND SEP ACCT XLIX</u>			
b Name of sponsor of entity listed in (a): <u>UNION CENTRAL LIFE INSURANCE</u>			
c EIN-PN <u>31-0472910-049</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UCL MUTUAL FUND SEP ACCT XLVIII</u>			
b Name of sponsor of entity listed in (a): <u>UNION CENTRAL LIFE INSURANCE</u>			
c EIN-PN <u>31-0472910-048</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UCL MUTUAL FUND SEP ACCT XLII</u>			
b Name of sponsor of entity listed in (a): <u>UNION CENTRAL LIFE INSURANCE</u>			
c EIN-PN <u>31-0472910-042</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UCL MUTUAL FUND SEP ACCT XXI</u>			
b Name of sponsor of entity listed in (a): <u>UNION CENTRAL LIFE INSURANCE</u>			
c EIN-PN <u>31-0472910-037</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UCL MUTUAL FUND SEP ACCT III</u>			
b Name of sponsor of entity listed in (a): <u>UNION CENTRAL LIFE INSURANCE</u>			
c EIN-PN <u>31-0472910-010</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVI**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-073	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXIV**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-074	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLI**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-041	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LV**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-055	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXV**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-065	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT BALANCED INDEX SEP ACCT**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXXIX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-039	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXVIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XVIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-029	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXV		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XCIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-093	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-103	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CIV		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-022	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-034	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT SHORT TERM SEP ACCT		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-012	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXIX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-089	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XCI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-091	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT L		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CXIII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LIX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-059	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LX		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXI**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-061	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXVII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXVI**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXVIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-062	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXXVIII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-088	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VII**b** Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: CAP PRESERVATION TRUST**b** Name of sponsor of entity listed in (a): FEDERATED

c EIN-PN 22-2712853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1570239
--------------------------------	------------------------	---

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 GETRAG CORPORATION 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GETRAG PRECISION GEAR COMPANY LLC	D Employer Identification Number (EIN) 57-1036134	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	977182	
(2) Participant contributions	1b(2)	36	
(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)	2252576	776227
(9) Value of interest in common/collective trusts.....	1c(9)		1570411
(10) Value of interest in pooled separate accounts.....	1c(10)	19210637	
(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)		7999951
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5894746	
(15) Other	1c(15)	140981	

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	28476158	10346589

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		8553
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	8553

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28476158	10338036
---	-----------	----------	----------

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)	412658	
(B) Participants	2a(1)(B)	1570916	
(C) Others (including rollovers)	2a(1)(C)	75851	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2059425
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)	99011	
(F) Other	2b(1)(F)	3150	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		102161
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(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)		72402
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		138506
(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)		-1004642
c Other income.....	2c		84174
d Total income. Add all income amounts in column (b) and enter total.....	2d		1452026

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2795705	
(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)		2795705
f Corrective distributions (see instructions)	2f		8553
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)	21588	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		21588
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2825846

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1373820
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		16764302

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: **ROEDL LANGFORD DE KOCK LLP** (2) EIN: **58-2594719**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

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

5b(1) Name of plan(s)

GETRAG CORPORATION 401(K) PLAN AND TRUST

5b(2) EIN(s)	5b(3) PN(s)
51-0260034	003

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>GETRAG CORPORATION 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GETRAG PRECISION GEAR COMPANY LLC</u>	D Employer Identification Number (EIN) <u>57-1036134</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>45-0404698</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): _____

GETRAG CORPORATION 401(k)
PLAN & TRUST

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
AS OF DECEMBER 31, 2011 AND 2010
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

TABLE OF CONTENTS

	<u>Page(s)</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of net assets available for plan benefits	2
Statement of changes in net assets available for plan benefits	3
NOTES TO FINANCIAL STATEMENTS	4 – 10
SUPPLEMENTAL SCHEDULE	
Schedule H, Line 4i – Schedule of assets (held at end of year)	11 – 12

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

Rödl Langford de Kock LLP**Certified Public Accountants**

Two Liberty Square
75 Beattie Place, Suite 550
Greenville, SC 29601, USA
Phone +1-864-242-2611
Fax +1-864-242-2210
E-Mail info@roedlUSA.com
Internet www.roedl.com/us

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of

Getrag Corporation 401(k) Plan & Trust:

We were engaged to audit the financial statements of Getrag Corporation 401(k) Plan & Trust (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (the "DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 3, which was certified by Frontier Trust Company and Union Central Life Insurance Company (collectively, the "Custodians"), the custodians of the Plan's investment assets, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Frontier Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2011, and for the period from January 6, 2011 through December 31, 2011, and that Union Central Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2010, and for the period from January 1, 2011 through January 5, 2011. The Plan administrator has obtained certifications from the Custodians 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 Custodians 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 purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Greenville, South Carolina
October 11, 2012

Represented by Rödl & Partner International in:

Austria, Belarus, Brazil, Bulgaria, Croatia, Czech Republic, Estonia, France, Georgia, Germany, Hong Kong, Hungary, India, Indonesia, Italy, Kazakhstan, Latvia, Lithuania, Mexico, Moldavia, People's Republic of China, Poland, Qatar, Romania, Russian Federation, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, Turkey, Ukraine, United Arab Emirates, United Kingdom, United States of America, Vietnam

GETRAG CORPORATION 401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments at fair value:		
Mutual funds	\$ 7,999,951	\$ -
Collective trust	1,604,489	-
Pooled separate accounts	-	19,210,637
Guaranteed investment contract	-	6,015,649
	<u>9,604,440</u>	<u>25,226,286</u>
Receivables:		
Notes receivable from participants	776,227	2,252,576
Sponsor contributions	-	977,182
Participant contributions	-	36
	<u>776,227</u>	<u>3,229,794</u>
	10,380,667	28,456,080
LIABILITIES		
Refunds of excess contributions payable	<u>8,553</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT FAIR VALUE	10,372,114	28,456,080
Adjustment from fair value to contract value for fully benefit-responsive investments	<u>(34,078)</u>	<u>(120,903)</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 10,338,036</u></u>	<u><u>\$ 28,335,177</u></u>

See independent auditors' report.
The accompanying notes are an integral part of these financial statements.

GETRAG CORPORATION 401(k) PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	<u>2011</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income (loss):	
Net appreciation in fair value of pooled separate accounts	\$ 138,506
Net appreciation in fair value of guaranteed investment contract	92,007
Interest on collective trust	72,402
Interest on guaranteed investment contract	3,150
Net depreciation in fair value of mutual funds	<u>(1,004,642)</u>
	<u>(698,577)</u>
Interest income on notes receivable from participants	<u>99,011</u>
Contributions:	
Participant	1,562,363
Sponsor	412,658
Rollovers	<u>75,851</u>
	<u>2,050,872</u>
	<u>1,451,306</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Transfers out of Plan	16,759,299
Benefits paid	2,667,560
Administrative fees	<u>21,588</u>
	<u>19,448,447</u>
Net decrease	(17,997,141)
NET ASSETS AVAILABLE FOR PLAN BENEFITS:	
BEGINNING OF YEAR	<u>28,335,177</u>
END OF YEAR	<u><u>\$ 10,338,036</u></u>

See independent auditors' report.
The accompanying notes are an integral part of this financial statement.

GETRAG CORPORATION 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

1. DESCRIPTION OF PLAN

The following description of the Getrag Corporation 401(k) Plan & Trust (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 covering all employees of Getrag Precision Gear Company LLC (the “Sponsor”) who have at least 6 months of qualified service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) and the Internal Revenue Code (the “IRC”).

Contributions

Eligible participants may contribute to the Plan a percentage of their compensation, as defined by the Plan, under a salary deferral arrangement, subject to IRC limitations. The Plan also allows participant rollover contributions, which represent distributions from other qualified plans. The Sponsor, at its sole discretion, may make matching contributions of participant deferral contributions. During the year ended December 31, 2011, the Sponsor matched 50% of participant deferral contributions, up to 4% of the participant’s annual compensation. The Sponsor, at its sole discretion, may also make profit-sharing contributions on behalf of all participants, without regard to the participants’ contributions, equal to a percentage of the participants’ compensation. For the year ended December 31, 2011, the Sponsor made no discretionary profit-sharing contributions.

Investment options

The Plan’s investment assets were held by Union Central Life Insurance Company (the “Former Custodian”) as of December 31, 2010 and for the period from January 1, 2011 to January 5, 2011, and Frontier Trust Company (the “New Custodian”) for the period from January 6, 2011 to December 31, 2011. Under this arrangement with the Former Custodian and the New Custodian (collectively, the “Custodians”) and upon enrollment in the Plan, participants direct contributions in any whole percentage or dollar increment into any of the available funds. Participants may change their allocations among the various investment options at any time.

Participant accounts

Each participant’s account is credited with (a) the participant’s contributions, (b) the Sponsor’s contributions on behalf of the participant and (c) the earnings and losses of the participant’s investments, and is charged with any expenses incurred as a result of transactions initiated by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting and forfeitures

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Sponsor’s contributions and actual earnings thereon is based on years of qualifying service. A participant is 100% vested after three years of credited service. Forfeitures of nonvested balances are used to reduce future Sponsor contributions. Amounts forfeited during the year ended December 31, 2011 totaled \$34,420. No forfeitures were used to reduce Sponsor contributions for the year ended December 31, 2011, and accumulated forfeitures available to reduce future matching contributions totaled \$35,540 at December 31, 2011. There were no forfeitures accumulated at December 31, 2010.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Terms of loans may not exceed five years, except for loans to purchase a principal residence, which may be longer. The loans are secured by the balance in the participant’s account and bear interest at a fixed rate determined by the Plan’s administrator at the date

of origination. This rate may be no less than prime plus 1%. Principal and interest are paid ratably through periodic payroll deductions. Interest rates on participant loans outstanding at December 31, 2011 and 2010 ranged from 4.25% to 10.25%.

Payment of benefits

Upon termination of service or for reasons of death or disability, a participant whose vested account balance exceeds \$1,000 may request a lump-sum distribution equal to the value of the participant's vested interest in his or her account. If no such request is made, distribution is made at normal retirement age. A terminated participant whose vested account balance does not exceed \$1,000 will receive a lump sum distribution of the vested account balance immediately following termination. Active employees may withdraw vested funds upon attainment of age 59 ½ or for reasons of financial hardship, as defined by IRC.

Administrative expenses

Administrative fees associated with certain participant-directed transactions are paid by the Plan. These fees are charged to the accounts of the participants who initiate the transactions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for plan benefits present the fair value of the investment contracts as well as the adjustments of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for plan benefits is prepared on a contract value basis.

Payment of benefits

Benefits are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements. Interest income is recorded when earned. Net appreciation/depreciation includes dividends and unrealized and realized gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are recorded as distributions based upon the Plan's provisions.

Subsequent events

The Sponsor has evaluated subsequent events through October 11, 2012, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS (UNAUDITED)

The Sponsor has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodians, except for comparing such information certified by the Custodians to information included in the Plan's financial statements and supplemental schedule.

The following information included in the Plan's financial statements and supplemental schedule was prepared and certified to be complete and accurate by the Custodians as of December 31, 2011 and 2010 and for the year ended December 31, 2011:

	2011	2010
Investments:		
Mutual funds	\$ 7,999,951	\$ -
Money market fund	1,570,411	-
Pooled separate accounts	-	19,210,637
Guaranteed investment contract	-	6,015,649
	<u>\$ 9,570,362</u>	<u>\$ 25,226,286</u>
Investment income (loss):		
Net appreciation in fair value of pooled separate accounts	\$ 138,506	
Net appreciation in fair value of guaranteed investment contract	92,007	
Interest on collective trust	72,402	
Interest on guaranteed investment contract	3,150	
Net depreciation in fair value of mutual funds	(1,004,642)	
	<u>\$ (698,577)</u>	

Investments representing 5% or more of the Plan's net assets available for plan benefits are as follows at December 31:

	2011	2010
Federated Capital Preservation Trust	\$ 1,570,411	\$ - *
Neuberger Berman Genesis Fund	1,175,104	- *
Growth Fund of America	984,839	- *
BlackRock Equity Dividend Fund	822,895	- *
Union Central Life Insurance Co. Guaranteed Investment Contract	- *	5,894,746
T. Rowe Price Blue Chip Growth Separate Account	- *	1,683,724
Neuberger Berman Genesis Separate Account	- *	1,681,788

*Investment represents less than 5% of net asset in the year indicated, shown above for comparison only.

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan had a fully benefit-responsive investment contract with the Former Custodian. The Former Custodian maintained the contributions in a deposit administration account. The account was credited with earnings on the underlying investments, and charged for Plan withdrawals and miscellaneous administrative expenses.

Participants ordinarily directed the withdrawal or transfer of all or a portion of their investments at contract value, and the issuer was not permitted to terminate the agreement prior to the scheduled maturity dates.

Certain events would limit the ability of the Plan to transact with the issuer at contract value. Such events included the following: (a) termination of the Plan, (b) merger of the Plan into another plan, or (c) premature termination of the contract by the Sponsor. The contract was terminated in conjunction with the change in custodians on January 6, 2011. The Plan received a favorable market value adjustment of \$92,007 as a result of the termination.

5. RISKS AND UNCERTAINTIES

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

6. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used during the year ended December 31, 2011.

- Mutual funds: valued at the net asset value ("NAV") of shares held by the Plan at year end.
- Collective trust: valued at the NAV of shares held by the Plan, as determined by the New Custodian using the audited financial statements of the trust.
- Pooled separate accounts: valued at unit value, as determined by the Former Custodian, using the net asset value of the underlying mutual funds.
- Guaranteed investment contract: valued at the net present value of 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 Sponsor 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.

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				
Domestic equity funds	\$ 5,162,632	\$ -	\$ -	\$ 5,162,632
Fixed income funds	1,083,834	-	-	1,083,834
International funds	879,955	-	-	879,955
Balanced funds	524,959	-	-	524,959
Real estate funds	348,571	-	-	348,571
	7,999,951	-	-	7,999,951
Collective trust	-	1,604,489	-	1,604,489
	<u>\$ 7,999,951</u>	<u>\$ 1,604,489</u>	<u>\$ -</u>	<u>\$ 9,604,440</u>
Assets at fair value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Domestic equity funds	\$ -	\$ 10,257,830	\$ -	\$ 10,257,830
Balanced funds	-	3,404,109	-	3,404,109
Fixed income funds	-	3,279,683	-	3,279,683
International funds	-	1,557,918	-	1,557,918
Real estate funds	-	711,097	-	711,097
	-	19,210,637	-	19,210,637
Guaranteed investment contract	-	-	6,015,649	6,015,649
	<u>\$ -</u>	<u>\$ 19,210,637</u>	<u>\$ 6,015,649</u>	<u>\$ 25,226,286</u>

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2011:

	Guaranteed investment contract
Balance, beginning of year	\$ 6,015,649
Net appreciation in fair value	72,402
Interest credited	3,150
Sales and settlements	(6,091,201)
Balance, end of year	<u>\$ -</u>

7. RELATED PARTY TRANSACTIONS

Certain Plan investments were managed by the Former Custodian and, therefore, those transactions qualified as party-in-interest transactions.

The Sponsor pays certain costs on behalf of the Plan for insurance and audit fees. The Sponsor also provides recordkeeping and administrative services to the Plan at no cost.

8. LIFE INSURANCE CONTRACTS

At December 31, 2010, the Plan had purchased certain allocated life insurance contracts, which represented a legal obligation by the insurance company to provide specific benefits to designated Plan participants or their beneficiaries. As a result, the cash surrender values of these contracts were not Plan assets and were excluded from net assets available for plan benefits. No such contracts remained at December 31, 2011.

9. TAX STATUS

The Plan utilizes a prototype plan document sponsored Ascensus Inc., who received a letter from the Internal Revenue Service (the "IRS"), dated March 31, 2008, in which the IRS opined that the prototype plan is acceptable under the applicable sections of the IRC.

The Plan has not obtained a determination from the IRS on its adoption of the non-standardized prototype plan. In accordance with Revenue Procedure 2002-6, the Sponsor has chosen to rely on the opinion letter of the prototype plan. Subsequent to this opinion letter, the prototype plan has been amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by 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 tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress, and the Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2008.

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor 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, all participants would become 100% vested in their accounts.

11. TRANSFERS OUT OF PLAN

In conjunction with the sale of a portion of the Sponsor's business operations during 2011, the account balances of participants employed at the Sponsor's North Carolina and Michigan facilities were transferred to another plan on September 30, 2011. The total amount of assets transferred out of the Plan was \$16,759,299.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's net assets available for plan benefits and net increase in net assets available for plan benefits as reported in the accompanying financial statements and those amounts reported on Form 5500 as of December 31, 2011 and 2010, and for the year ended December 31, 2011:

	<u>2011</u>	<u>2010</u>
Net assets available for plan benefits per the financial statements	\$ 10,338,036	\$ 28,335,177
Cash surrender value of life insurance contracts	<u>-</u>	<u>140,981</u>
Net assets available for plan benefits per Form 5500	<u>\$ 10,338,036</u>	<u>\$ 28,476,158</u>
Net decrease in net assets available		
for plan benefits per the financial statements	\$(17,997,141)	
Cash surrender value of life insurance contracts		
transferred out to other plan	(5,003)	
Net depreciation in cash surrender value of life insurance contracts	(7,833)	
Cash surrender value of life insurance contracts surrendered	<u>(128,145)</u>	
Net decrease in net assets available for plan benefits per Form 5500	<u>\$(18,138,122)</u>	

13. SUBSEQUENT EVENT

Effective January 25, 2012, the Plan's name was changed to "TorqTek Design & Manufacturing, LLC 401(k) Plan & Trust" in order to reflect a change in the name of the Sponsor to "TorqTek Design & Manufacturing, LLC."

GETRAG CORPORATION 401(k) PLAN AND TRUST
EIN 51-0260034; PLAN #002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>Mutual funds</u>			
	Neuberger Berman	Neuberger Berman Genesis Fund	**	\$ 1,175,104
	American Funds	Growth Fund of America	**	984,839
	BlackRock	BlackRock Equity Dividend Fund	**	822,895
	Eaton Vance	Eaton Vance Large-Cap Value Fund	**	440,474
	Calvert Funds	Calvert Income Fund	**	377,815
	Oakmark Funds	The Oakmark International Fund	**	376,687
	BlackRock	BlackRock Global Allocation Fund	**	351,277
	ING	ING Real Estate Fund	**	348,571
	Nationwide	Nationwide S&P 500 Index Fund	**	329,737
	Columbia Funds	Columbia Small Cap Index Fund	**	298,014
	AllianceBernstein	2020 Retirement Strategy Fund	**	270,793
	PIMCO	PIMCO Total Return Fund	**	229,562
	Janus Funds	Janus Forty Fund	**	194,969
	Ivy Funds	Ivy High Income Fund	**	181,469
	Franklin Templeton Funds	Templeton Global Bond Fund	**	163,179
	Nationwide	Nationwide Mid Cap Market Index Fund	**	151,036
	Golman Sachs	Goldman Sachs Growth Opportunity Fund	**	146,365
	ASTON/Fairpointe	ASTON/Fairpointe Mid Cap Fund	**	134,764
	Nationwide	Nationwide International Index Fund	**	128,732
	Nationwide	Nationwide Bond Index Fund	**	124,165
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	**	122,641
	Columbia Funds	Columbia US Treasury Index Fund	**	114,680
	AllianceBernstein	2030 Retirement Strategy Fund	**	91,528
	Ivy Funds	Ivy Asset Strategy Fund	**	88,151
	Columbia Funds	Columbia Large Cap Index Fund	**	82,238
	AllianceBernstein	2040 Retirement Strategy Fund	**	79,418
	AllianceBernstein	2015 Retirement Strategy Fund	**	77,796
	Janus Funds	Perkins Small Cap Value Fund	**	67,242
	American Funds	Europacific Growth Fund	**	23,258
	American Century Funds	Inflation Adjusted Bond Fund	**	17,129
	AllianceBernstein	2040 Retirement Strategy Fund	**	5,423
				<u>7,999,951</u>

GETRAG CORPORATION 401(k) PLAN AND TRUST
EIN 51-0260034; PLAN #002
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED
DECEMBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>Collective trust</u>			
	Federated	Federated Capital Preservation Trust	**	\$ 1,570,411
	<u>Participant loans</u>			
*	Participant loans	Maturities from 2012 through 2030, interest from 4.25% to 10.25%		776,227
				<u>\$ 10,346,589</u>

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

**Cost information omitted – not required for participant directed funds.

NOTE: The above schedule, except for that relating to participant loans, was derived from information certified by Frontier Trust Company.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description

Plan Name: GETRAG CORPORATION 401(K) PLAN & TRUST

Plan Number: 211816

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
ISIAX	RiverSource Small Company Index Fund A	12 dollars per fund position
AIAVX	American Century Inflation Adjusted Bond	12 dollars per fund position
TPINX	Templeton Global Bond Fund A	12 dollars per fund position
PTTAX	PIMCO Total Return Fund A	12 dollars per fund position
ODMAX	Oppenheimer Developing Markets Fd A	12 dollars per fund position
NMSAX	Columbia Small Cap Index Fund A	12 dollars per fund position
NEIAX	Columbia Large Cap Index Fund A	12 dollars per fund position
NBGAX	Neuberger Berman Genesis Fund	12 dollars per fund position
MDLOX	BlackRock Global Allocation Fund A	12 dollars per fund position
MDDVX	BlackRock Equity Dividend Fund A	12 dollars per fund position
WHIYX	Ivy High Income Y	12 dollars per fund position
JDCAX	Janus Forty Fund A	12 dollars per fund position
LTEAX	AllianceBernstein 2015 Ret Strategy A	12 dollars per fund position
GRMAX	Nationwide S&P 500 Index Fund A	12 dollars per fund position
GMXAX	Nationwide Mid Cap Market Index Fund A	12 dollars per fund position
GIIAX	Nationwide International Index Fund A	12 dollars per fund position
GGOAX	Goldman Sachs Growth Opportunity Fund A	12 dollars per fund position
GBIAX	Nationwide Bond Index Fund A	12 dollars per fund position
EHSTX	Eaton Vance Large-Cap Value Fund A	12 dollars per fund position
CLARX	ING Real Estate Fund A	12 dollars per fund position
CHTTX	ASTON/Fairpointe Mid Cap Fund N	12 dollars per fund position
CFICX	Calvert Income Fund A	12 dollars per fund position
LUTAX	Columbia US Treasury Index Fund A	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description

Plan Name: GETRAG CORPORATION 401(K) PLAN & TRUST
 Plan Number: 211816
 Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
GMGRMAX	GM Nationwide S&P 500 Index Fund A	12 dollars per fund position
INS999	Insurance- Outside Asset	N/A
GMFCPFT	GM Federated Capital Preservation	N/A
FCPFT	Federated Capital Preservation	N/A
MLIKX	Retirement Reserves(7dayYield:0.00%)	6 dollars per fund position
GMMLIKX	GM Retirement Reserves Money Fd Class 1	6 dollars per fund position
OARIX	The Oakmark International Fund II	12 dollars per fund position
JDSAX	Janus Adviser Perkins Small Cap Value A	12 dollars per fund position
GMNMSAX	GM Columbia Small Cap Index Fund A	12 dollars per fund position
GMNEIAX	GM Columbia Large Cap Index Fund A	12 dollars per fund position
WASYX	Ivy Asset Strategy Fund Y	12 dollars per fund position
GMISIAX	GM RiverSource Small Company Index Fnd A	12 dollars per fund position
PRI MONEY	Prior Money	N/A
GMGMXAX	GM Nationwide Mid Cap Market Ind Fd A	12 dollars per fund position
GMGIAX	GM Nationwide International Index Fund F	12 dollars per fund position
GMGBIAX	GM Nationwide Bond Index Fund A	12 dollars per fund position
RGACX	American Funds Grwth Fd of America R3	12 dollars per fund position
RERCX	American Funds Europacific Growth R3	12 dollars per fund position
LTQAX	AllianceBernstein 2050 Retirement Str A	12 dollars per fund position
LTLAX	AllianceBernstein 2040 Ret Strategy A	12 dollars per fund position
LTJAX	AllianceBernstein 2030 Ret Strategy A	12 dollars per fund position
LTHAX	AllianceBernstein 2020 Ret Strategy A	12 dollars per fund position
GMLUTAX	GM Columbia US Treasury Index Fund A	12 dollars per fund position

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name GETRAG CORPORATION 401(K) PLAN AND TRUST

EIN: 57-1036134

Plan Sponsor's Name GETRAG PRECISION GEAR COMPANY LLC

PN: 002

(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
	PIMCO	PIMCO Total Return Fund A	0	229,562
	Calvert	Calvert Income Fund A	0	377,815
	Eaton Vance	Eaton Vance Large Cap Value Fund A	0	440,474
	Ivy	Ivy High Income Y	0	181,469
	American Century	American Century Inflation-Adj Bond A	0	17,129
	Templeton	Templeton Global Bond Fund A	0	163,179
	BlackRock	BlackRock Eqty Dividend A	0	822,895

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name GETRAG CORPORATION 401(K) PLAN AND TRUST

EIN: 57-1036134

Plan Sponsor's Name GETRAG PRECISION GEAR COMPANY LLC

PN: 002

(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 Funds Growth Fund of America R3	0	984,839
	Janus	Janus Forty Fund A	0	194,968
	Goldman Sachs	Goldman Sachs Growth Opp A	0	146,365
	Perkins	Perkins Small Capital Value Fund A	0	67,242
	ASTON/Fairpointe	ASTON/Fairpointe Mid Cap Fund N	0	134,764
	American Funds	American Funds EuroPacific Growth R3	0	23,258
	Oakmark	Oakmark International Fund	0	376,687

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name GETRAG CORPORATION 401(K) PLAN AND TRUST

EIN: 57-1036134

Plan Sponsor's Name GETRAG PRECISION GEAR COMPANY LLC

PN: 002

(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
	Ivy	Ivy Asset Strategy Y	0	88,151
	BlackRock	BlackRock Global Allocation Fund A	0	351,277
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	122,641
	ING	ING Real Estate Fund Portfolio A	0	348,571
	AllianceBernstein	AllianceBernstein 2015 Ret StrategiesA	0	77,796
	AllianceBernstein	AllianceBernstein 2020 Ret StrategiesA	0	270,793
	AllianceBernstein	AllianceBernstein 2030 Ret StrategiesA	0	91,528

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name GETRAG CORPORATION 401(K) PLAN AND TRUST

EIN: 57-1036134

Plan Sponsor's Name GETRAG PRECISION GEAR COMPANY LLC

PN: 002

(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
	AllianceBernstein	AllianceBernstein 2040 Ret StrategiesA	0	79,418
	AllianceBernstein	AllianceBernstein 2050 Ret StrategiesA	0	5,424
	Columbia	Columbia U.S. Treasury Index Fund A	0	1,318
	Nationwide	Nationwide Bond Index Fund A	0	4,424
	Nationwide	Nationwide S&P 500 Index Fund A	0	232,930
	Columbia	Columbia Large Cap Index Fund A	0	6,859
	Nationwide	Nationwide Mid Cap Market Index Fund A	0	72,045

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name GETRAG CORPORATION 401(K) PLAN AND TRUST

EIN: 57-1036134

Plan Sponsor's Name GETRAG PRECISION GEAR COMPANY LLC

PN: 002

(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
	Nationwide	Nationwide International Index Fund A	0	3,726
	Neuberger	Neuberger Berman Genesis Adv	0	1,175,104
	Nationwide	GM Nationwide Bond Index Fund A	0	119,741
	Columbia	GM Columbia U.S. Treasury Index Fund A	0	113,361
	Nationwide	GM Nationwide International Index Fund A	0	125,007
	Nationwide	GM Nationwide Mid Cap Market Index A	0	78,991
	Nationwide	GM Nationwide S&P 500 Index Fund A	0	96,807

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name GETRAG CORPORATION 401(K) PLAN AND TRUST

EIN: 57-1036134

Plan Sponsor's Name GETRAG PRECISION GEAR COMPANY LLC

PN: 002

(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
	Columbia	GM Columbia Large Cap Index Fund A	0	75,379
	Federated	Federated Capital Preservation	0	1,558,379
	Federated	GM Federated Capital Preservation	0	12,032
	Columbia	Columbia Small Cap Index Fund A	0	250,866
	Columbia	GM Columbia Small Cap Index Fund A	0	47,148
	Participant's Loan Account	Various Rates and Maturities	0	776,227
	Frontier Trust Company	Contribution Account	0	171