

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

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</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>TAKUMI STAMPING 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/2009</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>TAKUMI STAMPING, INC.</u> <u>8585 SEWARD RD.</u> <u>FAIRFIELD, OH 45011</u>	2b Employer Identification Number (EIN) <u>31-1765409</u> 2c Sponsor's telephone number <u>513-642-0081</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>KRISTEN HAUGHEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TAKUMI STAMPING, INC. 8585 SEWARD RD. FAIRFIELD, OH 45011	3b Administrator's EIN 31-1765409 3c Administrator's telephone number 513-642-0081
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	247
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	212
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	7
d Subtotal. Add lines 6a , 6b , and 6c	6d	219
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	219
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	76
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan <u>TAKUMI STAMPING 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TAKUMI STAMPING, INC.</u>	D Employer Identification Number (EIN) <u>31-1765409</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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65	RECORDKEEPER	2495	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>TAKUMI STAMPING 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TAKUMI STAMPING, INC.</u>	D Employer Identification Number (EIN) <u>31-1765409</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16388	8500
	(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)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	837263	969018
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	853651	977518

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	853651	977518
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	51088	
(B) Participants	2a(1)(B)	138845	
(C) Others (including rollovers)	2a(1)(C)	72845	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		262778
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1
(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)	32948	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		32948
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-53015
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		242712

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	116338	
(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)		116338
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2507	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2507
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		118845

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		123867
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: VONLEHMAN

(2) EIN: 31-0905417

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

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

Part IV Compliance Questions

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

During the plan year:

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

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>TAKUMI STAMPING 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TAKUMI STAMPING, INC.</u>	D Employer Identification Number (EIN) <u>31-1765409</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>04-6568107</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

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

Schedule R (Form 5500) 2011
v.012611

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): _____

**TAKUMI STAMPING, INC.
401(K) PLAN**

December 31, 2011

*FINANCIAL STATEMENTS AND INDEPENDENT
AUDITORS' REPORT*



VonLehman & Company Inc. vlcpa.com

4755 Lake Forest Drive, Suite 100 Cincinnati, OH 45242-3836 513.891.5911 F 513.891.5969

250 Grandview Drive, Suite 300 Fort Mitchell, KY 41017-5610 859.331.3300 F 859.331.4358

**TAKUMI STAMPING, INC.
401(K) PLAN
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INDEPENDENT AUDITORS' REPORT

To the Committee Members
Takumi Stamping, Inc.
401(k) Plan
Fairfield, Ohio

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

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the Investments note, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010 that the information provided to the Plan administrator by the trustee is complete and accurate.

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

VonLehman & Company Inc.

Cincinnati, Ohio
October 10, 2012

TAKUMI STAMPING, INC.
401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	<u>December 31,</u>	
	<u>2011</u>	<u>2010</u>
Investments at Fair Value		
Cash and Cash Equivalents	\$ 8,500	\$ 16,388
Mutual Funds	<u>969,019</u>	<u>837,263</u>
Total Investments at Fair Value	<u>977,519</u>	<u>853,651</u>
Receivables		
Employee Contributions	5,213	5,813
Employer Contributions	<u>2,179</u>	<u>2,471</u>
Total Receivables	<u>7,392</u>	<u>8,284</u>
Net Assets Available for Benefits	<u>\$ 984,911</u>	<u>\$ 861,935</u>

See accompanying notes.

TAKUMI STAMPING, INC.
401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2011	2010
Additions to Net Assets Attributed To		
Investment Income		
Interest and Dividends	\$ 32,949	\$ 20,199
Realized (Loss) Gain on Investments	(317)	9,612
Net Appreciation in Fair Value of Investments	-	75,718
Total Investment Income	32,632	105,529
Contributions		
Employee	138,245	143,865
Employer	50,796	55,868
Rollovers from Other Qualified Plans	72,845	-
Total Contributions	261,886	199,733
Total Additions	294,518	305,262
Deductions from Net Assets Attributed To		
Net Depreciation in Fair Value of Investments	52,697	-
Benefits Paid to Participants	116,338	77,037
Administrative Expenses	2,507	209
Total Deductions	171,542	77,246
Net Change	122,976	228,016
Net Assets Available for Benefits		
Beginning of Plan Year	861,935	633,919
End of Plan Year	\$ 984,911	\$ 861,935

See accompanying notes.

TAKUMI STAMPING, INC.
401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the 401(k) Plan (the Plan) for the employees of Takumi Stamping, Inc. (the Company) is provided for general information purposes only. Participants should refer to the Plan agreement and the Summary Plan Description for a more complete description of the Plan's provisions.

General

This defined contribution plan includes a salary reduction plan, also called a "401(k) Plan", covering all full-time employees of the Company who have six months of service and are 18 years of age. Under this type of plan, participants may choose to reduce their compensation and have these amounts contributed to their account. The Company also contributes to their account. The Plan's investments are held by a management administered trust fund. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants' Accounts

Each 401(k) Plan participant's account is credited with (a) employee elective 401(k) deferrals, (b) Plan earnings, and (c) the Company's matching contribution.

Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Self-Directed Accounts

Participants direct 100% of the investment of their contributions and the employer's contributions into various investment options offered by the Plan. The Plan currently offers twenty-eight mutual funds and one money market fund as investment options for participants.

Vesting

Participants are immediately vested in their 401(k) elective deferrals and any rollover contributions, plus earnings thereon. Vesting in the Company's profit sharing contribution and earnings on the Company's contribution account is based on years of service as defined in the Plan. Vesting begins upon the completion of the second year of service. A participant is 100% vested after five years of credited service.

Notes Receivable from Participants

Loans to participants are not allowed under the Plan.

Net Assets Available for Benefits

Net assets available for benefits at both December 31, 2011 and 2010 include no funds allocated to the accounts of persons who, prior to that date, had withdrawn from participating in the earnings and operations of the Plan.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Contributions

Employer

Employer contributions are at the discretion of the Company. Therefore, each year, the Company contributes to the Plan an amount authorized by the Board of Directors. It has been the Company's practice to match 50% of employee 401(k) elective deferrals up to 6% of the employee's total compensation, and up to the Internal Revenue Service maximum (\$16,500 for both 2011 and 2010).

Employee

Participants may contribute a portion of their pretax annual compensation as defined in the Plan, up to the Internal Revenue Service maximum. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Both the employer and employee matching contributions are remitted to the Plan each pay period.

Forfeitures

According to the Plan, forfeitures can either be applied to Plan expenses or used to reduce future employer contributions payable under the Plan.

Benefits Paid to Participants

According to the Plan, after termination, participants are allowed to leave the vested portion of the value of their account in the Plan if it exceeds \$5,000. Following termination, the Company generally distributes amounts less than \$5,000. Otherwise, distributions are only made at the request of the participant.

Administrative Expenses

For both 2011 and 2010, the Plan sponsor paid all third party administrator and Plan audit fees.

Plan Termination

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

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The Plan prepares its financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) customary for savings and security plans.

Use of Estimates

The process of preparing financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues, and expenses. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. If available, quoted market prices at the last reported sale price on the last business day of the Plan year are used to value investments. Purchases or sales of investments are recorded on a trade-date basis. Dividend, interest, and capital gain income are recorded as declared or earned.

NOTE 3 - LIMITED SCOPE AUDIT

At both December 31, 2011 and 2010, Fidelity Management Trust Company, the Plan's trustee, held all of the Plan's assets, and is subject to periodic examination by regulatory agencies. The audits did not cover any information on Plan assets or related transactions involving the trustee, Fidelity Management Trust Company. Instead, Fidelity Management Trust Company has prepared and certified a statement as to the complete and accurate information concerning Plan assets and the related transactions.

NOTE 4 - INVESTMENTS

The following table presents the fair value of investments at December, 2011 and 2010. Investments that represent 5% or more of the Plan's net assets are separately identified.

	December 31,	
	2011	2010
Cash and Cash Equivalents		
Cash Management Fund	\$ 8,500	\$ 16,388
Investments Representing Five Percent or More of the Plan's Net Assets		
Mutual Funds		
Fidelity Capital and Income Fund	102,983	87,111
Fidelity Freedom 2015 Fund	81,371	-
Fidelity Freedom 2020 Fund	50,367	-
Fidelity Freedom 2025 Fund	68,676	75,226
Fidelity Freedom 2030 Fund	50,638	56,433
Fidelity Freedom 2035 Fund	116,259	118,981
Fidelity Total Bond Fund	74,204	56,239
Fidelity US Bond Index	-	46,031
Investments Representing Less Than Five Percent of the Plan's Net Assets	424,521	397,242
Total Mutual Funds	969,019	837,263
Total Cash and Investments at Fair Value	\$ 977,519	\$ 853,651

NOTE 4 - INVESTMENTS (Continued)

During 2011 and 2010, the Plan's investments, including investments bought, sold, as well as held during the year, changed in value as follows:

	December 31,	
	2011	2010
Net (Depreciation) Appreciation		
in Fair Value of Investments		
Mutual Funds	\$ (52,697)	\$ 75,718

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under these standards are described as follows:

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

Level 2 - Inputs for the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in markets that are not active.
- 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 (market-corroborated inputs).

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 any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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.

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth the Plan's investments at fair value as of December 31, 2011 and 2010:

	December 31,	
	2011	2010
Mutual Funds		
Blended Funds	\$ 167,923	\$ 145,206
Value Funds	103,761	90,574
Real Estate Fund	26,969	22,864
Growth Funds	41,450	36,612
Foreign Funds	49,976	51,540
Target Retirement Funds	446,032	370,901
Bond Funds	111,207	102,269
Moderate Fund	21,701	17,297
	<u>\$ 969,019</u>	<u>\$ 837,263</u>

Within the fair value hierarchy, the Plan's assets at fair value are all considered Level 1 as of both December 31, 2011 and 2010.

NOTE 6 - FORFEITURES

Forfeitures used to reduce employer contributions or pay expenses during the years ended December 31, 2011 and 2010 were \$5,549 and \$1,671, respectively.

NOTE 7 - 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 benefits.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan's sponsor for the investment management services were \$2,320 and \$3,255 for the years ended December 31, 2011 and 2010, respectively.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of income and expenses per the financial statements to Schedule H of Form 5500 at December 31, 2011 and 2010:

	December 31,	
	2011	2010
Net Assets Available for Benefits		
Net Assets Available for Benefits per Financial Statements	\$ 984,911	\$ 861,935
Less Contribution Receivable at Year End	<u>(7,392)</u>	<u>(8,284)</u>
Net Assets Available for Benefits per Schedule H of Form 5500	<u>\$ 977,519</u>	<u>\$ 853,651</u>
Contributions		
Contributions per Financial Statements	\$ 261,886	\$ 199,733
Less Contribution Receivable at Year End	(7,392)	(8,284)
Add Contribution Receivable at Prior Year End	<u>8,284</u>	<u>6,530</u>
Contributions per Schedule H of Form 5500	<u>\$ 262,778</u>	<u>\$ 197,979</u>

NOTE 10 - RECONCILIATION OF NET ASSETS WITH PARTICIPANTS' ACCOUNTS

The following is a reconciliation of net assets with participants' accounts at December 31, 2011 and 2010:

	December 31,	
	2011	2010
Balance of Participants' Accounts	\$ 971,130	\$ 850,491
Unallocated Forfeitures	6,389	3,160
Employee Contributions Receivable	5,213	5,813
Employer Contributions Receivable	<u>2,179</u>	<u>2,471</u>
Net Assets Available for Benefits	<u>\$ 984,911</u>	<u>\$ 861,935</u>

NOTE 11 - INCOME TAX

The Internal Revenue Service has determined and informed the Company by a determination letter effective through January 1, 2009 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has adopted the provisions of the accounting pronouncement related to accounting for uncertainty in income taxes. The Plan recognized no interest or penalties for both the years ended December 31, 2011 or 2010. If the situation arose in which the Plan would have interest to recognize, it would recognize this as interest expense and penalties would be recognized in other expenses. Tax years still open under federal and state statute of limitations remain subject to review and change.

Based on the evaluation of the Plan's tax positions, management believes all positions taken would be upheld under an examination. Therefore, no provision for the effects of uncertain tax positions has been recorded for both the years ended December 31, 2011 or 2010.

NOTE 12 - SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2011, the date of the most recent statement of net assets available for benefits, have been evaluated for possible adjustment to the financial statements or disclosure is October 10, 2012, which is the date on which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

TAKUMI STAMPING, INC.
401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
Form 5500, Schedule H, Part IV, 4, i.
EIN: 31-1176227
Plan No. 001

Description of Investments	December 31, 2011		
	Par Value/ Shares	Cost	Fair Market Value
Cash and Cash Equivalents			
Cash Management Fund	16,388	\$ 8,500	\$ 8,500
Mutual Funds			
Fidelity Funds			
(^) Balanced Fund	949	(1) \$	21,701
(^) Capital and Income Fund	9,238	(1)	102,983
(^) Capital Appreciation Fund	1,053	(1)	29,667
(^) Disciplined Equity Fund	682	(1)	18,559
(^) Freedom 2000 Fund	76	(1)	499
(^) Freedom 2010 Fund	626	(1)	9,969
(^) Freedom 2015 Fund	1,238	(1)	81,371
(^) Freedom 2020 Fund	3,104	(1)	50,367
(^) Freedom 2025 Fund	6,530	(1)	68,676
(^) Freedom 2030 Fund	4,098	(1)	50,638
(^) Freedom 2035 Fund	10,373	(1)	116,259
(^) Freedom 2040 Fund	1,780	(1)	12,587
(^) Freedom 2045 Fund	3,273	(1)	44,410
(^) Freedom 2050 Fund	812	(1)	9,542
(^) Freedom Income Fund	96	(1)	1,714
(^) International Discovery Fund	871	(1)	27,237
(^) Large Cap Value Fund	1,515	(1)	18,283
(^) Mid Cap Growth Fund	797	(1)	11,783
(^) Real Estate Investment Fund	890	(1)	26,969
(^) Small Cap Independent Fund	1,054	(1)	18,933
(^) Small Cap Value Fund	2,290	(1)	39,621
(^) Total Bond Fund	5,246	(1)	74,204
(^) US Bond Index	4,063	(1)	37,003
(^) Value Discovery Fund	1,740	(1)	28,877
(^) Value Fund	195	(1)	16,980
Spartan Extended Market Index	90	(1)	2,458
Spartan International Index	647	(1)	22,739
Spartan US Equity Index	445	(1)	24,990
Total Mutual Funds			969,019
Total Assets Held at End of Year			\$ 977,519

(^) Denotes party-in-interest.

(1) Historical cost information not available.

TAKUMI STAMPING, INC.
401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
Form 5500, Schedule H, Part IV, 4, i.
EIN: 31-1176227
Plan No. 001

Description of Investments	December 31, 2010		
	Par Value/ Shares	Cost	Fair Market Value
Cash and Cash Equivalents			
Cash Management Fund	30,800	\$ 8,500	\$ 16,388
Mutual Funds			
Fidelity Funds			
(^) Balanced Fund	950	(1) \$	17,297
(^) Capital and Income Fund	3,353	(1)	87,111
(^) Capital Appreciation Fund	1,286	(1)	26,694
(^) Disciplined Equity Fund	542	(1)	15,363
(^) Freedom 2000 Fund	27	(1)	907
(^) Freedom 2010 Fund	504	(1)	8,503
(^) Freedom 2015 Fund	681	(1)	14,040
(^) Freedom 2020 Fund	2,422	(1)	42,805
(^) Freedom 2025 Fund	4,916	(1)	75,226
(^) Freedom 2030 Fund	3,021	(1)	56,433
(^) Freedom 2035 Fund	7,952	(1)	118,981
(^) Freedom 2040 Fund	2,009	(1)	14,255
(^) Freedom 2045 Fund	1,662	(1)	31,059
(^) Freedom 2050 Fund	488	(1)	7,614
(^) Freedom Income Fund	54	(1)	1,078
(^) International Discovery Fund	802	(1)	28,781
(^) Large Cap Value Fund	1,414	(1)	15,936
(^) Mid Cap Growth Fund	677	(1)	9,917
(^) Real Estate Investment Fund	3,221	(1)	22,864
(^) Small Cap Independent Fund	961	(1)	19,507
(^) Small Cap Value Fund	2,013	(1)	35,746
(^) Total Bond Fund	895	(1)	56,239
(^) US Bond Index	3,287	(1)	46,031
(^) Value Discovery Fund	1,823	(1)	25,475
(^) Value Fund	148	(1)	13,417
Spartan Extended Market Index	140	(1)	3,435
Spartan International Index	561	(1)	22,759
Spartan US Equity Index	421	(1)	19,790
Total Mutual Funds			837,263
Total Assets Held at End of Year			\$ 853,651

(^) Denotes party-in-interest.

(1) Historical cost information not available.

TAKUMI STAMPING, INC.
401(K) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, 4, j.
EIN: 31-1176227
Plan No. 001

**TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS
AT BEGINNING OF PLAN YEAR:**

Year Ended December 31, 2011

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Expense Incurred</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain</u>
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There were no transactions or series of transactions in excess of five percent during the Plan year ended December 31, 2011.

TAKUMI STAMPING, INC.
401(K) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, 4, j.
EIN: 31-1176227
Plan No. 001

**TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS
AT BEGINNING OF PLAN YEAR:**

Year Ended December 31, 2010

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Expense Incurred</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain</u>
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There were no transactions or series of transactions in excess of five percent during the Plan year ended December 31, 2010.

Plan: 14126

Takumi Stamping 401(k) Plan

Run Date: 01/10/2012

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2011

<u>Fund Name (Cusip #)</u>	<u>Share Balance</u> <u>12/31/2011</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FID CAPITAL & INCOME	11,878.115	\$99,810.75	\$8.67	\$102,983.26
FID VALUE	267.522	\$14,484.81	\$63.47	\$16,979.62
FID REAL ESTATE INVS	976.446	\$18,015.89	\$27.62	\$26,969.44
FID BALANCED	1,193.025	\$18,464.05	\$18.19	\$21,701.12
FID INTL DISCOVERY	986.498	\$26,784.35	\$27.61	\$27,237.21
FID CAPITAL APPREC	1,205.001	\$23,021.62	\$24.62	\$29,667.12
FID DISCIPLND EQTY	862.795	\$17,132.82	\$21.51	\$18,558.72
FID STK SEL SM CAP	1,050.097	\$13,848.14	\$18.03	\$18,933.25
FID FREEDOM INCOME	152.481	\$1,645.83	\$11.24	\$1,713.89
FID FREEDOM 2000	41.974	\$457.48	\$11.88	\$498.65
FID FREEDOM 2010	760.979	\$8,813.95	\$13.10	\$9,968.82
FID FREEDOM 2020	3,838.936	\$44,303.85	\$13.12	\$50,366.84
FID FREEDOM 2030	3,943.777	\$47,962.73	\$12.84	\$50,638.10
SPTN EXT MKT IDX INV	69.315	\$1,911.51	\$35.46	\$2,457.91
SPTN INTL INDEX INV	764.328	\$22,419.41	\$29.75	\$22,738.76
FID RETIRE MMKT	8,499.830	\$8,499.83	\$1.00	\$8,499.83
SPTN 500 INDEX INV	561.695	\$20,844.82	\$44.49	\$24,989.81
SPTN US BOND IDX INV	3,141.207	\$35,060.59	\$11.78	\$37,003.42
FID STKSEL LGCAP VAL	1,776.738	\$16,523.10	\$10.29	\$18,282.63
FID FREEDOM 2040	1,710.270	\$11,676.20	\$7.36	\$12,587.59
FID MID CAP GROWTH	1,033.587	\$9,339.92	\$11.40	\$11,782.89
FID TOTAL BOND	6,795.192	\$73,081.86	\$10.92	\$74,203.50
FID VALUE DISCOV	2,040.792	\$23,831.54	\$14.15	\$28,877.21
FID FREEDOM 2005	0.000	\$0.00	\$10.52	\$0.00

Plan: 14126

Takumi Stamping 401(k) Plan

Run Date: 01/10/2012

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2011

<u>Fund Name (Cusip #)</u>	<u>Share Balance 12/31/2011</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FID FREEDOM 2015	7,444.744	\$84,045.59	\$10.93	\$81,371.05
FID FREEDOM 2025	6,352.996	\$61,535.36	\$10.81	\$68,675.89
FID FREEDOM 2035	11,019.769	\$103,463.04	\$10.55	\$116,258.56
FID SMALL CAP VALUE	2,834.143	\$31,578.72	\$13.98	\$39,621.32
FID FREEDOM 2045	5,110.493	\$43,256.63	\$8.69	\$44,410.18
FID FREEDOM 2050	1,117.284	\$8,973.58	\$8.54	\$9,541.61
OUTSTANDING LOAN BALANCE				\$0.00

		NET ASSETS 12/31/2011:		\$977,518.20
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Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.