Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1956

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

THE FERRY CAP & SET SCREW COMPANY

13300 BRAMLEY AVENUE
LAKEWOOD, OH 44107

2b Employer Identification Number (EIN) 34-0217880

2c Sponsor's telephone number 216-649-7400

2d Business code (see instructions) 332700

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.	10/15/2012	EDWARD HUBER
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THE FERRY CAP & SET SCREW COMPANY

13300 BRAMLEY AVENUE
LAKEWOOD, OH 44107

3b Administrator's EIN
34-0217880

3c Administrator's telephone number
216-649-7400

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	305
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**	73
b	Retired or separated participants receiving benefits	**6b**	77
c	Other retired or separated participants entitled to future benefits	**6c**	139
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	289
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f	Total. Add lines **6d** and **6e**	**6f**	299
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
1B 1G 3H

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE FERRY CAP & SET SCREW COMPANY

D Employer Identification Number (EIN)
34-0217880

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a Market value	2a		9088468
b Actuarial value	2b		8332226

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	87	3433346
b For terminated vested participants	3b	154	3250374
c For active participants:			
(1) Non-vested benefits	3c(1)		74498
(2) Vested benefits	3c(2)		3260967
(3) Total active	3c(3)	64	3335465
d Total	3d	305	10019185

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.35 %
6 Target normal cost	6	137463

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	Date 09/24/2012
DAVID R. KOTICK Type or print name of actuary	11-06323 Most recent enrollment number
SCHWAB RETIREMENT PLAN SERVICES Firm name	330-908-4741 Telephone number (including area code)
4150 KINROSS LAKES PARKWAY RICHFIELD, OH 44286 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.29 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		3446
b	Interest on (a) using prior year's effective rate of 6.72 % except as otherwise provided (see instructions)		232
c	Total available at beginning of current plan year to add to prefunding balance		3678
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	83.16 %
15	Adjusted funding target attainment percentage	15	83.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.90 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/21/2011	85000				
01/12/2012	345000				
09/12/2012	201000				
			Totals ► 18(b)	631000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	83437
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	499394

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.78%	6.31%	6.57 %	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	137463
b Excess assets, if applicable, but not greater than 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1686959	356986
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	494449

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	36	494449
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	499394

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	4945
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

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

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

A Name of plan
THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE FERRY CAP & SET SCREW COMPANY

D Employer Identification Number (EIN)
34-0217880

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).. . . . . [X] 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

CHARLES SCHWAB & CO.INC. AND AFFIL

94-1737782

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

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

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

SHEPHERD KAPLAN LLC

83-0368447

(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?
27 50	NONE	35209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71	NONE	294	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 ☐

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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHED 11-1111111	

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan
THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE FERRY CAP & SET SCREW COMPANY

D Employer Identification Number (EIN)
34-0217880

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: ALPHASECTOR PREMIUM FUND

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

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)
58-1428634-016	C	1925549

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection**

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

A Name of plan
THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE FERRY CAP & SET SCREW COMPANY

D Employer Identification Number (EIN)
34-0217880

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)	380000	546000
(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)	492441	1473031
(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)	105540	26655
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	230877	285515
(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)		1925549
(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)	6682543	4641058
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1200262	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9091663	8897808
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9091663	8897808

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)	631000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		631000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	70	
(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)	31416	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31486
(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)	169155	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		169155
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2256178	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1913946	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		342232

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-391612	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-391612
(6) Net investment gain (loss) from common/collective trusts	2b(6)		57156
(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)		-586567
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		252850

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	411496	
(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)		411496
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)	35209	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		35209
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		446705

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-193855
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: MAYER HOFFMAN MCCANN P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 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.**	**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
THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE FERRY CAP & SET SCREW COMPANY

D Employer Identification Number (EIN)
34-0217880

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 42-1558009 _____

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2011 and 2010

Mayer Hoffman McCann P.C.
An Independent CPA Firm

Mayer Hoffman McCann P.C.
An Independent CPA Firm

6050 Oak Tree Boulevard, Suite 500
Cleveland, Ohio 44131
216-447-9000 ph
216-447-9007 fx
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

We were engaged to audit the accompanying statements of net assets available for benefits of The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Charles Schwab Bank, 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 certifications from the trustee as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Mayer Hoffman McCann P.C.

Cleveland, Ohio
October 11, 2012

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	2011	2010
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Collective investment fund	$ 1,925,549	$ -
Common stock	285,515	230,877
Corporate obligation	26,655	105,540
Exchange traded funds	-	1,200,262
Registered investment company securities	6,114,089	7,174,984
	8,351,808	8,711,663
RECEIVABLES		
Employer contribution	546,000	380,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,897,808	$ 9,091,663

See Notes to Financial Statements

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2011 and 2010

	2011	2010
ADDITIONS		
Investment income:		
Interest and dividends	$ 200,641	$ 197,494
Net appreciation in fair value of investments	-	672,045
Total investment income	200,641	869,539
Employer contributions	631,000	380,000
TOTAL ADDITIONS	831,641	1,249,539
DEDUCTIONS		
Net depreciation in fair value of investments	578,791	-
Benefits paid to participants	411,496	383,153
Administrative expenses	35,209	39,709
TOTAL DEDUCTIONS	1,025,496	422,862
NET INCREASE (DECREASE)	(193,855)	826,677
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	9,091,663	8,264,986
End of year	$ 8,897,808	$ 9,091,663

See Notes to Financial Statements

(1) Description of the plan

General - The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan (the "Plan") is a qualified, noncontributory, defined benefit retirement plan which covers substantially all hourly paid employees of The Ferry Cap & Set Screw Company (the "Company") who are members of the International Association of Machinists and Aerospace Workers, District #54 (“Union”) and provides for pension, disability, and death benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Company is the Plan Sponsor.

Participants should refer to the Plan document or Summary Plan Description, which are available from the Plan Administrator, for a more complete description of the Plan’s provisions.

Pension benefits - Participants with five or more years of Plan participation are entitled to a monthly pension benefit beginning at age 65. The pension benefit is based on the benefit unit determined for the date of retirement and the number of years of service. For example, for participants who retire beginning February 16, 2005 through March 1, 2010, the monthly benefit per year of service equals $30. For retirements after March 1, 2010 and before March 1, 2011, the benefit unit increases to $31, and for retirements on or after March 1, 2011, the benefit unit increases to $32. The Plan permits early retirement at age 62 with ten years of vesting service.

Participants may elect to receive their pension benefits though an annuity for their lifetime only, or in the form of a joint and survivor annuity. If no election is made by married participants, the pension will be paid in the form of a joint and survivor annuity. Participants become fully vested after five years of service; however, if an employee terminates before becoming eligible for pension benefits and is subsequently rehired, and the period of absence exceeds five years or the aggregate number of years of vesting service before the break in service, the employee loses credit for any service which may have accumulated.

Death and disability benefits - If an active employee who has not waived spousal coverage and has completed five years of vested service dies, or if a participant who has terminated employment and is eligible for a deferred vested benefit dies, their surviving spouse is eligible for a lifetime retirement pension equal to 50% of the benefit the employee would have been entitled to had he or she retired or terminated prior to death. The benefit is payable beginning the month following the later of the date of death or the date of normal retirement.

Active employees who become permanently disabled before reaching age 65 and have completed ten years of vested service receive a deferred pension benefit commencing the month following the month in which such participant attains the age of 65, based on years of benefit service and the benefit unit in effect at the time the participant becomes disabled.

Contributions - The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company contributes to the Plan at least the amount required by ERISA and has met the minimum funding requirements in 2011 and 2010.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

New accounting pronouncement - The following new accounting pronouncement was adopted during the year ended December 31, 2011:

Fair value disclosures – In January 2010, the Financial Accounting Standards Board ("FASB") issued guidance which expanded the required disclosures about fair value measurements. This guidance requires information about purchases, sales, issuances and settlements to be presented separately in the reconciliation for Level 3 fair value measurements and is effective for fiscal years beginning after December 15, 2010. Net assets available for benefits and changes in net assets available for benefits of the Plan were not affected by the adoption of the new guidance.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Benefits - Benefits are recorded when paid.

Administrative expenses - Certain expenses related to the administration of the Plan are paid by the plan sponsor and are not included in the statements of changes in net assets available for benefits.

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 discussions of fair value measurements.

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

(3) Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(4) Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments which are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees with vested rights or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on a participant's years of credited service and a benefit multiplier negotiated with the Union. The accumulated plan benefits for active employees are based on service rendered through the valuation date and the multiplier currently in effect. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits is presented based on an end-of-year benefit information date.

(4) Actuarial present value of accumulated plan benefits (continued)

The accumulated plan benefit information is as follows:

	December 31,	
	2011	2010
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving benefits	$ 4,455,948	$ 3,616,594
Other participants	9,436,885	7,915,049
	13,892,833	11,531,643
Nonvested benefits	68,732	59,198
Total actuarial present value of accumulated plan benefits	$ 13,961,565	$ 11,590,841

The change in the actuarial present value of accumulated plan benefits consists of the following:

	Year Ending December 31,	
	2011	2010
Actuarial present value of accumulated plan benefits at beginning of year	$ 11,590,841	$ 10,475,608
Changes during the year attributable to:		
Benefits paid	(411,496)	(383,153)
Increase for interest due to decrease in discount period	603,410	596,474
Change in plan design	139,321	-
Change in assumptions	2,008,862	815,252
Benefits accumulated and actuarial gains and losses	30,627	86,660
	2,370,724	1,115,233
Actuarial present value of accumulated plan benefits at end of year	$ 13,961,565	$ 11,590,841

The significant assumptions underlying the actuarial computations are as follows:

Interest rate	2011: 4.25% 2010: 5.3%
Mortality basis	2011: 2012 Optional Small Plan Static Mortality Table 2010: 2011 Optional Small Plan Static Mortality Table
Retirement	Ages 62 - 65

(4) Actuarial present value of accumulated plan benefits (continued)

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(5) Information prepared and certified by the trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Bank ("Schwab"), the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments:

- Investments at fair value
- Net appreciation (depreciation) in fair value of investments
- Interest and dividends
- Schedule of assets (held at end of year)
- Schedule of reportable transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(6) Fair value measurements

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and 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.

(6) Fair value measurements (continued)

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 methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Collective investment fund: Valued at estimated fair value as determined by the issuer of the collective investment fund based on the fair market value of the underlying investments.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate obligation: Valued under a discounted cash flow approach using primarily observable inputs, such as indices, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Exchange traded funds: Valued at fair value based on quoted prices in active markets.

Registered investment company securities (mutual funds): Valued at the net asset value ("NAV") of shares held by the Plan at year end.

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

(6) Fair value measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	Investments at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Collective investment fund				
Blended	$ -	$ 1,925,549	$ -	$ 1,925,549
Common stock				
Conglomerate holding company	285,515	-	-	285,515
Corporate obligation				
Banking	-	26,655	-	26,655
Registered investment company securities				
Money market funds	1,473,031	-	-	1,473,031
Growth funds	2,244,801	-	-	2,244,801
Value funds	784,572	-	-	784,572
Income funds	1,143,263	-	-	1,143,263
Emerging markets bond fund	468,422	-	-	468,422
Total investments at fair value	$ 6,399,604	$ 1,952,204	$ -	$ 8,351,808

(6) Fair value measurements (continued)

	Investments at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Exchange traded funds				
Index fund	$ 485,482	$ -	$ -	$ 485,482
Income fund	714,780	-	-	714,780
Common stock				
Conglomerate holding company	230,877	-	-	230,877
Corporate obligation				
Banking	-	105,540	-	105,540
Registered investment company securities				
Money market funds	492,441	-	-	492,441
Growth funds	2,236,614	-	-	2,236,614
Value funds	1,005,605	-	-	1,005,605
Income funds	2,118,482	-	-	2,118,482
Emerging markets bond fund	1,321,842	-	-	1,321,842
Total investments at fair value	$ 8,606,123	$ 105,540	$ -	$ 8,711,663

(7) Investments

The following table presents investments that represent 5% or more of the Plan's net assets.

	December 31,	
	2011	2010
Schwab Money Market Fund	$ 1,473,031	$ *
Acadian Emerging Markets Portfolio Fund	726,267	599,415
Causeway International Value Fund	514,572	576,834
ING Senior Income Fund	1,143,263	1,652,970
Ivy Global Natural Resources Fund CL Y	1,004,707	**
Ivy Global Natural Resources Fund A	**	1,162,380
MFS Emerging Markets Debt Fund	468,422	1,321,842
Reliance Alphasector Premium Fund CL I	1,925,549	**
Oppenheimer Global Strategic Income Fund	**	465,512
iShares S&P 500 Growth Index Fund	**	485,482
Wisdomtree LargeCap Dividend Fund	**	714,780

* Investment is less than 5% of Plan's net assets
** Investment not held at year end

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated (depreciated) in value as follows:

	Year Ending December 31,	
	2011	2010
Common stocks	$ (12,241)	$ 35,791
Collective investment fund	57,156	-
Corporate obligation	(78,885)	(114,500)
Exchange traded funds	41,745	117,119
Registered investment company securities	(586,566)	633,635
	$ (578,791)	$ 672,045

(8) Related party transactions

Certain Plan investments are shares of funds managed by Schwab, the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules.

(9) Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions for future periods and to terminate the Plan provided that such discontinuance or termination will not be undertaken in such a manner as to constitute a violation of any applicable provision of the collective bargaining agreement between the Company and the Union.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would be payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations discussed below.

c. Vested benefits not insured by the PBGC.

d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of the individual's monthly benefit. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

As of the beginning of the 2010 Plan year, the Company had reductions in employment that resulted in a partial plan termination for those affected participants. Accordingly, the affected participant's interests became 100% vested at the time of the termination.

(10) Income tax status

The Plan obtained its latest determination letter on March 30, 2004 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

(11) Subsequent events

Management has evaluated subsequent events through October 11, 2012, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULES

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 34-0217880
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Common Stock			
	Berkshire Hathaway	3,742 Class B common shares	$ 245,243	$ 285,515
	Corporate Obligation			
	Deutsche Bank AG	Senior unsecured obligation, due 6/25/14	200,000	26,655
	Collective Investment Fund			
	Reliance Alphasector Premium Fund CL I	203,978 shares	1,868,393	1,925,549
	Shares of Registered Investment Companies			
*	Schwab Money Market Fund	1,473,031 units	1,473,031	1,473,031
	Acadian Emerging Markets Portfolio Fund	45,648 shares	601,359	726,267
	Allianz International Growth Opportunity Fund	8,336 shares	153,748	225,997
	Baron Growth Fund	5,643 shares	201,008	287,830
	Causeway International Value Fund	47,956 shares	437,142	514,572
	GRT Value Advantage Fund	24,613 shares	256,989	270,000
	ING Senior Income Fund	92,497 shares	788,909	1,143,263
	Ivy Global Natural Resources Fund CL Y	58,413 shares	1,086,100	1,004,707
	MFS Emerging Markets Debt Fund	32,260 shares	471,340	468,422
			$ 7,783,262	$ 8,351,808

* Party-in-interest as defined by ERISA

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2011

EIN: 34-0217880
Plan Number: 002

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single transactions in excess of 5 percent of plan assets								
Schwab	Reliance Alphasector Premium Fund CL I	$ 860,000	N/A	$ -	$ -	$ 860,000	$ 860,000	N/A
Schwab	Reliance Alphasector Premium Fund CL I	$ 578,393	N/A	$ -	$ -	$ 578,393	$ 578,393	N/A
Schwab	ING Senior Income Fund	N/A	$ 522,000	$ -	$ -	$ 326,988	$ 522,000	$195,012
Schwab	Ivy Global Natural Resources Fund A	N/A	$ 700,000	$ -	$ -	$ 437,474	$ 700,000	$262,526
Schwab	Ivy Global Natural Resources Fund CL Y	$ 700,000	N/A	$ -	$ -	$ 700,000	$ 700,000	N/A
Schwab	MFS Emerging Markets Debt Fund	N/A	$ 787,058	$ -	$ 25	$ 791,479	$ 787,058	$ (4,446)
Series of transactions in excess of 5 percent of plan assets								
Schwab	ING Senior Income Fund	$ 60,409	N/A	$ -	$ -	$ 60,409	$ 60,409	N/A
	12 purchases, 1 sale	N/A	$ 522,000	$ -	$ -	$ 326,988	$ 522,000	$195,012
Schwab	iShares S&P 500 Growth Index Fund	$ 600,420	N/A	$ -	$ 28	$ 600,420	$ 600,420	N/A
	10 purchases, 12 sales	N/A	$1,103,355	$ -	$ 49	$ 937,268	$1,103,355	$166,038
Schwab	Reliance Alphasector Premium Fund CL I 3 purchases	$ 1,868,393	N/A	$ -	$ -	$1,868,393	$1,868,393	N/A

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2011

EIN: 34-0217880
Plan Number: 002

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Schwab	Ivy Global Natural Resources Fund A 2 sales	N/A	$ 980,495	$ -	$ -	$ 613,159	$ 980,495	$367,336
Schwab	Ivy Global Natural Resources Fund CL Y 3 purchases	$ 1,086,100	N/A	$ -	$ -	$1,086,100	$1,086,100	N/A
Schwab	MFS Emerging Markets Debt Fund	$ 71,320	N/A	$ -	$ -	$ 71,320	$ 71,320	N/A
	13 purchases, 2 sales	N/A	$ 928,034	$ -	$ 50	$ 931,247	$ 928,034	$ (3,263)
Schwab	Oppenheimer Global Strategic Income Fund	$ 10,161	N/A	$ -	$ -	$ 10,161	$ 10,161	N/A
	5 purchases, 2 sales	N/A	$ 487,652	$ -	$ 50	$ 388,015	$ 487,652	$ 99,587
Schwab	Schwab Money Market Fund	$3,876,326	N/A	$ -	$ -	$3,876,326	$3,876,326	N/A
	38 purchases, 29 sales	N/A	$2,368,308	$ -	$ -	$2,368,308	$2,368,308	$ -
Schwab	Wisdomtree LargeCap Dividend Fund	$ 413,651	N/A	$ -	$ 21	$ 413,651	$ 413,651	N/A
	5 purchases, 8 sales	N/A	$1,152,923	$ -	$ 57	$ 934,744	$1,152,923	$218,122

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: The Ferry Cap & Set Screw Company

D Employer Identification Number (EIN): 34-0217880

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2011

2 Assets:

a	Market value	2a	9,088,468
b	Actuarial value	2b	8,332,226

3 Funding target/participant count breakdown:

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	87	3,433,346
b	For terminated vested participants	3b	154	3,250,374
c	For active participants:			
	(1) Non-vested benefits	3c(1)		74,498
	(2) Vested benefits	3c(2)		3,260,967
	(3) Total active	3c(3)	64	3,335,465
d	Total	3d	305	10,019,185

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.35 %
6	Target normal cost	6	137,463

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary: [signature] Date: 9/24/2012

David R. Kotick — Type or print name of actuary

11-06323 — Most recent enrollment number

Schwab Retirement Plan Services — Firm name

(330) 908-4741 — Telephone number (including area code)

4150 Kinross Lakes Parkway

Richfield OH 44286 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.29 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		3,446
b	Interest on (a) using prior year's effective rate of 6.72 % except as otherwise provided (see instructions)		232
c	Total available at beginning of current plan year to add to prefunding balance		3,678
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	83.16 %
15	Adjusted funding target attainment percentage	15	83.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.90 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/21/2011	85,000				
01/12/2012	345,000				
09/12/2012	201,000				
			Totals • 18(b)	631,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	83,437
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	499,394

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.78 %	6.31 %	6.57 %	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	137,463
b Excess assets, if applicable, but not greater than 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,686,959	356,986
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	494,449

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	36	494,449
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	499,394

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	4,945
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, Line 19 - Discounted Employer Contributions

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Due Date	Contribution Date	Amount	Discounted Amount
	04/21/2011*	85,000	83,437
04/15/2011	01/12/2012	86,207	78,186
07/15/2011	01/12/2012	86,207	79,087
10/15/2011	01/12/2012	86,207	80,008
01/15/2012	01/12/2012	86,379	81,071
09/15/2012	09/12/2012	201,000	181,042
TOTAL		546,000	499,394

* This contribution was made in conjunction with a plan amendment to increase benefits

Effective interest rate = 6.35%, additional 5.00% added to interest rate for periods past required quarterly due date

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

(A) AGE	(B) RETIREMENT DECREMENT	(C) LX	(D) NUMBER RETIRING	(E) WEIGHTING (A) * (D)
62	25.0%	10,000	2,500	155,000
63	10.0%	7,500	750	47,250
64	10.0%	6,750	675	43,200
65	100.0%	6,075	6,075	394,875
			10,000	640,325

Weighted Average Retirement Age =	**64**

Schedule SB, Line 23 - Statement of Actuarial Assumptions/Methods

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006. For ASC 960, the actuarial cost method used in this report is the unit credit method as defined by ASC 960.

Asset Method –The market value of assets represents the fair value of assets plus receivable contributions discounted to the valuation date using the prior year's effective interest rate. For ASC 960, the market value of assets represents the fair value of assets plus non-discounted receivable contributions.

The actuarial value of assets equals the market value of assets plus/(minus) asset losses/(gains) experienced during the prior two plan years. Gains or losses are determined by comparing the actual returns to assumed returns using 6.69% for 2009 and using 6.82% for 2010. The resulting actuarial value is further limited to no more than 110% and no less than 90% of the market value of assets.

Funding Target Discount Rates – The assumed discount rates on benefits paid in the future are based on the September 2010 (four-month look back) PPA Segment rates without Phase-In:

Segment	Rate	Applicable to benefit payments expected:
1	3.78%	During first 5 years from the valuation date.
2	6.31%	During years 6-20 from the valuation date.
3	6.57%	During years 21 and beyond from the valuation date.

For 2011, the effective rate is 6.35%.

ASC 960 Discount Rate - The discount rate for January 1, 2011 is 5.30% for ASC 960 purposes. The discount rate as of January 1, 2010 was 5.80%.

Salary Increase Rates – N/A.

Social Security Wage Base Increase– 0.00% per year.

Retirement Rates –Terminated Vested participants are assumed to retire at age 65. Actives are assumed to retire upon eligibility at the following rates:

Age	Percent retiring
62	25%
63	10%
64	10%
65	100%

Administrative Expenses - $20,000 of administrative expenses assumed for 2011

Mortality – The 2011 Optional Small Plan Static Mortality Table as prescribed by the IRS.

Withdrawal Rates – Crocker Sarason Straight T-5 table.

Schedule SB, Line 23 - Statement of Actuarial Assumptions/Methods (contd.)

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Disability Rates – None assumed

Form of Payment – All participants elect a life annuity form of benefit at retirement.

Percent Married - 100% of males and females are assumed to be married.

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

CHANGES IN ACTUARIAL ASSUMPTIONS AND METHODS SINCE THE PRIOR VALUATION

The discount rate used to develop the ASC 960 actuarial present value of accrued benefits was changed from 5.80% for 2010 to 5.30% for 2011.

Mortality used to determine liability was changed to the 2011 Optional Small Plan Static Mortality Table as prescribed by the IRS from the 2010 Optional Small Plan Static Mortality Table.

These changes were made to better reflect anticipated plan experience or were prescribed.

Schedule SB, Line 24 - Change in Actuarial Assumptions

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Changes In Actuarial Methods And Assumptions Since The Prior Valuation:

Mortality used to determine liability was changed to the 2011 Optional Small Plan Static Mortality Table as prescribed by the IRS from the 2010 Optional Small Plan Static Mortality Table.

Schedule SB, line 26 - Schedule of Active Participant Data

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Age versus Service Scatter for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25											0
25 to 29											0
30 to 34											0
35 to 39					1						1
40 to 44		2	1	1	1	2					7
45 to 49		1			1	4	3				9
50 to 54				2	2	3	3	13	2		25
55 to 59			1	1	1	1	4	5	1		14
60 to 64		1		1			2	2	1	1	8
65 to 69											0
over 70											0
Total	0	4	2	5	6	10	12	20	4	1	64

Schedule SB, line 32 - Schedule of Amortization Bases

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Date Established	Annual Installment	Years Remaining	Balance Outstanding[1]
01/01/2005	N/A	1	N/A
01/01/2006	N/A	2	N/A
01/01/2007	N/A	3	N/A
01/01/2008	203,056	4	768,916
01/01/2009	(18,957)	5	(88,127)
01/01/2010	64,415	6	346,889
01/01/2011	108,472	7	659,281
Total for bases existing prior to the valuation date	248,514		1,027,678
Total for all bases	356,986		1,686,959

[1] [1] The balance outstanding for each installment is based on the present value using 3-segment rates (3.78% for years one through five, and 6.31% for years six and seven).

Schedule SB, Part V - Summary of Plan Provisions

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date – The Ferry Cap & Set Screw Company Negotiated Pension Plan was originally established January 1, 1956.

Covered Employees – Employees of The Ferry Cap & Set Screw Company who were compensated on a hourly basis and who are represented by Local #233 of the International Association of Machinists and Aerospace Workers, District #54.

Participation Date – Employees enter the plan on the January 1 or July 1 immediately following the completion of one Year of Service.

Definitions:

Year of Service – Years of service are granted based on hours worked. For vesting a full year is granted for 1,000 hours. For calculating the benefit amount a full year granted for at least 1,600 hours and partial credit for at least 1,000 hours.

Vesting – A participant is 100% vested in an accrued benefit upon termination after completing 5 Years of Service.

Normal Retirement Date (NRD) – The first of the month coincident with or next following the later of age 65 and the 5th anniversary of participation in the plan.

Early Retirement Date (ERD) –The first of the month coincident with or next following age 62 with 10 Years of Service.

Accrued Benefit (AB) – The monthly retirement benefit payable at age 65 of a life annuity basis. The monthly benefit is equal to Years of Benefit Service multiplied by the following dollar amounts:

November 6, 2000 – February 14, 2002	$26
February 15, 2002 – February 14, 2003	27
February 15, 2003 – February 14, 2004	28
February 15, 2004 – February 14, 2005	29
February 15, 2005 – February 28, 2010	30
March 1, 2010 – February 28, 2011	31
March 1, 2011 –	32

Normal Retirement Benefit – Payable at NRD based on AB.

Early Retirement Benefit – Payable at Early Retirement Date based on the Accrued Benefit reduced by 1/180 per month that retirement precedes age 65.

Deferred Vested Retirement Benefit – Payable at NRD based on Accrued Benefit.

Schedule SB, Part V - Summary of Plan Provisions (contd.)

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Forms of Benefit:

Normal Form of Payment – The normal form of payment is the 50% Qualified Joint and Survivor Annuity option as defined by law.

Optional Forms of Payment – Optional forms include a single life annuity, a 50%, 75%, or 100% joint and survivor annuity, and a lump sum, if the present value of the single life annuity is less than $5,000.

Benefit Limitations:

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

CHANGES IN PLAN PROVISIONS SINCE THE PRIOR VALUATION

The benefit service multiplier increased from $31 per month per year of service to $32 per month per year of service. The impact of this change has not been reflected within the Funding Target and Target Normal Cost. In connection with this change, the plan sponsor made a contribution during the 2011 plan year under Internal Revenue Code Section 436(c)(2). This contribution will not apply for purposes of satisfying the minimum required contribution under Section 430 for the 2011 plan year.

Schedule SB, Line 19 - Discounted Employer Contributions

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Due Date	Contribution Date	Amount	Discounted Amount
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TOTAL		546,000	499,394

* This contribution was made in conjunction with a plan amendment to increase benefits

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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

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			10,000	640,325

Weighted Average Retirement Age =	**64**

Schedule SB, Line 23 - Statement of Actuarial Assumptions/Methods

EIN/PN 34-0217880 / 002

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Schedule SB, Line 23 - Statement of Actuarial Assumptions/Methods (contd.)

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Disability Rates – None assumed

Form of Payment – All participants elect a life annuity form of benefit at retirement.

Percent Married - 100% of males and females are assumed to be married.

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Schedule SB, Part V - Summary of Plan Provisions

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

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Participation Date – Employees enter the plan on the January 1 or July 1 immediately following the completion of one Year of Service.

Definitions:

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February 15, 2005 – February 28, 2010	30
March 1, 2010 – February 28, 2011	31
March 1, 2011 –	32

Normal Retirement Benefit – Payable at NRD based on AB.

Early Retirement Benefit – Payable at Early Retirement Date based on the Accrued Benefit reduced by 1/180 per month that retirement precedes age 65.

Deferred Vested Retirement Benefit – Payable at NRD based on Accrued Benefit.

Schedule SB, Part V - Summary of Plan Provisions (contd.)

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Forms of Benefit:

Normal Form of Payment – The normal form of payment is the 50% Qualified Joint and Survivor Annuity option as defined by law.

Optional Forms of Payment – Optional forms include a single life annuity, a 50%, 75%, or 100% joint and survivor annuity, and a lump sum, if the present value of the single life annuity is less than $5,000.

Benefit Limitations:

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

CHANGES IN PLAN PROVISIONS SINCE THE PRIOR VALUATION

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Schedule SB, Line 24 - Change in Actuarial Assumptions

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Changes In Actuarial Methods And Assumptions Since The Prior Valuation:

Mortality used to determine liability was changed to the 2011 Optional Small Plan Static Mortality Table as prescribed by the IRS from the 2010 Optional Small Plan Static Mortality Table.

Schedule SB, line 26 - Schedule of Active Participant Data

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Age versus Service Scatter for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25											0
25 to 29											0
30 to 34											0
35 to 39					1						1
40 to 44		2	1	1	1	2					7
45 to 49		1			1	4	3				9
50 to 54				2	2	3	3	13	2		25
55 to 59			1	1	1	1	4	5	1		14
60 to 64		1		1			2	2	1	1	8
65 to 69											0
over 70											0
Total	0	4	2	5	6	10	12	20	4	1	64

Schedule SB, line 32 - Schedule of Amortization Bases

EIN/PN 34-0217880 / 002

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan

Date Established	Annual Installment	Years Remaining	Balance Outstanding[1]
01/01/2005	N/A	1	N/A
01/01/2006	N/A	2	N/A
01/01/2007	N/A	3	N/A
01/01/2008	203,056	4	768,916
01/01/2009	(18,957)	5	(88,127)
01/01/2010	64,415	6	346,889
01/01/2011	108,472	7	659,281
Total for bases existing prior to the valuation date	248,514		1,027,678
Total for all bases	356,986		1,686,959

[1] [1] The balance outstanding for each installment is based on the present value using 3-segment rates (3.78% for years one through five, and 6.31% for years six and seven).

The Ferry Cap & Set Screw Company Hourly Negotiated Pension Plan
Schedule C, Part I, Line 3- Service Provider Indirect Compensation Information
December 31, 2011

EIN: 34-0217880

Plan Number: 002

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Acadian Funds	04-2929221	Rate of 0.40% of average daily balance of asset(s)
Allianz Funds	33-0457728	Rate of 0.10% of average daily balance of asset(s)
Baron Capital Group	13-3122938	Rate of 0.40% of average daily balance of asset(s)
Causeway	95-4861680	Rate of 0.40% of average daily balance of asset(s)
GRT	04-3565812	Rate of 0.40% of average daily balance of asset(s)
ING Funds	95-4516049	Rate of 0.40% of average daily balance of asset(s)
Ivy Funds	04-6006759	Rate of 0.40% of average daily balance of asset(s)
MFS	04-2747644	Rate of 0.10% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.25% of average daily balance of asset(s)

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 34-0217880
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Common Stock			
	Berkshire Hathaway	3,742 Class B common shares	$ 245,243	$ 285,515
	Corporate Obligation			
	Deutsche Bank AG	Senior unsecured obligation, due 6/25/14	200,000	26,655
	Collective Investment Fund			
	Reliance Alphasector Premium Fund CL I	203,978 shares	1,868,393	1,925,549
	Shares of Registered Investment Companies			
*	Schwab Money Market Fund	1,473,031 units	1,473,031	1,473,031
	Acadian Emerging Markets Portfolio Fund	45,648 shares	601,359	726,267
	Allianz International Growth Opportunity Fund	8,336 shares	153,748	225,997
	Baron Growth Fund	5,643 shares	201,008	287,830
	Causeway International Value Fund	47,956 shares	437,142	514,572
	GRT Value Advantage Fund	24,613 shares	256,989	270,000
	ING Senior Income Fund	92,497 shares	788,909	1,143,263
	Ivy Global Natural Resources Fund CL Y	58,413 shares	1,086,100	1,004,707
	MFS Emerging Markets Debt Fund	32,260 shares	471,340	468,422
			$ 7,783,262	$ 8,351,808

* Party-in-interest as defined by ERISA

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2011

EIN: 34-0217880
Plan Number: 002

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single transactions in excess of 5 percent of plan assets								
Schwab	Reliance Alphasector Premium Fund CL I	$ 860,000	N/A	$ -	$ -	$ 860,000	$ 860,000	N/A
Schwab	Reliance Alphasector Premium Fund CL I	$ 578,393	N/A	$ -	$ -	$ 578,393	$ 578,393	N/A
Schwab	ING Senior Income Fund	N/A	$ 522,000	$ -	$ -	$ 326,988	$ 522,000	$195,012
Schwab	Ivy Global Natural Resources Fund A	N/A	$ 700,000	$ -	$ -	$ 437,474	$ 700,000	$262,526
Schwab	Ivy Global Natural Resources Fund CL Y	$ 700,000	N/A	$ -	$ -	$ 700,000	$ 700,000	N/A
Schwab	MFS Emerging Markets Debt Fund	N/A	$ 787,058	$ -	$ 25	$ 791,479	$ 787,058	$ (4,446)
Series of transactions in excess of 5 percent of plan assets								
Schwab	ING Senior Income Fund	$ 60,409	N/A	$ -	$ -	$ 60,409	$ 60,409	N/A
	12 purchases, 1 sale	N/A	$ 522,000	$ -	$ -	$ 326,988	$ 522,000	$195,012
Schwab	iShares S&P 500 Growth Index Fund	$ 600,420	N/A	$ -	$ 28	$ 600,420	$ 600,420	N/A
	10 purchases, 12 sales	N/A	$1,103,355	$ -	$ 49	$ 937,268	$1,103,355	$166,038
Schwab	Reliance Alphasector Premium Fund CL I 3 purchases	$ 1,868,393	N/A	$ -	$ -	$1,868,393	$1,868,393	N/A

THE FERRY CAP & SET SCREW COMPANY HOURLY NEGOTIATED PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2011

EIN: 34-0217880
Plan Number: 002

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Schwab	Ivy Global Natural Resources Fund A 2 sales	N/A	$ 980,495	$ -	$ -	$ 613,159	$ 980,495	$367,336
Schwab	Ivy Global Natural Resources Fund CL Y 3 purchases	$ 1,086,100	N/A	$ -	$ -	$1,086,100	$1,086,100	N/A
Schwab	MFS Emerging Markets Debt Fund	$ 71,320	N/A	$ -	$ -	$ 71,320	$ 71,320	N/A
	13 purchases, 2 sales	N/A	$ 928,034	$ -	$ 50	$ 931,247	$ 928,034	$ (3,263)
Schwab	Oppenheimer Global Strategic Income Fund	$ 10,161	N/A	$ -	$ -	$ 10,161	$ 10,161	N/A
	5 purchases, 2 sales	N/A	$ 487,652	$ -	$ 50	$ 388,015	$ 487,652	$ 99,587
Schwab	Schwab Money Market Fund	$3,876,326	N/A	$ -	$ -	$3,876,326	$3,876,326	N/A
	38 purchases, 29 sales	N/A	$2,368,308	$ -	$ -	$2,368,308	$2,368,308	$ -
Schwab	Wisdomtree LargeCap Dividend Fund	$ 413,651	N/A	$ -	$ 21	$ 413,651	$ 413,651	N/A
	5 purchases, 8 sales	N/A	$1,152,923	$ -	$ 57	$ 934,744	$1,152,923	$218,122