

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>11/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☒ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>METAL SEAL PRECISION LTD 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/2011</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/2011</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/2011</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>METAL SEAL PRECISION LTD</u> <u>8687 TYLER BLVD</u> <u>MENTOR, OH 44060</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-5016996</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>440-255-8888</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-5016996</u>	2c Sponsor's telephone number <u>440-255-8888</u>	2d Business code (see instructions) <u>332900</u>	
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2d Business code (see instructions) <u>332900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	DAVID E. FOLEY, TPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	DAVID E. FOLEY, TPA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") METAL SEAL PRECISION LTD 8687 TYLER BLVD MENTOR, OH 44060	3b Administrator's EIN 27-5016996 3c Administrator's telephone number 440-255-8888
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	150
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	147
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	147
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	80
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K

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

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

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 12/31/2011		
A Name of plan METAL SEAL PRECISION LTD 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 METAL SEAL PRECISION LTD	D Employer Identification Number (EIN) 27-5016996	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		5458
(2) Participant contributions	1b(2)		13586
(3) Other.....	1b(3)		-10467
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		42689
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		819279
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	0	870545

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	870545
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	12075	
(B) Participants	2a(1)(B)	29067	
(C) Others (including rollovers)	2a(1)(C)	824772	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		865914

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4431	
(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)	200	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4631

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		870545

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		870545
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: BENNETT,GROEBER,MULLEN&FELTNER CO

(2) EIN: 34-1601163

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		40000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5b(1) Name of plan(s)

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

BENNETT, GROEBER, MULLEN & FELTNER CO.
Certified Public Accountants
20 South Limestone Street, Suite 320
Springfield, Ohio 45502

INDEPENDENT AUDITORS' REPORT

To the Trustees
Metal Seal Precision LTD 401(k) Plan

We were engaged to audit the financial statements of Metal Seal Precision LTD 401(k) Plan as of and for the two months ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Massachusetts Mutual Life Insurance Co. - Retirement Financial Services, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the custodian as of and for the year ended December 31, 2011 that the information provided to the plan administrator by the custodian 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Bennett, Groeber, Mullen & Feltner Co.

October 12, 2012

METAL SEAL PRECISION LTD
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2011

	<u>2011</u>
Assets:	
Investments, at fair value:	
Pooled separate accounts	819,279
Participant loans	42,689
Total investments	<u>861,968</u>
Receivables:	
Employer contributions	5,458
Participant contributions	13,586
Other	<u>(10,467)</u>
Total receivables	<u>8,577</u>
Net Assets Available for Benefits	\$ <u><u>870,545</u></u>

METAL SEAL PRECISION LTD
401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the two months ended December 31, 2011

	<u>2011</u>
Additions to net assets attributed to:	
Investment income (loss):	
Interest	\$ 4,431
Participant loans	200
Total investment income (loss)	<u>4,631</u>
Contributions:	
Participants	29,067
Employer	12,075
Other (including rollovers)	824,772
Total contributions	<u>865,914</u>
Total additions	870,545
Deductions from net assets attributed to:	
Benefits paid to participants	<u>0</u>
Total deductions	0
Net increase (decrease)	870,545
Net Assets Available for Benefits:	
Beginning of year	<u>0</u>
End of year	\$ <u><u>870,545</u></u>

ICU NAME: AMERICAN FUNDS RETIREMENT PLAN SVCS
PLAN NAME: METAL SEAL PRECISION LTD 401K PLAN

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS
WMIF-R3	0.00	833.40
AMCAP-R3	0.00	38,521.75
AMF-R3	0.00	18,319.44
ICA-R3	0.00	141.03
GFA-R3	0.00	1,773.11
NPF-R3	0.00	492.51
BFA-R3	0.00	5,101.87
FI-R3	0.00	508.15
AMBAL-R3	0.00	6,156.01
CIB-R3	0.00	11,526.89
NEF-R3	0.00	50.96
EUPAC-R3	0.00	13,453.75
AHIT-R3	0.00	15,886.36
GVT-R3	0.00	4,076.05
WBF-R3	0.00	15,638.76
WGI-R3	0.00	9,474.15
SCHF-R3	0.00	15,880.11
NWF-R3	0.00	14,805.24
AFTD10-R3	0.00	109.44
AFTD15-R3	0.00	9,922.53
AFTD20-R3	0.00	263,141.77
AFTD25-R3	0.00	149,223.10
AFTD30-R3	0.00	99,532.36
AFTD35-R3	0.00	25,916.89
AFTD40-R3	0.00	42,371.40
AFTD45-R3	0.00	32,169.17
AFTD50-R3	0.00	879.72
MMF-R3	0.00	23,291.62
AFTD55-R3	0.00	83.14
LOAN	0.00	42,610.51
TOTAL	0.00	861,891.19

METAL SEAL PRECISION LTD
401(k) PLAN
Notes to the Financial Statements
December 31, 2011

Note 1 - Plan Description:

The following description of the Metal Seal Precision LTD (the "Company") 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established November 1, 2011 for the benefit of employees working for Metal Seal Precision LTD. All full time employees are immediately eligible upon employment and have attained the age of 18 years old. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan was designed to qualify under Section 401(k) of the Internal Revenue Code to provide tax-deferred retirement savings for the participants. The Plan participants are able, within certain specified limitations, to determine the amount to be withheld from their paychecks and contributed to the Plan, up to 80% of pretax annual compensation, limited to \$16,500 for 2011. The Company may also make discretionary contributions as determined annually by the Company.

Employer Matching

The employer will match 75% of every dollar contributed by the employee up to 6% of annual compensation.

Vesting

The participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant vests ratably from 20% each year of service to 100% for five years of credited service.

Withdrawals

Under extreme financial hardship (as defined by the plan), the participants of the plan may withdraw up to the amount of the actual contributions made. The Plan also allows for "in service" withdrawals at 59 1/2. These withdrawals may be taken from fully vested accounts only.

Notes to the Financial Statements

Note 1 - Plan Description - continued:

Forfeited Accounts

If amounts forfeited are profit sharing contributions, the forfeitures shall be allocated to the individual accounts of the qualifying participants. Forfeitures of matching contributions will also be allocated to the individual accounts of the qualifying participants.

Payment of Benefits

On termination of service due to death, disability or retirement, the distributions will be made pursuant to the election of the participant.

Note 2 - Summary of Significant Accounting Policies:

The following accounting policies, which conform with accounting principles generally accepted in the United States, have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The investments held by Captial Bank and Trust Company are reported at their fair value as determined by the holders of the investments. Earnings from investments includes interest and dividends received and appreciation or depreciation in the fair value of the investments.

Notes to the Financial Statements

Note 3 - Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

Fair Value Measurements Using:

	<u>Fair Value</u>	<u>Observable Prices Either Directly or Indirectly But Not Quoted Prices (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Pooled Separate Accounts	819,279	819,279	0
Participant loans	42,689	0	42,689
Total	<u>861,968</u>	<u>819,279</u>	<u>42,689</u>

Statement of Financial Accounting Standards (SFAS) No. 157, Fair Value Measurements, established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 consists of observable inputs, either directly or indirectly, but are not quoted prices, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they are generally the most reliable evidence of fair value. The Plan measures fair value using Level 2 or Level 3 inputs when Level 1 inputs are not available.

Level 2 Fair Value Measurements - The fair value of Pooled Separate Accounts is based on the observable values of the underlying investments and underlying pools of securities.

Level 3 Fair Value Measurements - The fair value of General Investment Accounts is liquidation value based on actuarial formulas with no observable price. Participant Loans and Life Insurance are not actively traded and significant other observable inputs are not available. The fair value of the Participant Loans is equal to the amortized cost of the loans.

Notes to the Financial Statements

Note 3 - Fair Value Measurements - continued:

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	<u>Participant Loans</u>
Beginning balance	0
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	122
Purchases, sales, issuances and settlements (net)	42,567
Transfers in and/or out of Level 3	<u>0</u>
Ending Balance	<u><u>42,689</u></u>

Note 4 - Investment Detail:

The investments of the Plan are held by Capital Bank and Trust Company under a group contract. The Plan administrator maintains separate accounts for each of the Plan participants. The Plan participants direct the investment of their account balances into pooled investment accounts by the above listed companies.

The following investments individually represent more than 5% of the Plan's net assets:

<u>American Funds</u>	
American Funds AFTD20-R3	263,142
American Funds AFTD25-R3	149,223
American Funds AFTD30-R3	<u>99,532</u>
	511,897
Other Investments less than 5%	<u>358,648</u>
Total Investments	<u><u>870,545</u></u>

Notes to the Financial Statements

Note 5 - Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur.

These potential changes could materially affect participants' account balances and amounts reported in the statement of net assets available for benefits.

Participants should refer to the specific fund's prospectus and annual report for a full description of each fund's investment holdings and significant concentrations of credit risk.

Note 6 - Plan Termination:

Although it has not expressed any intent to do so, the Plan sponsor reserves the right to terminate the Plan at any time by a written resolution of the Board of Trustees, subject to Plan provisions and the Employee Retirement Income Security Act of 1974. In the event of Plan termination, all benefits will be distributed to the participants in accordance with Plan provisions.

Note 7 - Tax Status:

The Internal Revenue Service has determined and informed the Company by a letter dated in August, 2001 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefits Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6067(b), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to this Form 5500.	OMB Nos. 1510-0110 1510-0089 2011 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2011 or fiscal plan year beginning <u>11/01/2011</u> and ending <u>12/31/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☒ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☒ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here:	☐		
D Check box if filing under:	☒ Form 5500;	☐ automatic extension;	☐ the DFVO program;
	☐ special extension (enter description) _____		

Part II Basic Plan Information—enter all requested information			
1a Name of plan <u>METAL SEAL PRECISION LTD 401(K) PLAN</u>	1b Three-digit plan number (PN)	001	
		11/01/2011	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)	2b Employer identification Number (EIN)		
<u>METAL SEAL PRECISION LTD</u>	<u>27-5016996</u>		
<u>8687 TYLER BLVD</u>	2c Sponsor's telephone number		
<u>MENTOR</u>	<u>(440) 255-8888</u>		
<u>OH 44060</u>	2d Business code (see instructions)		
	<u>332900</u>		

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

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

SIGN HERE			JOHN HABE IV, TRUSTEE
	Signature of plan administrator	Date <u>10/15/12</u>	Enter name of individual signing as plan administrator
SIGN HERE			JOHN HABE IV, TRUSTEE
	Signature of employer/plan sponsor	Date <u>10/15/12</u>	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
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