

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>04/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan	<u>04/01/1985</u>
1b Three-digit plan number (PN) ►	<u>001</u>				
1c Effective date of plan	<u>04/01/1985</u>				
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>GLOBAL TOOLING SYSTEMS, INC.</u> <u>16445 23 MILE RD</u> <u>MACOMB TWP, MI 48042</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>38-3485300</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>586-726-0500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-3485300</u>	2c Sponsor's telephone number <u>586-726-0500</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>38-3485300</u>					
2c Sponsor's telephone number <u>586-726-0500</u>					
2d Business code (see instructions) <u>333200</u>					

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2012</u>	<u>KELLY OSTERLAND</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2012</u>	<u>KELLY OSTERLAND</u>
	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") GLOBAL TOOLING SYSTEMS, INC. 16445 23 MILE RD MACOMB TWP, MI 48042	3b Administrator's EIN 38-3485300 3c Administrator's telephone number 586-726-0500
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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	281
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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	231
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	22
d Subtotal. Add lines 6a , 6b , and 6c	6d	253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	253
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	124
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 3D 3H 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

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

A Name of plan <u>GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLOBAL TOOLING SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>38-3485300</u>

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

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>35-0472300</u>	<u>65676</u>	<u>GP81331</u>	<u>124</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>21588</u>	<u>7294</u>

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

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

LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST
STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>21588</u>	<u>44</u>	<u>NON-MONETARY COMPENSATION TO SALES REP</u>	<u>4</u>

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

APPLIED PLAN ADMINISTRATORS LLC
30600 TELEGRAPH RD STE 1130
BINGHAM FARMS, MI 48025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	<u>4800</u>	<u>TPA SUBSIDY</u>	<u>5</u>

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

APPLIED PLAN ADMINISTRATORS LLC

30600 TELEGRAPH RD STE 1130
BINGHAM FARMS, MI 48025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2450	SERVICES PROVIDED ON BEHALF OF LINCOLN FINANCIAL	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	389134
5 Current value of plan's interest under this contract in separate accounts at year end	5	3781262

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

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

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

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

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

b Balance at the end of the previous year	7b	341335
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c Additions: (1) Contributions deposited during the year	7c(1)	40234	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	8384	
(4) Transferred from separate account	7c(4)	20000	
(5) Other (specify below)..... ▶ LOAN PRINCIPAL	7c(5)	3089	

(6) Total additions	7c(6)	71707
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d Total of balance and additions (add b and c(6))	7d	413042
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13558
(2) Administration charge made by carrier	7e(2)	2558
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶ LOAN WITHDRAWAL	7e(4)	7792

(5) Total deductions	7e(5)	23908
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f Balance at the end of the current year (subtract e(5) from d)	7f	389134
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL TOOLING SYSTEMS, INC.	D Employer Identification Number (EIN) 38-3485300

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

35-1140070

(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)

LINCOLN NATIONAL LIFE INSURANCE

35-1140070

(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?
13	SERVICE PROVIDER	31247	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

APPLIED PLAN ADMINISTRATORS LLC

38-2626966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	TPA	1285	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GLOBAL TOOLING SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>38-3485300</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA11-CORE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-111</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>431</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA12-GOV'T CP BD</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-112</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>214454</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA14-SHORT TERM</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>609339</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA17-MED CAP EQ</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-117</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>73511</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA19-AB VPS GRO AND INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4683</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA20-HIGH YIELD BOND</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>201744</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA21-BALANCED</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-121</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7376</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22-INT'L EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43683
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23-LARGE CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19972
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24-SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49237
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27-LVIP SSGA S & P 500 INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45886
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28-VALUE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87589
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA29-LVIP T ROWE PRICE GRO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9640
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30-CONSERVATIVE BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22686
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31-AB VPS GLOBAL THEMATIC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10583
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32-AGGRESSIVE BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61970
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35-FID VIP CONTRA FUNDS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 301300

a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA36-LVIP SSGA SM CAP INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11213
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA38-LVIP MID CAP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-138	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18492
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA39-AB VPS SM MID CAP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16421
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA55-LVIP COHEN & STEERS GLB](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68828
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA56-DEL VIP SM CAP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 820
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA57-FID VIP EQUITY INCOME](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90537
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA58-FID VIP GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45074
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA59-FID VIP OVERSEAS](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28510
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA61-DEL VIP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-161	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA62-LVIP TEMPLETON GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-162	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5783
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63-FTVIPT FRANKLIN SM MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA64-JANUS ASPEN ENTERPRISE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7329

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65-MFS VIT GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3219

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67-MFS VIT UTILITIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96660

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA70-JANUS ASPEN JANUS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42373

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA75-BLACK ROCK AURORA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-175	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA76-BLACK ROCK SM MID CAP GRO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26491

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77-BLACK ROCK ENERGY & RESOUR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141022

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA80-BLACK ROCK LARGE CAP VL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-180	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26318

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83-BLACK ROCK MID CAP VL EQ		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40863

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84-FID VIP MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28356
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86-FTVIPT TEMPLETON GLB BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142812
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA87-DEL VIP LIMITED TERM DIV		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-187	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22366
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92-AC VP INFL PROTECTION		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200314
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA93-DEL VIP DIVER INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189786
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94-DEL VIP EMERGING MARKETS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38195
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA95-LVIP DEL FOUNDATION CONSER		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96-LVIP DEL FOUND MOD ALLOC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-196	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24150
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA97-LVIP DEL FOUND AGG ALLOC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76537
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL2-LVIP WILSHIRE 2020 PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54550

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL3-LVIP WILSHIRE 2030 PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109293

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL4-LVIP PROTECTED PRO 2040		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4810

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5-LVIP SSGA INT'L INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3596

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6-LVIP SSGA BOND INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5775

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL7-LVIP DELAWARE SPECIAL OPP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL8-SSGA RUSSELL LARGE CAP VL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 347

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS AMCAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30462

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS AMERICAN HIGH INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2780

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS AMERICAN MUTUAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 354

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS BOND FUND OF AMERICA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2287

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS CAPITAL INCOME BLDR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1686

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS EUROPACIFIC GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72940

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS FUNDAMENTAL INVESTOR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5229

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS GROWTH FUNDS OF AMER		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151063

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS INV CO. OF AMERICA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71818

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS NEW ECONOMY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 485

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59712

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS SMALLCAP WORLD		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42091

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-AMER FUNDS US GOV'T SECURITIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 530

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-BLACKROCK GLOBAL ALLOCATION		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4417

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL-FTVIPT FRANKLIN INCOME SECURITI**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO**c** EIN-PN 35-0472300-401**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL TOOLING SYSTEMS, INC.	D Employer Identification Number (EIN) 38-3485300	

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)		
(2) Participant contributions	1b(2)		7314
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	98426	124522
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	3555530	3781262
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	341335	389134
(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	3995291	4302232

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	3995291	4302232
---	-----------	---------	---------

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)		
(B) Participants	2a(1)(B)	519519	
(C) Others (including rollovers)	2a(1)(C)	85295	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		604814
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8384	
(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)	4065	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12449
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-65135
(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		552128

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	199222	
(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)		199222
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)	1285	
(3) Investment advisory and management fees	2i(3)	31248	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32533
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		231755

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		320373
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		13432

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: DOEREN MAYHEW

(2) EIN: 38-2492570

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.).....	☒	☐	231198
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	220000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
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)

ODYSSEY INDUSTRIES, INC. 401(K) SAVINGS PLAN

5b(2) EIN(s)	5b(3) PN(s)
38-3214228	001

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

A Name of plan <u>GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLOBAL TOOLING SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>38-3485300</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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



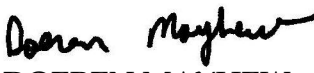
Independent Auditor's Report

To the Plan Administrator of the
Global Tooling Systems, Inc.
401(k) Salary Reduction Plan

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Global Tooling Systems, Inc. 401(k) Salary Reduction Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2011 and the supplemental schedules as of and 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 investments, investment transactions, and related income, summarized in Note 5, which were certified by Lincoln National Life Insurance Company, the Custodian 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 Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2011 and 2010, 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 supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


DOEREN MAYHEW

October 12, 2012
Troy, Michigan

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,	
	<u>2011</u>	<u>2010</u>
Contributions Receivable	\$ 7,314	\$ -
Investments, At Fair Value (notes 2, 3 and 5)		
Investments held by Lincoln National Life Insurance Company		
Guaranteed investment contracts	424,156	356,201
Pooled separate accounts	<u>3,781,265</u>	<u>3,555,526</u>
Total investments	4,205,421	3,911,727
Participant Notes Receivable (note 1)	<u>124,522</u>	<u>98,426</u>
Net Assets Reflecting All Investments At Fair Value	4,337,257	4,010,153
Adjustment From Fair Value To Contract Value For Fully Benefit-Responsive Investment Contracts (note 2)	<u>(35,022)</u>	<u>(14,866)</u>
Net Assets Available For Plan Benefits	<u><u>\$ 4,302,235</u></u>	<u><u>\$ 3,995,287</u></u>

See accompanying notes to financial statements

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

Additions

Investment income	
Income from guaranteed investment contracts (note 5)	\$ 8,384
Participant notes interest income (note 5)	4,065
Contributions	
Employee elective contributions (note 1)	519,519
Employee rollovers	<u>85,295</u>
Total contributions	<u>604,814</u>
Total additions	617,263

Deductions

Net realized and unrealized loss on investments (note 5)	65,135
Distributions to participants	199,222
Transfer of assets to other plan	13,432
Administrative expenses	<u>32,526</u>
Total deductions	<u>310,315</u>
Net increase in assets	306,948

Net Assets Available For Plan Benefits - January 1, 2011	<u>3,995,287</u>
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Net Assets Available For Plan Benefits - December 31, 2011	<u><u>\$ 4,302,235</u></u>
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See accompanying notes to financial statements

GLOBAL TOOLING SYSTEMS, INC. 401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010

Note 1 - Description of the Plan

The following description of the Global Tooling Systems, Inc. 401(k) Salary Reduction Plan is provided for general information purposes only. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General

The Plan, as amended, is a defined contribution plan covering all non-union employees who have attained the age of twenty and one-half and completed six months of service with Global Tooling Systems, Inc. (the Company). The Plan was established, effective April 1, 1985, to provide deferred compensation benefits and is subject to the provisions of ERISA.

Administration

The Plan Administrator is Global Tooling Systems, Inc. The Plan's Trustees are Carrie Walters, Director of Human Resources, and Kelly Osterland, Human Resources Manager. The Plan's investment custodian is Lincoln National Life Insurance Company. The investment custodian holds all of the Plan's assets and executes all of the Plan's transactions. Applied Plan Administrators, LLC also provides participant recordkeeping and administration services.

The Plan was amended and restated as of January 1, 2011 in which various plan provisions changed, specifically Carrie Walters and Kelly Osterland as the Trustees of the Plan.

Tax Status

The Plan is a volume submitter plan, which has been filed with the Internal Revenue Service (IRS) and has received a favorable opinion letter dated August 7, 2001, from the IRS. The Plan was most recently amended and restated on January 1, 2011. While the amended plan document has not received an IRS determination letter, the Trustees believe that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code (IRC) and, therefore, the Plan qualifies under Section 401(a) and is tax-exempt as of December 31, 2011. As of December 31, 2011, the Plan has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The Plan is currently not being examined and the Plan's management believes its tax-exempt status would be upheld under examination. The Plan's open audit periods are 2009 - 2011.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 1 - Description of the Plan - Continued

Contributions to the Plan

The Plan provides for participants to defer up to 75% of their compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The amount of a participant's contributions for any plan year may not exceed certain limits under Section 402(g) of the IRC. The limit is \$16,500 for the year ended December 31, 2011.

The Plan also provides for discretionary matching and profit sharing contributions by the Company. There were no employer contributions for 2011. The employer matching contributions are limited to \$250 per participant in any plan year.

Vesting

Participants are immediately 100% vested in their entire plan account.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum equal to the value of the participant's vested interest in his or her account.

The Plan allows for in-service distributions prior to age 59 1/2 due to hardship, as defined by the plan document, and after age 59 1/2 for any reason.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 1 - Description of the Plan - Continued

Participant Notes Receivable

Generally accepted accounting principles (GAAP) require the Plan to show participant loans as notes receivable rather than investments. This excludes participant notes receivable from the required fair value disclosures discussed in Note 3.

Participants may borrow up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from one to five years. Loan terms may exceed five years only in the event the loan proceeds are used to purchase or construct the participant's principal residence. Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing prime rates. Interest rates on loans outstanding as of December 31, 2011 and 2010, ranged from 4.25% to 9.25%. Principal and interest is paid ratably through payroll deductions.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared using the accrual basis of accounting. Employer contributions and income from investments are recorded when earned. Expenses are recorded in the accounting period in which they are incurred. Benefits are recorded when paid.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 2 - Summary of Significant Accounting Policies - Continued

Investments

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurements

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Funds contributed by employees and the Company are invested in a variety of investments offered by Lincoln National Life Insurance Company at percentages elected by each participant. The income, gains or losses in each fund are allocated daily to the applicable participant's account in that fund based on the previously reported account balances, adjusted for current period contributions and withdrawals.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 2 - Summary of Significant Accounting Policies - Continued

Fully Benefit-Responsive Investments

GAAP requires that investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required, the statements of net assets available for plan benefits represent the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for plan benefits is prepared on a contract value basis. The Plan has entered into a benefit-responsive investment contract with Lincoln National Life Insurance Company. The fair value of the investment contract as of December 31, 2011 and 2010 was \$424,156 and \$356,201, respectively. The investment's crediting rate and average yield was 3.37% for 2011 and 3.71% for 2010, respectively.

Lincoln National Life Insurance Company can terminate an annuity contract under certain circumstances. These events include if the contract owner breaches the contract in some way, if the plan ceases to meet the requirements of the appropriate Code sections, and if after a reasonable amount of time, the account has not grown sufficiently.

Valuation of Participant Notes Receivable

Participant notes receivable are valued at their outstanding principal balance plus accrued but unpaid interest.

Investment Income and Gains and Losses

Realized gains and losses on investment transactions are recorded as the difference between sales proceeds and carrying value. Net unrealized appreciation or depreciation in the fair market value of investments is recorded as the change in carrying value of the investment portfolio from the beginning of the year or date of purchase to the end of the year.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 2 - Summary of Significant Accounting Policies - Continued

Payment of Benefits

Benefits are recorded when paid.

Fees and Expenses

Professional fees incurred to operate the Plan, such as attorney and audit fees, are paid directly by the Plan Sponsor.

Other fees and expenses relating to the day-to-day plan operations are paid by the Plan. These fees are recorded when paid.

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 12, 2012, which is the date the financial statements were available to be issued. For 2012, the Company elected to provide discretionary matching contributions. In 2012, the Plan removed Carrie Walters as a Trustee of the Plan and added Daniel Nowicki as a Trustee.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 3 - Unaudited Fair Value Measurements

The table below segregates all financial assets as of December 31, 2011 and 2010 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

As of December 31, 2011				
Fair Value Based on				
	Assets Measured At Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobserv- able Inputs (Level 3)
Guaranteed investment contracts	\$ 424,156	\$ -	\$ 424,156	\$ -
Pooled separate accounts				
Domestic Equity	1,306,430	1,047,019	259,411	-
Fixed Income	1,592,187	1,586,590	5,597	-
International Equity	514,943	340,200	174,743	-
Other/Balanced Funds	<u>367,705</u>	<u>361,488</u>	<u>6,217</u>	<u>-</u>
Total pooled separate accounts	<u>3,781,265</u>	<u>3,335,297</u>	<u>445,968</u>	<u>-</u>
Total investments	<u>\$ 4,205,421</u>	<u>\$ 3,335,297</u>	<u>\$ 870,124</u>	<u>\$ -</u>

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 3 - Unaudited Fair Value Measurements - Continued

	As of December 31, 2010			
	Fair Value Based on			
	Assets Measured At Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Guaranteed investment contracts	\$ 356,201	\$ -	\$ 356,201	\$ -
Pooled separate accounts				
Domestic Equity	1,218,713	1,218,713	-	-
Fixed Income	1,681,746	1,681,746	-	-
International Equity	437,385	437,385	-	-
Other/Balanced Funds	<u>217,682</u>	<u>217,682</u>	<u>-</u>	<u>-</u>
Total pooled separate accounts	<u>3,555,526</u>	<u>3,555,526</u>	<u>-</u>	<u>-</u>
Total investments	<u>\$ 3,911,727</u>	<u>\$ 3,555,526</u>	<u>\$ 356,201</u>	<u>\$ -</u>

The fair values of the pooled separate accounts that are actively managed are determined by reference to quoted market prices and other relevant information generated by market transactions of the underlying investments. The fair values of the pooled separate accounts that are at the direction of variable annuity contract owners are determined by the net asset values of the underlying assets owned by the fund. For the guaranteed investment contracts, fair value is determined by the stated net assets value in the fund's audited financial statements.

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.

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 4 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

Note 5 - Unaudited Information Certified by the Custodian

The Company (Plan Administrator) has engaged Lincoln National Life Insurance Company for the years ended December 31, 2011 and 2010 to act as Custodian of the Plan. For the years ended December 31, 2011 and 2010, the financial statements were prepared based on information certified by the Custodian.

Investments at fair value consist of the following as of December 31, 2011 and 2010:

	December 31,	
	<u>2011</u>	<u>2010</u>
Guaranteed investment contracts	\$ 424,156	\$ 356,201
Pooled separate accounts	<u>3,781,265</u>	<u>3,555,526</u>
Investments, at fair value	<u><u>\$ 4,205,421</u></u>	<u><u>\$ 3,911,727</u></u>

Investments representing five percent or more of the Plan's net assets are as follows:

Guaranteed Account Fund	\$ 424,156	\$ 356,201
Federated Government Ultrashort Duration Fund	609,339	*
Fidelity VIP Contra Fund	301,300	259,664
Governmental/Corporate Bond Account	*	240,265
Short-Term Account	*	668,523
American Century VP Inflation Protection	*	228,420

* Less than 5%

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 5 - Unaudited Information Certified by the Custodian - Continued

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

Guaranteed investment contracts	\$ 8,384
Pooled separate accounts	<u>(65,135)</u>
Total	<u>\$ (56,751)</u>

Lincoln National Life Insurance Company also certified participant notes receivable of \$124,522 and \$98,426 as of December 31, 2011 and 2010, respectively, as well as participant notes interest income of \$4,065 for the year ended December 31, 2011.

Note 6 - Party-in-Interest Transactions

Certain plan investments are managed by Lincoln National Life Insurance Company, who is the Plan's Custodian. Transactions involving these investments are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

Note 7 - Risks and Uncertainties

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

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

Note 8 - Required Schedule Information

The following information pertains to the 2011 financial statement schedules required under ERISA:

- a. Schedule of Assets (Held at End of Year) - See SCHEDULE I.
- b. Schedule of Delinquent Participant Contributions - See SCHEDULE II.
- c. Schedule of Reportable Transactions - none to be reported.
- d. Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible - none to be reported.
- e. Schedule of Leases in Default or Classified as Uncollectible - none to be reported.
- f. Schedule of Nonexempt Transactions - none to be reported.

Note 9 - Reconciliation of Form 5500 to the Financial Statements

The following is a reconciliation of net assets available for plan benefits per the Form 5500 to the financial statements as of December 31, 2011 and 2010:

	<u>December 31,</u> <u>2011</u>	<u>2010</u>
Net assets available for plan benefits per the Form 5500	\$ 4,302,232	\$ 3,995,291
Miscellaneous rounding	<u>3</u>	<u>(4)</u>
Net assets available for plan benefits per the financial statements	<u>\$ 4,302,235</u>	<u>\$ 3,995,287</u>

The following is a reconciliation of the net increase in assets per the Form 5500 to the financial statements for the year ended December 31, 2011:

Net increase in assets per the Form 5500	\$ 320,373
Transfer of assets	(13,432)
Miscellaneous rounding	<u>7</u>
Net increase in assets per the financial statements	<u>\$ 306,948</u>

GLOBAL TOOLING SYSTEMS, INC. 401(k) SALARY REDUCTION PLAN

SCHEDULE I

SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2011 EIN 38-3485300/PLAN 001 - Form 5500, Schedule H, Line 4i - (Unaudited)

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	Lincoln National Life Insurance Company	Guaranteed Account Fund	\$ 424,156
*	Lincoln National Life Insurance Company	LVIP Delaware Growth & Income	431
*	Lincoln National Life Insurance Company	LVIP Delaware Bond	214,454
*	Lincoln National Life Insurance Company	Federated Government Ultrashort Duration Fund	609,339
*	Lincoln National Life Insurance Company	Columbia Acorn	73,511
*	Lincoln National Life Insurance Company	LVIP Vanguard Domestic Equity ETF	4,683
*	Lincoln National Life Insurance Company	Franklin High Income	201,744
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Moderate Growth Fund	7,376
*	Lincoln National Life Insurance Company	LVIP Mondrian Int'l Value	43,683
*	Lincoln National Life Insurance Company	SSgA Russell All Cap Index	19,972
*	Lincoln National Life Insurance Company	SSgA Russell Small/Mid-Cap Index	49,237
*	Lincoln National Life Insurance Company	SSgA S&P 500 Index	45,886
*	Lincoln National Life Insurance Company	Invesco Van Kampen Growth and Income	87,589
*	Lincoln National Life Insurance Company	LVIP T. Rowe Price Growth Stock	9,640
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Conservative Growth Fund	22,686
*	Lincoln National Life Insurance Company	AllianceBernstein VPS Global Thematic	10,583
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Growth	61,970
*	Lincoln National Life Insurance Company	Fidelity VIP Contrafund	301,300
*	Lincoln National Life Insurance Company	LVIP SSgA Small Cap Index	11,213
*	Lincoln National Life Insurance Company	LVIP Mid-Cap Value	18,492
*	Lincoln National Life Insurance Company	AllianceBernstein VPS Small Mid-Cap Value	16,421
*	Lincoln National Life Insurance Company	LVIP Cohen and Steers Global Real Estate	68,828
*	Lincoln National Life Insurance Company	Delaware VIP Small Cap Value Series	820
*	Lincoln National Life Insurance Company	LVIP Dimensional US Equity	90,537
*	Lincoln National Life Insurance Company	Franklin Growth	45,074
*	Lincoln National Life Insurance Company	LVIP Vanguard International Equity ETF	28,510
*	Lincoln National Life Insurance Company	Delaware VIP Value	151
*	Lincoln National Life Insurance Company	LVIP Templeton Growth	5,783
*	Lincoln National Life Insurance Company	Janus Aspen Enterprise Portfolio	7,329
*	Lincoln National Life Insurance Company	MFS VIT Growth Series	3,219
*	Lincoln National Life Insurance Company	MFS VIT Utilities Series	96,660
*	Lincoln National Life Insurance Company	Janus Aspen Janus Portfolio	42,373
*	Lincoln National Life Insurance Company	Invesco Van Kampen Small Cap Growth	26,491
*	Lincoln National Life Insurance Company	BlackRock Energy and Resources	141,022
*	Lincoln National Life Insurance Company	BlackRock Large Cap Value	26,318
*	Lincoln National Life Insurance Company	BlackRock Flexible Equity	40,863
*	Lincoln National Life Insurance Company	Fidelity VIP Mid-Cap	28,356
*	Lincoln National Life Insurance Company	FTVPT Templeton Global Bond Securities	142,812
Total this page			3,029,512

Note: Information provided is based on reports provided by the Custodian. Column (d), "Cost" is omitted as the cost of participant-directed investments is not required to be disclosed.

* Denotes party-in-interest

GLOBAL TOOLING SYSTEMS, INC. 401(k) SALARY REDUCTION PLAN

SCHEDULE I

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued DECEMBER 31, 2011 EIN 38-3485300/PLAN 001 - Form 5500, Schedule H, Line 4i - (Unaudited)

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
		Total from previous page	\$ 3,029,512
*	Lincoln National Life Insurance Company	Delaware VIP Limited Term Diversified Income Series	22,366
*	Lincoln National Life Insurance Company	LVIP BlackRock Inflation Protected Bond	200,314
*	Lincoln National Life Insurance Company	Delaware VIP Diversified Income	189,786
*	Lincoln National Life Insurance Company	Oppenheimer Developing Markets	38,195
*	Lincoln National Life Insurance Company	LVIP Delaware Foundation Conservative Allocation	116
*	Lincoln National Life Insurance Company	LVIP Delaware Foundation Moderate Allocation	24,150
*	Lincoln National Life Insurance Company	LVIP Delaware Aggressive Allocation	76,537
*	Lincoln National Life Insurance Company	LVIP Protected Profile 2020 Fund	54,550
*	Lincoln National Life Insurance Company	LVIP Protected Profile 2030 Fund	109,293
*	Lincoln National Life Insurance Company	LVIP Protected Profile 2040 Fund	4,810
*	Lincoln National Life Insurance Company	LVIP SSgA International Index	3,596
*	Lincoln National Life Insurance Company	LVIP SSgA Bond Index	5,775
*	Lincoln National Life Insurance Company	LVIP Delaware Special Opportunities	106
*	Lincoln National Life Insurance Company	SSgA Russell Large Cap Value Index Non-Lending Series	347
*	Lincoln National Life Insurance Company	American Funds Growth Fund of America	151,063
*	Lincoln National Life Insurance Company	American Funds EuroPacific Growth	72,940
*	Lincoln National Life Insurance Company	American Funds Investment Company of America	71,818
*	Lincoln National Life Insurance Company	American Funds New Perspective	59,712
*	Lincoln National Life Insurance Company	American Funds SMALLCAP World	42,091
*	Lincoln National Life Insurance Company	American Funds AMCAP	30,462
*	Lincoln National Life Insurance Company	American Funds Fundamental Investors	5,229
*	Lincoln National Life Insurance Company	BlackRock Global Allocation	4,417
*	Lincoln National Life Insurance Company	American Funds American High-Income Trust	2,780
*	Lincoln National Life Insurance Company	American Funds Bond Fund of America	2,287
*	Lincoln National Life Insurance Company	American Funds Capital Income Builder	1,686
*	Lincoln National Life Insurance Company	American Funds U.S. Government Securities	530
*	Lincoln National Life Insurance Company	American Funds New Economy	485
*	Lincoln National Life Insurance Company	American Funds American Mutual	354
*	Lincoln National Life Insurance Company	FTVIPT Franklin Income Securities	114
		Subtotal	4,205,421
		Adjustment From Fair Value to Contract Value For Fully Benefit-Responsive Investment Contracts	(35,022)
		Total Lincoln National Life Insurance Company Funds	4,170,399
	Participant Notes Receivable	Interest Rates Ranging From 4.25% to 9.25%	124,522
		Total Assets (Held at End of Year)	\$ 4,294,921

Note: Information provided is based on reports provided by the Custodian. Column (d), "Cost" is omitted as the cost of participant-directed investments is not required to be disclosed.

* Denotes party-in-interest

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

SCHEDULE II

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011
EIN 38-3485300/PLAN 001
- Form 5500, Schedule H, Line 4a -
(Unaudited)

Identity of Party Involved	Relationship of Plan, Employer or Other Party-In-Interest	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions				Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP Using Methodology	Contributions Pending Correction in VFCP	Contributions Pending Correction Outside VFCP Using Methodology	
Global Tooling Systems, Inc. - 2011	Plan Sponsor	\$ 231,198	\$ -	\$ -	\$ -	\$ 231,198	\$ -

NOTE: Amounts above include late participant loan repayments.