Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN OF DANVILLE METAL STAMPING CO., INC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1969

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

DANVILLE METAL STAMPING CO., INC

20 OAKWOOD AVENUE
DANVILLE, IL 61832

2b Employer Identification Number (EIN) 37-0637099

2c Sponsor's telephone number 217-446-0647

2d Business code (see instructions) 336410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	JUDD C PECK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
DANVILLE METAL STAMPING CO., INC

20 OAKWOOD AVENUE
DANVILLE, IL 61832

3b Administrator's EIN
37-0637099

3c Administrator's telephone number
217-446-0647

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	669
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**	388
b	Retired or separated participants receiving benefits	**6b**	141
c	Other retired or separated participants entitled to future benefits	**6c**	108
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	637
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	68
f	Total. Add lines **6d** and **6e**	**6f**	705
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

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

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

A Name of plan
PENSION PLAN OF DANVILLE METAL STAMPING CO., INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DANVILLE METAL STAMPING CO., INC

D Employer Identification Number (EIN)
37-0637099

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	27484609
b Actuarial value	**2b**	25713923

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	202	15590968
b For terminated vested participants	**3b**	106	1789864
c For active participants:			
(1) Non-vested benefits	**3c(1)**		628541
(2) Vested benefits	**3c(2)**		11608183
(3) Total active	**3c(3)**	361	12236724
d Total	**3d**	669	29617556

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.29 %
6 Target normal cost	**6**	726415

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/21/2012
Date

KAREN A. HIRSCHHORN
Type or print name of actuary

11-04099
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

847-295-5000
Telephone number (including area code)

100 HALF DAY ROAD
LINCOLNSHIRE, IL 60069-3342
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	3447	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	3447	0
10	Interest on line 9 using prior year's actual return of 12.88%	444	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		2559077
	b Interest on (a) using prior year's effective rate of 6.58 % except as otherwise provided (see instructions)		168387
	c Total available at beginning of current plan year to add to prefunding balance		2727464
	d Portion of (c) to be added to prefunding balance		1900000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3891	1900000

Part III Funding percentages

14	Funding target attainment percentage	14	80.39 %
15	Adjusted funding target attainment percentage	15	80.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2012	1300000				
05/09/2012	1000000				
			Totals ► 18(b)	2300000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2123353

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

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

a Target normal cost (line 6)	**31a**	726415
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	5807524	1092404
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1818819

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	3891	1476627	1480518

36 Additional cash requirement (line 34 minus line 35)	**36**	338301
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2123353

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1785052
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1480518
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

SCHEDULE 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
PENSION PLAN OF DANVILLE METAL STAMPING CO., INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DANVILLE METAL STAMPING CO., INC

D Employer Identification Number (EIN)
37-0637099

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)	2720000	2300000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	31930	29983
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	353467	515959
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24396619	26105472
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	27502016	28951414
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	27502016	28951414

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)	2300000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	513	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		513
(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)	999099	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		999099
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-289522
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		3010090
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1553345	
	(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)		1553345
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: **(1)** Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	7347	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7347
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1560692
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		1449398
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN OF DANVILLE METAL STAMPING CO., INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DANVILLE METAL STAMPING CO., INC

D Employer Identification Number (EIN)
37-0637099

Part I Distributions

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

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

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): 37-1027632

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PENSION PLAN OF DANVILLE METAL STAMPING CO., INC.
Danville, Illinois

FINANCIAL STATEMENTS
December 31, 2011 and 2010



CliftonLarsonAllen

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Independent Auditor's Report

Plan Administrator and
Board of Trustees
Pension Plan of Danville Metal Stamping Co., Inc.
Danville, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits and of accumulated plan benefits for the Pension Plan of Danville Metal Stamping Co., Inc. as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits and the statement of changes in accumulated plan benefits for the years then ended, 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 Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JP Morgan Chase Bank N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

CliftonLarsonAllen LLP

Champaign, Illinois
October 12, 2012

PENSION PLAN OF DANVILLE METAL STAMPING CO., INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	2011	2010
INVESTMENTS AT FAIR VALUE		
Money market account	$ 515,959	$ 353,467
Mutual funds	26,105,472	24,396,619
Total investments	26,621,431	24,750,086
RECEIVABLES		
Employer contribution receivable	2,300,000	2,720,000
Accrued interest and dividends	29,983	31,930
Total receivables	2,329,983	2,751,930
NET ASSETS AVAILABLE FOR BENEFITS	$ 28,951,414	$ 27,502,016

The accompanying notes are an integral part of the financial statements.

PENSION PLAN OF DANVILLE METAL
STAMPING CO., INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2011 and 2010

	2011	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income	$ 710,090	$ 2,820,039
Employer contributions	2,300,000	4,328,248
Total additions	3,010,090	7,148,287
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid	1,553,345	1,514,146
Administrative expense	7,347	6,966
Total deductions	1,560,692	1,521,112
NET INCREASE	1,449,398	5,627,175
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	27,502,016	21,874,841
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 28,951,414	$ 27,502,016

The accompanying notes are an integral part of the financial statements.

PENSION PLAN OF DANVILLE METAL STAMPING CO., INC.
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2011 and 2010

	2011	2010
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants and beneficiaries currently receiving payments	$ 14,418,301	$ 13,566,005
Vested benefits for other participants	13,082,264	10,363,287
	27,500,565	23,929,292
Nonvested benefits	574,584	638,794
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 28,075,149	$ 24,568,086

The accompanying notes are an integral part of the financial statements.

PENSION PLAN OF DANVILLE METAL STAMPING CO., INC.
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
Years Ended December 31, 2011 and 2010

	2011	2010
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 24,568,086	$ 23,945,302
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Increase for interest due to the decrease in the discount period	1,904,508	1,856,223
Assumptions changes	2,837,791	(431,368)
Benefits accumulated	318,109	712,075
Benefits paid	(1,553,345)	(1,514,146)
Net increase	3,507,063	622,784
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 28,075,149	$ 24,568,086

The accompanying notes are an integral part of the financial statements.

PENSION PLAN OF DANVILLE METAL STAMPING CO., INC.
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Pension Plan of Danville Metal Stamping Co., Inc. (Plan) was established September 1, 1969 for the purpose of providing pension benefits for employees of Danville Metal Stamping Co., Inc. (Company). Significant accounting policies followed by the Plan are as follows:

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates in Preparing Financial Statements

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Investment transactions are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income and losses include net appreciation or depreciation in fair value, realized gains and losses on sales of investments, dividends and interest earned, and investment expense. Net appreciation or depreciation in fair value of investments includes investments purchased, sold and held during the period.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in valuations as of December 31, 2011 and 2010 were:

	2011	**2010**
Mortality Rates		
Healthy and disabled employees	2012 Static Mortality Table	2011 Static Mortality Table
Retirement Age		
Retired participant	Based on probability of retirement with 100% retired by age 65	Based on probability of retirement with 100% retired by age 65
Terminated vested participant	Age 65	Age 65
Surviving Souse	80% of males and 70% of females have an eligible spouse	80% of males and 70% of females have an eligible spouse
Compensation	5% per annum for the first five years and 3% thereafter	5% per annum for the first five years and 3% thereafter
Interest Rate	7.00%	8.00%
Expected rate of return	6.57%	6.76%

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

Benefits Paid

Benefit payments to participants are recorded upon distribution.

Expenses

The majority of administration and operating expenses are paid by Danville Metal Stamping Co., Inc. with no charge to the Plan.

NOTE 2 - DESCRIPTION OF PLAN

The following brief description of the Pension Plan of Danville Metal Stamping Co., Inc. is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of Danville Metal Stamping Co., Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). It is also subject to the limits as defined in the Plan.

Pension Benefits

The Plan covers nonunion employees who have reached the age of 20 1/2. Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 7/8% of their average annual compensation for each year of service subject to limits as defined in the Plan. Average annual compensation is based on the highest annual compensation for any five consecutive plan years out of the last 10 completed plan years of employment. The Plan permits early retirement at ages 55-64 after completing 10 years of service. If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits. Employees entitled to a retirement benefit may elect the normal form of pension payment which is a life annuity with 120 months guaranteed or, in lieu of the normal form, an employee may elect a life annuity with only 60 months guaranteed, or a 100%, 75%, 66 2/3%, or 50% Joint and Survivor Annuity. If the nonforfeited accrued benefit is less than $5,000, the Trustee may pay the benefit in a lump-sum distribution.

Disability Benefits

Active employees completing 10 years of service who become totally disabled receive annual disability benefits that are equal to the accrued normal benefit. Disability payments are made until the disabled employee reaches age 65 at which time retirement benefits become available to that employee under the terms of the Plan.

Death Benefit

If an active employee dies at age 55 or older, a death benefit, equal to the beneficiary's portion of the 50% Joint and Survivor Annuity the employee would have been eligible to receive had he retired, is paid to the employee's spouse provided they have been married for at least one year. If an active employee age 60 or older dies with 20 years of vesting service, a surviving spouse would receive an amount equal to the 100% Joint and Survivor annuity. These payments are made for the life of the surviving spouse with 120 months guaranteed.

NOTE 3 - SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee, JP Morgan Chase, N.A., has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

(a) Total investments as shown in the accompanying statements of net assets available for benefits of $26,621,431 as of December 31, 2011 and $24,750,086 as of December 31, 2010.

(b) Accrued interest and dividends as shown in the accompanying statements of net assets available for benefits of $29,983 as of December 31, 2011 and $31,930 as of December 31, 2010.

(c) Investment income as shown in the accompanying statements of changes in net assets available for benefits of $710,090 and $2,820,039 for the years ended December 31, 2011 and 2010, respectively.

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

NOTE 4 - INVESTMENTS

The Plan's investments that represent five percent or more of the Plan's net assets available for benefits as of December 31 are as follows:

	2011	2010
Mutual funds		
JPMorgan Core Bond Fund Ultra	$ 9,841,706	$ 9,054,023
JPMorgan Equity Index Fund	10,883,140	10,205,566
JPMorgan Market Expansion Index Fund	4,071,335	3,933,780

Investment income (loss) is comprised of the following for the years ended December 31:

	2011	2010
Interest	$ 513	$ 522
Dividends	999,099	576,902
Gain on sale of investments	271,946	53,800
Net appreciation (depreciation) in fair value of investment in mutual funds	(561,468)	2,188,815
Total	$ 710,090	$ 2,820,039

NOTE 5 - FAIR VALUE OF FINANCIAL INSTRUMENTS

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

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

Level 2- Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;

Level 3- Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

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

Money Market Funds: Valued at dollar per share at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the 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.

NOTE 5 - FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010.

	Assets at Fair Value As of December 31, 2011			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds				
Intermediate Term Bond	$ 9,841,706	$ -	$ -	$ 9,841,706
Large Blend	10,883,140	-	-	10,883,140
MidCap Blend	4,071,335	-	-	4,071,335
Foreign Large Blend	1,309,291	-	-	1,309,291
Money Market Funds	-	515,959	-	515,959
Total assets at fair value	$ 26,105,472	$ 515,959	$ -	$ 26,621,431

	Assets at Fair Value As of December 31, 2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds				
Intermediate Term Bond	$ 9,054,023	$ -	$ -	$ 9,054,023
Large Blend	10,205,566	-	-	10,205,566
MidCap Blend	3,933,780	-	-	3,933,780
Foreign Large Blend	1,203,250	-	-	1,203,250
Money Market Funds	-	353,467	-	353,467
Total assets at fair value	$ 24,396,619	$ 353,467	$ -	$ 24,750,086

NOTE 6 - FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan in amounts that will allow for benefits to be fully provided when a participant retires. The Company made contributions of $2,300,000 and $4,328,248 for the years ending December 31, 2011 and 2010, respectively, which met or exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 7 - PLAN TERMINATION

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

(a) to provide normal Pensions to the extent to which they have not previously been provided for retired Participants;

(b) to provide postponed Pensions for all Participants then in service that are eligible to receive a postponed Pension;

(c) to provide normal Pensions for all Participants then in service who are eligible to retire and receive a normal Pension;

Certain benefits under the Plan are insured by the Pension Benefit Guarantee Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2011 and 2010, that ceiling, which is adjusted periodically, was $4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE 8 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated May 13, 2010, that the Plan, as revised and restated, is in accordance with applicable sections of the Internal Revenue Code (IRC).

NOTE 9 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by JP Morgan Chase Bank, N.A., the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to JP Morgan Chase Bank, N.A. for the investment management services amounted to $7,347 and $6,966 for the years ended December 31, 2011 and 2010, respectively.

NOTE 10 - 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 change could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE 11 - SUBSEQUENT EVENTS

Management evaluated subsequent events through October 12, 2012, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2011, but prior to October 12, 2012 that provide additional evidence about conditions that existed at December 31, 2011, have been recognized in the financial statements for the year ended December 31, 2011. Events or transactions that provided evidence about conditions that did not exist at December 31, 2011 but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended December 31, 2011.

SUPPLEMENTAL SCHEDULES

PENSION PLAN OF DANVILLE METAL STAMPING CO., INC.
FEIN 37-0637099
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral par or maturity value	Cost	Current Value
Money Market Account			
* JPMorgan	Prime Money Market Fund 515,959 shares	$ 515,959	$ 515,959
Mutual Funds			
* JPMorgan	Core Bond Fund Ultra 831,225 shares	9,250,525	9,841,706
* JPMorgan	Equity Index Fund 381,463 shares	9,902,710	10,883,140
* JPMorgan	Market Expansion Index Fund 421,027 shares	4,062,049	4,071,335
* JPMorgan	International Equity Index Fund 84,525 shares	1,458,203	1,309,291
Total Mutual Funds		24,673,487	26,105,472
Total Assets		$ 25,189,446	$ 26,621,431

* A party-in-interest as defined by ERISA.

#NAME?
STAMPING CO., INC.
FEIN 37-0637099
PLAN # 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
#NAME?

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transactions or Series of Transactions in the Same Security					
JPMorgan Equity Index Fund 70,447 shares	$ 1,971,364	$ -	$ 1,971,364	$ 1,971,364	$ -
JPMorgan Equity Index Fund 25,433 shares	$ -	$ 738,676	$ 654,596	$ 738,676	$ 84,080
JPMorgan Prime Money Market Fund 3,604,808 shares	$ 3,604,808	$ -	$ 3,604,808	$ 3,604,808	$ -
JPMorgan Prime Money Market Fund 3,442,316 shares	$ -	$ 3,442,316	$ 3,442,316	$ 3,442,316	$ -
JPMorgan Core Bond Fund Ultra 184,938 shares	$ 2,128,671	$ -	$ 2,128,671	$ 2,128,671	$ -
JPMorgan Core Bond Fund Ultra 143,088 shares	$ -	$ 1,689,892	$ 1,589,970	$ 1,689,892	$ 99,922
JPMorgan Market Expansion Index Fund 119,558 shares	$ 1,208,858	$ -	$ 1,208,858	$ 1,208,858	$ -
JPMorgan Market Expansion Index Fund 64,124 shares	$ -	$ 696,704	$ 615,140	$ 696,704	$ 81,564

Schedule SB Attachment (Form 5500)—2011 Plan Year
Pension Plan of Danville Metal Stamping Co., Inc.
EIN: 37-0637099 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

History of Plan

The Pension Plan of Danville Metal Stamping Co., Inc. was established effective September 1, 1969. The plan has since been amended from time to time.

Effective September 1, 1976, the plan was amended to comply with the Employee Retirement Income Security Act of 1974 (ERISA).

Effective September 1, 1984, the plan was amended and restated to comply with the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), the Tax Reform Act/Deficit Reduction Act of 1984 (DEFRA), and the Retirement Equity Act of 1984 (REA).

Effective January 1, 1987, the plan was amended to provide richer death benefit coverage for active employees who are at least age 60 with at least 20 years of service.

Effective September 1, 1989, the vesting schedule changed from a 10-year cliff to a 5-year cliff schedule.

Effective September 1, 1992, the definition of covered compensation was changed to comply with the Tax Reform Act of 1986, the definition of pay was changed from a pay rate to W-2 earnings plus 401(k) compensation, and the definition of service was changed so that the 1992 plan year, which was shortened to four months, counts as a full year for employees who work 333 hours during those four months.

Effective January 1, 1994, the compensation limit as set forth in section 401(a)(17) of the Code decreased from $235,840 to $150,000.

Effective January 1, 1997, the compensation limit as set forth in section 401(a)(17) of the Code increased from $150,000 to $160,000.

Effective January 1, 2000, the compensation limit as set forth in section 401(a)(17) of the Code increased from $160,000 to $170,000.

Effective January 1, 2002, EGTRRA increased the compensation limit as set forth in section 401(a)(17) of the Code from $170,000 to $200,000 and the defined benefit limit as set forth in section 415 of the Code from $140,000 to $160,000.

Effective January 1, 2004, the compensation limit as set forth in section 401(a)(17) of the Code increased from $200,000 to $205,000.

Effective January 1, 2005, the compensation limit as set forth in section 401(a)(17) of the Code increased from $205,000 to $210,000.

Effective January 1, 2006, the compensation limit as set forth in section 401(a)(17) of the Code increased from $210,000 to $220,000.

Effective January 1, 2007, the compensation limit as set forth in section 401(a)(17) of the Code increased from $220,000 to $225,000.

Effective January 1, 2008, the compensation limit as set forth in section 401(a)(17) of the Code increased from $225,000 to $230,000.

Effective January 1, 2009, the compensation limit as set forth in section 401(a)(17) of the Code increased from $230,000 to $245,000.

Effective Date	September 1, 1969.
Date of Participation	Currently, the first day of the plan year coincident with or next following the employee's attainment of age 20-1/2, provided the employee is a nonunion employee.
Normal Retirement	
Eligibility	Upon attaining age 65.
Monthly Benefit	The sum of (1) and (2) below. 1. 7/8% of average annual compensation not in excess of covered compensation (as defined for service before September 1, 1976) plus 1-1/2% of average annual compensation that is in excess of such covered compensation, the sum times benefit service before September 1, 1976. 2. 7/8% of average annual compensation not in excess of covered compensation (as defined for service after September 1, 1976) plus 1-1/2% of average annual compensation that is in excess of such covered compensation, the sum times benefit service after September 1, 1976 up to a maximum of 35 years minus the benefit service credited in (1) above.
Commencement	At age 65.
Postponed Retirement	
Eligibility	After attaining age 65 and completing five years of plan participation.
Monthly Benefit	The greater of (1) or (2) below. 1. The amount that would have been payable if the employee had retired when he or she attained normal retirement age, increased to the actuarial equivalent as of the benefit commencement date. 2. The amount determined as for normal retirement based on average annual compensation, covered compensation, and benefit service at the time of termination of employment.
Commencement	At termination of employment.

Early Retirement	
Eligibility	After attaining age 55 and completing 10 years of vesting service but before attaining age 65.
Monthly Benefit	The amount determined as for normal retirement based on average annual compensation, covered compensation, and benefit service at the time of termination of employment, reduced by 1/180 for each month up to 60 months plus 1/360 for each month over 60 months by which benefit commencement precedes age 65.
Commencement	Between termination of employment and age 65.
Disability Retirement	
Eligibility	After completing 10 years of vesting service but before attaining age 65.
Monthly Benefit	The amount determined as for normal retirement based on average annual compensation, covered compensation, and benefit service at the time of disability including additional benefit service in some cases for the year in which the disability occurs. (Until age 65, the company provides the same preretirement spouse's benefit as for active employees. After age 65, the benefit is reduced to reflect the death benefit coverage provided under the form of annuity elected by the employee.)
Commencement	On the date that social security disability benefits begin.
Deferred Vested Retirement	
Eligibility	After completing five years of vesting service but before attaining eligibility for early or normal retirement.
Monthly Benefit	The amount determined as for early retirement.
Commencement	For employees with at least 10 years of vesting service: Between age 55 and age 65. For employees with less than 10 years of vesting service: At age 65.

Preretirement Spouse's Benefit	
Eligibility	After being married for at least one year, after becoming vested, and before receiving any benefits under the plan.
Monthly Benefit	For active employees who have attained age 60 and completed 20 years of vesting service: the amount that would have been payable if the employee had terminated employment on the date of death and then begun to receive the plan's 100% joint and survivor annuity (which guarantees benefits for 10 years). For all other employees: 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to earliest retirement age (if not already eligible for retirement), and then begun to receive the plan's 50% joint and survivor annuity (which guarantees benefits for 10 years).
Commencement	At the later of the date of death or the date the employee would have first been eligible for retirement.
Duration	For the spouse's lifetime, with payments guaranteed for 10 years.
Automatic Form of Annuity	For unmarried employees: 10-year certain and life annuity. For married employees: the actuarial equivalent 50% joint and survivor annuity with benefits guaranteed (at the 50% level) for 10 years.
Optional Forms of Annuity	5 or 10 year certain and life annuity, or 50%, 66-2/3%, 75% or 100% joint and survivor annuity.
Definitions	
Actuarial Equivalent	For benefits other than lump-sum benefits: a benefit of equivalent value based on factors obtained by a 90% male/10% female weighting of annuity values derived using the 1971 Group Annuity Mortality Table and an interest rate of 6% per annum, compounded annually.
Average Annual Compensation	1/60 of the highest annual compensation for any 5 consecutive plan years out of the last 10 completed plan years of employment.
Benefit Service	The sum of (1), (2), and (3) below.

1. Except for the short 1992 plan year: the number of plan years beginning on or after September 1, 1976 during which the employee completed 1,000 hours of service, but excluding any plan years completed prior to the employee's 22nd birthday (the employee's 18th birthday, effective September 1, 1985).

2. For the short 1992 plan year: one year if the employee completed 333 hours of service during the 4-month plan year, but not if the plan year was completed prior to the employee's 18th birthday.

3. 1/12 for each completed month of continuous employment before September 1, 1976 and after the employee's 22nd birthday.

Compensation

For plan years beginning on or after September 1, 1992: W-2 earnings plus 401(k) compensation for the calendar year ending with the plan year, subject to the 401(a)(17) limits.

For plan years beginning on or before September 1, 1991: the rate of compensation in effect on the 9/1 at the beginning of the following plan year, subject to the 401(a)(17) limits.

Covered Compensation

For service after September 1, 1976: 1/12 of the average of the taxable wage bases for each calendar year during the 35-year period ending with the last day of the calendar year in which the employee attains (or will attain) social security retirement age; determined assuming that future wage bases will be the same as the current wage base.

For service before September 1, 1976: the amount according to the table below.

Year of Birth	Covered Compensation
1903 or earlier	$400
1904 – 1906	$450
1907 – 1913	$500
1914 – 1928	$550
1929 – 1935	$600
1936 or later	$650

Plan Year	Each calendar year
Vesting Service	The sum of (1) and (2) below. 1. The employee's benefit service after September 1, 1976. 2. The employee's "credited service" as of September 1, 1976 according to the provisions of the plan in effect on August 31, 1976.

Plan Changes since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Please see the required attachment **Schedule of Assets** in the PDF file named **Accountant's Opinion.**

Schedule SB Attachment (Form 5500)—2011 Plan Year
Pension Plan of Danville Metal Stamping Co., Inc.
EIN: 37-0637099 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		10	5							
25-29		7	9	1						
30-34		7	4	12						
35-39		12	9	8	2					
40-44		6	7	21		7	4			
45-49		8	9	12		9	11			
50-54		5	10	16		11	15	18		
55-59		7	2	13		7	20	12	2	
60-64		6	6	7		7	6	3	7	
65-69			1							
70+										

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Schedule SB Attachment (Form 5500)—2011 Plan Year
Pension Plan of Danville Metal Stamping Co., Inc.
EIN: 37-0637099 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest rates	Based on segment rates with a four-month lookback (as of September 2010)
1st segment rate	3.78%
2nd segment rate	6.31%
3rd segment rate	6.57%
Salary increases	
Minimum funding target normal cost and maximum tax expected benefit increase	5.00% per annum for the first 5 years of employment and 3.00% per year thereafter
Social Security wage base increases	Future wage indices are based on a national wage increase of 3.00% per year
Optional payment form election percentage	40% 10-year certain and life annuity 30% joint and 100% survivor annuity 30% joint and 50% survivor annuity
Optional payment form conversion interest rate	N/A
Optional payment form conversion mortality	N/A
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 65
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal rates	See Table 2
Disability rates	See Table 3
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving spouse benefit	It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation compensation	2010 pensionable earnings rolled forward one year with the salary increase assumption.

Benefit and compensation limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $195,000 and the 401(a)(17) compensation limit of $245,000.
Valuation of plan assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)©(iii).
Expected return on assets	
2009 plan year	6.69%
2010 plan year	6.76%
Trust expenses included in target normal cost	None
Actuarial method	Standard unit credit cost method
Valuation date	January 1, 2011

Table 1

Retirement Rates

Age	Rate
55	1.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	25.00%
61	27.50%
62	30.00%
63	10.00%
64	20.00%
65+	100.00%

Table 2

Withdrawal Rates

Years of Service						
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
16	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
17	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
18	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
19	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.30%	14.30%	14.30%
26	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%
27	12.80%	12.80%	12.80%	12.80%	12.80%	12.80%
28	12.70%	12.10%	12.10%	12.10%	12.10%	12.10%
29	12.70%	11.90%	11.50%	11.50%	11.50%	11.50%
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55+	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	40	0.08%	0.13%
16	0.03%	0.03%	41	0.09%	0.15%
17	0.03%	0.03%	42	0.10%	0.17%
18	0.03%	0.03%	43	0.12%	0.19%
19	0.03%	0.03%	44	0.14%	0.22%
20	0.03%	0.03%	45	0.16%	0.24%
21	0.03%	0.03%	46	0.18%	0.27%
22	0.03%	0.03%	47	0.21%	0.30%
23	0.03%	0.03%	48	0.25%	0.33%
24	0.03%	0.03%	49	0.28%	0.36%
25	0.03%	0.03%	50	0.33%	0.40%
26	0.03%	0.03%	51	0.39%	0.44%
27	0.03%	0.03%	52	0.46%	0.49%
28	0.03%	0.04%	53	0.53%	0.54%
29	0.03%	0.04%	54	0.61%	0.59%
30	0.03%	0.04%	55	0.69%	0.64%
31	0.03%	0.05%	56	0.77%	0.69%
32	0.03%	0.05%	57	0.86%	0.74%
33	0.03%	0.06%	58	0.95%	0.80%
34	0.03%	0.06%	59	1.05%	0.85%
35	0.04%	0.07%	60	1.15%	0.90%
36	0.04%	0.08%	61	1.26%	0.96%
37	0.05%	0.09%	62	1.38%	1.01%
38	0.06%	0.10%	63	1.51%	1.05%
39	0.07%	0.12%	64	1.64%	1.09%
			65+	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2011 Plan Year
Pension Plan of Danville Metal Stamping Co., Inc.
EIN: 37-0637099 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$483,307	January 1, 2008	4	$127,632
Shortfall	$520,549	January 1, 2009	5	$111,975
Shortfall	$2,950,853	January 1, 2010	6	$547,954
Shortfall	$1,852,815	January 1, 2011	7	$304,843

Schedule SB Attachment (Form 5500)—2011 Plan Year
Pension Plan of Danville Metal Stamping Co., Inc.
EIN: 37-0637099 PN: 001

Schedule SB, line 24—Change in Funding Method

- A change in the interest rate assumption from segment rates of 4.60%, 6.65%, and 6.76% (as of January 2010) to segment rates of 3.78%, 6.31%, and 6.57% (as of September 2010).
- This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Pension Plan of Danville Metal Stamping Co., Inc.
EIN: 37-0637099 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest rates	Based on segment rates with a four-month lookback (as of September 2010)
1st segment rate	3.78%
2nd segment rate	6.31%
3rd segment rate	6.57%
Salary increases	
Minimum funding target normal cost and maximum tax expected benefit increase	5.00% per annum for the first 5 years of employment and 3.00% per year thereafter
Social Security wage base increases	Future wage indices are based on a national wage increase of 3.00% per year
Optional payment form election percentage	40% 10-year certain and life annuity 30% joint and 100% survivor annuity 30% joint and 50% survivor annuity
Optional payment form conversion interest rate	N/A
Optional payment form conversion mortality	N/A
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 65
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal rates	See Table 2
Disability rates	See Table 3
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving spouse benefit	It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation compensation	2010 pensionable earnings rolled forward one year with the salary increase assumption.

Benefit and compensation limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $195,000 and the 401(a)(17) compensation limit of $245,000.
Valuation of plan assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)©(iii).
Expected return on assets	
2009 plan year	6.69%
2010 plan year	6.76%
Trust expenses included in target normal cost	None
Actuarial method	Standard unit credit cost method
Valuation date	January 1, 2011

Table 1

Retirement Rates

Age	Rate
55	1.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	25.00%
61	27.50%
62	30.00%
63	10.00%
64	20.00%
65+	100.00%

Table 2

Withdrawal Rates

Years of Service						
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
16	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
17	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
18	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
19	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.30%	14.30%	14.30%
26	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%
27	12.80%	12.80%	12.80%	12.80%	12.80%	12.80%
28	12.70%	12.10%	12.10%	12.10%	12.10%	12.10%
29	12.70%	11.90%	11.50%	11.50%	11.50%	11.50%
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55+	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	40	0.08%	0.13%
16	0.03%	0.03%	41	0.09%	0.15%
17	0.03%	0.03%	42	0.10%	0.17%
18	0.03%	0.03%	43	0.12%	0.19%
19	0.03%	0.03%	44	0.14%	0.22%
20	0.03%	0.03%	45	0.16%	0.24%
21	0.03%	0.03%	46	0.18%	0.27%
22	0.03%	0.03%	47	0.21%	0.30%
23	0.03%	0.03%	48	0.25%	0.33%
24	0.03%	0.03%	49	0.28%	0.36%
25	0.03%	0.03%	50	0.33%	0.40%
26	0.03%	0.03%	51	0.39%	0.44%
27	0.03%	0.03%	52	0.46%	0.49%
28	0.03%	0.04%	53	0.53%	0.54%
29	0.03%	0.04%	54	0.61%	0.59%
30	0.03%	0.04%	55	0.69%	0.64%
31	0.03%	0.05%	56	0.77%	0.69%
32	0.03%	0.05%	57	0.86%	0.74%
33	0.03%	0.06%	58	0.95%	0.80%
34	0.03%	0.06%	59	1.05%	0.85%
35	0.04%	0.07%	60	1.15%	0.90%
36	0.04%	0.08%	61	1.26%	0.96%
37	0.05%	0.09%	62	1.38%	1.01%
38	0.06%	0.10%	63	1.51%	1.05%
39	0.07%	0.12%	64	1.64%	1.09%
			65+	0.00%	0.00%

Form 5500

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110
1210 - 0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
PENSION PLAN OF DANVILLE METAL STAMPING CO., INC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1969

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

DANVILLE METAL STAMPING CO., INC

20 OAKWOOD AVENUE

DANVILLE IL 61832

2b Employer Identification Number (EIN) 37-0637099

2c Sponsor's telephone number 217-446-0647

2d Business code (see instructions) 336410

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	Judd C. Peck Signature of plan administrator	10/15/2012 Date	Judd C. Peck Enter name of individual signing as plan administrator
SIGN HERE	Judd C. Peck Signature of employer/plan sponsor	10/15/2012 Date	Judd C. Peck 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

11040
11-15-11

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")	3b Administrator's EIN
SAME	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN
	4c PN

5 Total number of participants at the beginning of the plan year	5	669
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	388
b Retired or separated participants receiving benefits	6b	141
c Other retired or separated participants entitled to future benefits	6c	108
d Subtotal. Add lines 6a, 6b, and 6c	6d	637
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	68
f Total. Add lines 6d and 6e	6f	705
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions:
1C

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

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

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

a Pension Schedules		b General Schedules		
(1) R (Retirement Plan Information)	X	(1) H (Financial Information)	X	
(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) I (Financial Information - Small Plan)		
		(3) A (Insurance Information)		
		(4) C (Service Provider Information)		
(3) SB (Single Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	X	(5) D (DFE/Participating Plan Information)		
		(6) G (Financial Transaction Schedules)		

Please see the required attachment **Schedule of Reportable Transactions** in the PDF file named **Accountant's Opinion.**

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

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

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

A Name of plan

Pension Plan of Danville Metal Stamping Co., Inc.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Danville Metal Stamping Co., Inc.

D Employer Identification Number (EIN)

37-0637099

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

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

Part I Basic Information

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

2	Assets:			
	a Market value		**2a**	27,484,609
	b Actuarial value		**2b**	25,713,923
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	202	15,590,968
	b For terminated vested participants	**3b**	106	1,789,864
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		628,541
	(2) Vested benefits	**3c(2)**		11,608,183
	(3) Total active	**3c(3)**	361	12,236,724
	d Total	**3d**	669	29,617,556
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.29 %
6	Target normal cost		**6**	726,415

Statement by Enrolled Actuary

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

SIGN HERE Karen A Hirschhorn (KAH)

Signature of actuary

09/21/2012

Date

Karen A. Hirschhorn

Type or print name of actuary

11-04099

Most recent enrollment number

Hewitt Associates LLC

Firm name

(847) 295-5000

Telephone number (including area code)

100 Half Day Road

Lincolnshire IL 60069-3342

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	3,447	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	3,447	0
10	Interest on line 9 using prior year's actual return of 12.88%	444	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		2,559,077
	b Interest on (a) using prior year's effective rate of 6.58% except as otherwise provided (see instructions)		168,387
	c Total available at beginning of current plan year to add to prefunding balance		2,727,464
	d Portion of (c) to be added to prefunding balance		1,900,000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3,891	1,900,000

Part III Funding percentages

14	Funding target attainment percentage	14	80.39 %
15	Adjusted funding target attainment percentage	15	80.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2012	1,300,000				
05/09/2012	1,000,000				
			Totals • 18(b)	2,300,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,123,353

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	726,415
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5,807,524	1,092,404
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,818,819

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	3,891	1,476,627	1,480,518

36 Additional cash requirement (line 34 minus line 35)	**36**	338,301
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,123,353
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,785,052
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,480,518
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

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