

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), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>08/01/2010</u>			
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☒ the final return/report; ☒ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	▶ ☐		
D Check box if filing under:	☐ Form 5558; ☐ special extension (enter description)	☐ automatic extension;	☐ the DFVC program;

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>HAGGLUNDS DRIVES, INC. SALARIED PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HAGGLUNDS DRIVES, INC.</u> <u>2800 SOUTH 25TH AVENUE</u> <u>BROADVIEW, IL 60155</u>		1c Effective date of plan <u>01/01/2000</u>	
2b Employer Identification Number (EIN) <u>31-1388467</u>		2c Sponsor's telephone number <u>708-865-5200</u>	
2d Business code (see instructions) <u>332900</u>		<div style="background-color: #cccccc; height: 40px;"></div>	

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.	<u>12/22/2010</u>	<u>GARY GRABARCZYK</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>12/22/2010</u>	<u>GARY GRABARCZYK</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
	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 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HAGGLUNDS DRIVES, INC. 2800 SOUTH 25TH AVENUE BROADVIEW, IL 60155	3b Administrator's EIN 31-1388467 3c Administrator's telephone number 708-865-5200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	39
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	18
b Retired or separated participants receiving benefits.....	6b	7
c Other retired or separated participants entitled to future benefits.....	6c	12
d Subtotal. Add lines 6a , 6b , and 6c	6d	37
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	39
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3H 1I

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/01/2010

▶ **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 <u>HAGGLUNDS DRIVES, INC. SALARIED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HAGGLUNDS DRIVES, INC.</u>	D Employer Identification Number (EIN) <u>31-1388467</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>1552547</u>
b Actuarial value	2b <u>1633128</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>6</u> <u>351876</u>
b For terminated vested participants	3b <u>13</u> <u>346687</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>179511</u>
(2) Vested benefits	3c(2) <u>603656</u>
(3) Total active	3c(3) <u>20</u> <u>783167</u>
d Total	3d <u>39</u> <u>1481730</u>
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.74</u> %
6 Target normal cost	6 <u>0</u>

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	<u>12/20/2010</u>
Signature of actuary	Date
<u>NICOLE M. STOPOULOS</u>	<u>08-05133</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON PENNSYLVANIA, INC.</u>	<u>312-525-2500</u>
Firm name	Telephone number (including area code)
<u>191 NORTH WACKER DRIVE, SUITE 2100</u> <u>CHICAGO, IL 60606-1615</u>	
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 ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

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 (Item 13 from prior year)	354371	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	354371	0
10	Interest on item 9 using prior year's actual return of <u>7.71</u> %	27322	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.74</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	381693	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	110.21 %
15	Adjusted funding target attainment percentage.....	15	110.21 %
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	127.50 %
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
Totals ▶			18(b)	0	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 contribution 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		0
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No			
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/01/2010

<div>A</div> <div>Name of plan</div> <div>HAGGLUNDS DRIVES, INC. SALARIED PENSION PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>HAGGLUNDS DRIVES, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>31-1388467</div>

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☐ No

b

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

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: MEGAN E. SCHAFFERNOCKER	b EIN: 13-2834414
c Position: ENROLLED ACTUARY	
d Address: 325 JOHN H MCCONNELL BLVD STE 350 COLUMBUS, OH 43215-2671	e Telephone: 614-227-5500

Explanation: CHANGE IN ACTUARIAL FIRM

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/01/2010		
<div>A Name of plan</div> <div>HAGGLUNDS DRIVES, INC. SALARIED PENSION PLAN</div>		<div>B Three-digit plan number (PN)</div> <div>002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>HAGGLUNDS DRIVES, INC.</div>		<div>D Employer Identification Number (EIN)</div> <div>31-1388467</div>

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	1552547	0
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	1552547	0
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)		
(2) Participants	2a(2)		
(3) Others (including rollovers)	2a(3)	3055	
b Noncash contributions	2b		
c Other income	2c	15485	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		18540
e Benefits paid (including direct rollovers)	2e	19773	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h	251	
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		20024
k Net income (loss) (subtract line 2j from line 2d)	2k		-1484
l Transfers to (from) the plan (see instructions)	2l		-1551063

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests	3a	X	
b Employer real property	3b	X	
c Real estate (other than employer real property)	3c	X	
d Employer securities	3d	X	
e Participant loans	3e	X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	X		506559
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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)
PENSION PLAN FOR DISCONTINUED OPERATIONS OF ROBERT BOSCH	36-2903176	010

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/01/2010

A Name of plan <u>HAGGLUNDS DRIVES, INC. SALARIED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAGGLUNDS DRIVES, INC.</u>	D Employer Identification Number (EIN) <u>31-1388467</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-2636152</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

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):

Hagglunds Drives, Inc. Salaried Pension Plan
EIN 31-1388467 PLAN 002

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

For each active participant, an expected retirement age was calculated weighted in proportion to the probability (as shown in the retirement rates table in the attachment to Schedule SB, Part V – Statement of Actuarial Assumptions/Methods) that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 61 is the arithmetic average of the expected retirement ages of all participants on January 1, 2010.

Hagglunds Drives, Inc. Salaried Pension Plan
EIN 31-1388467 PLAN 002
Schedule SB, line 25 – Change in Method

Aspect of the Valuation	Old	New
Valuation Interest Rate	The valuation interest rate is the IRS prescribed yield curve for November based on bond yields through the preceding October	The valuation interest rate is the IRS prescribed 24-month segments rates for September based on bond yields through the preceding August

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

The prior actuary, Megan E. Schaffernocker, enrollment number 08-06493, has been replaced by Nicole M. Stopoulos, enrollment number 08-05133, due to change in actuarial firm.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2010 This Form Is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/01/2010

► **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 Hagglunds Drives, Inc. Salaried Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hagglunds Drives, Inc.	D Employer Identification Number (EIN) 31-1388467	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	1,552,547	
b Actuarial value.....	2b	1,633,128	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	6	351,876
b For terminated vested participants.....	3b	13	346,687
c For active participants:			
(1) Non-vested benefits.....	3c(1)		179,511
(2) Vested benefits.....	3c(2)		603,656
(3) Total active.....	3c(3)	20	783,167
d Total.....	3d	39	1,481,730
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.74 %	
6 Target normal cost.....	6	0	

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	<div style="text-align: center;"> Nicole M. Stopoulos Signature of actuary </div> <div style="text-align: center;"> NICOLE M. STOPOULOS Type or print name of actuary TOWERS WATSON PENNSYLVANIA, INC. Firm name 191 NORTH WACKER, SUITE 2100 CHICAGO IL 60606-1615 Address of the firm </div>	<div style="text-align: center;"> <u>Dec. 20, 2010</u> Date 08-05133 Most recent enrollment number (312) 525-2500 Telephone number (including area code) </div>
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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 (Item 13 from prior year)	354,371	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	354,371	0
10	Interest on item 9 using prior year's actual return of <u>7.71</u> %	27,322	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.74</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	381,693	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	110.21 %
15	Adjusted funding target attainment percentage.....	15	110.21 %
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	127.50 %
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	
Totals ▶		18(b)	0 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 contribution 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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (item 31 + item 32a + item 32b - item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Actuarial Assumptions (cont'd.)

Hagglunds
Drives

■ Funding Target	
▶ Interest Rate	
Applicable Month	September 2009*
Yield curve basis	Segment Rates
Transition from current liability rates	No
▶ Funding interest rates	
Segment 1	5.03%
Segment 2	6.73%
Segment 3	6.82%
▶ Effective interest rate	6.72%
▶ Salary Increases	N/A
▶ Wage Base	N/A
▶ Index Limit on Pay & Benefits	N/A
▶ Lump Sum Conversion Basis	N/A
▶ Interest Rate	N/A
▶ Mortality Table	N/A
▶ Cash Balance Interest Crediting Rate	N/A

* The valuation interest rate is the IRS prescribed 24-month segment rates for September based on bond yields through the preceeding August.

Actuarial Assumptions (cont'd.)

		Hagglunds Drives
Demographic Assumptions		
■ Mortality - PPA	2010 plan year "static" annuitant and non-annuitant mortality tables prescribed by the IRS for the plan year, per Reg. 1.430(h)(3)-1(e).	
■ Termination (Sample Rates: 5 years of service or more)*		
▶ Age 25		3.90%
▶ Age 40		1.88%
▶ Age 50		1.12%
▶ Age 55		0.00%
■ Disability (Sample Rates: Male / Female)		
▶ Age 25		N/A
▶ Age 40		N/A
▶ Age 50		N/A
▶ Age 55		N/A
■ Retirement (Sample Rates)		
▶ Age 55		0%
▶ Age 60		10%
▶ Age 62		10%
▶ Age 65		100%
▶ Age 70		100%
■ Retirement (Sample rates: 30 years of service or more)		
▶ Age 55		0%
▶ Age 60		10%
▶ Age 62		100%
▶ Age 65		100%
▶ Age 70		100%
■ Weighted Average Retirement Age (Less than 30 years of service)		61
■ Administrative Expenses		
▶ Funding Target	2009 Actual Trust Expenses limited to 5% of Fair Value of Assets	
■ Percentage Married		
▶ Males		80%
▶ Females		80%
■ Spouse age	Wives 4 years younger than husbands	
■ Form of payment		Normal

* Rates may differ for those with less than 5 years of service

Hagglunds Drives, Inc. Salaried Pension Plan
EIN 31-1388467 PLAN 002

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

The following items offer more detail with regard to the Actuarial Assumptions and Methods attachment.

- The following table summarizes the optional form of payment assumptions used in the actuarial valuation with regard to the form of payment that plan participants are expected to select.

<u>Optional Form of payment</u>	<u>Payment method assumption</u>
Single life annuity	20%
Joint and 50% survivor annuity	0%
Joint and 75% survivor annuity	0%
Joint and 100% survivor annuity	80%
Lump Sum (if less than \$5,000)	0%

Plan Provisions – Hagglunds Drives

Effective Date	January 1, 2000. The plan was last amended effective as of January 1, 2008.
Eligibility	<p>Each employee who was a Participant on December 31, 1999 of the MacGregor (USA), Inc. Salaried Pension Plan became a participant as of January 1, 2000. No new participants can enter the plan after January 1, 2000.</p> <p>Note: No Credited Service earned after December 31, 1999.</p>
Definitions	<p>Service: Continuous employment with the Company (including service with Abex Corporation.)</p> <p>Credited Service: No credited service accrued after December 31, 1999.</p> <p>Pensionable Earnings:</p> <ul style="list-style-type: none">• Prior to January 1, 1994 — Total cash remuneration, including overtime, commissions and incentive compensation, but excluding other forms of irregular payments.• Post January 1, 1994 — W-2 Earnings• No compensation earned after December 31, 1999 will be used to calculate the accrued benefit• All earnings are limited to IRC §401(a)(17) limits. <p>Average Earnings: Highest average pensionable earnings during 60 consecutive months.</p> <p>Actuarial Equivalence:</p> <ul style="list-style-type: none">• Mortality: RP2000 projected to 2015, combined, no collar, male for participant, female for beneficiary.• Interest: 7.00%
Eligibility for Benefits	
Normal Retirement	A participant is eligible for normal retirement on the first day of the month coincident with or next following attainment of age 65.
Early Retirement	Participants are eligible for Early Retirement after attainment of age 55 and completion of 10 years of continuous service. Certain grandfathered participants are eligible to retire after age plus service equal or exceeds 75.
Postponed Retirement	The first day of the month subsequent to the participant's normal retirement date and following actual termination of employment.
Vested Pension	A participant is entitled to a vested pension benefit upon completion of 5 years of vesting service.
Spouse's Pension	The eligible surviving spouse of a vested participant will receive benefits payable at the participant's earliest retirement date or immediately if the participant was eligible for retirement on the date of death.

Forms of Payment

Normal Form	The normal form of benefit for a single participant is a single life annuity payable monthly. The normal form of payment for a married participant is a 100% Qualified Joint and Survivor Annuity that is actuarially equivalent to a single life annuity payable monthly.
Optional Forms	Optional forms of payment may be taken on an actuarially equivalent basis if the participant does not elect the Normal Form. This includes a single life annuity, lump sum payment (if less than \$5,000), joint and 50% survivor annuity, joint and 100% survivor annuity.

Amounts of Benefits

Normal Retirement	<p>Benefit payable for life of the participant equal to (i) + (ii) but not less than (iii) or (iv):</p> <ul style="list-style-type: none">i. 1.05% of Average Annual Compensation times Years of Credited Service not in excess of 30 years;ii. 0.45% of Average Annual Compensation in excess of Covered Compensation times years of Credited Service to a maximum of 30 years;iii. The participant's accrued benefit under the prior plan in effect December 31, 1989;iv. The participant's accrued benefit under the Prior Plan Formula in effect December 31, 1995. <p>Participants who are due benefits from Abex Corporation, ASEA Hägglunds, Inc., and ABB Power Generation, Inc. will have the above benefit offset by their accrued benefit under those plans to yield a net benefit due.</p>
Early Retirement	The Normal Retirement Benefit reduced by 1/3 of 1% for each month the benefit commencement date precedes Normal Retirement. However, for a participant who retires with more than 30 years of service, the benefit is reduced by 1/3 of 1% for each month the benefit commencement date precedes the participant's 62nd birthday. (Certain grandfathered participants get their reduction calculated from their 60 th birthday.)
Postponed Retirement	The benefit is deferred and the participant will receive a monthly income based upon Service and Monthly Earnings with an actuarial increase up to actual retirement date.
Vested Pension	A participant will receive a monthly benefit calculated in the same way as the Normal Retirement Benefit upon attaining retirement age.
Spouse's Pension	A participant's spouse will receive a monthly benefit equal to a 100% Joint & Survivorship benefit, payable at the first eligible age after death.

Changes in Plan Provisions Since Prior Valuation

Plan provisions have not changed since the prior year except to reflect any current year changes in the Internal Revenue Code maximum on benefits and pay.

Hagglunds Drives, Inc. Salaried Pension Plan
EIN 31-1388467 PLAN 002

Schedule SB, Part V – Summary of Plan Provisions

Benefits are generally converted from the normal form of payment to the optional form of payment on an actuarially equivalent basis, which varies depending on the plan formula. Benefits accrued under multiple prior plan formulas may be converted using multiple bases.

The following actuarial equivalence bases apply to the Hagglunds Drives, Inc. Salaried Pension Plan:

<u>Form</u>	<u>Mortality</u>	<u>Interest</u>
All but Lump Sum	RP 2000, Projected to 2015, Combined, No collar, sex-distinct	7.00%
Lump Sum	417(e)(3) Applicable Mortality Table	417(e)(3) prescribed segment rates, based on bond yields for the November prior to commencement

Note that this summary is intended to be a reasonably representative sample of the optional form conversion factors for the plan. It is not intended to be an exhaustive list of all the factors used in the conversion of benefits from the normal form of payment to any optional form of payment offered by the plan.

Actuarial Assumptions (cont'd.)

Hagglunds
Drives

■ Funding Target	
▶ Interest Rate	
Applicable Month	September 2009*
Yield curve basis	Segment Rates
Transition from current liability rates	No
▶ Funding interest rates	
Segment 1	5.03%
Segment 2	6.73%
Segment 3	6.82%
▶ Effective interest rate	6.72%
▶ Salary Increases	N/A
▶ Wage Base	N/A
▶ Index Limit on Pay & Benefits	N/A
▶ Lump Sum Conversion Basis	N/A
▶ Interest Rate	N/A
▶ Mortality Table	N/A
▶ Cash Balance Interest Crediting Rate	N/A

* The valuation interest rate is the IRS prescribed 24-month segment rates for Sepember based on bond yields through the preceeding August.

Actuarial Assumptions (cont'd.)

		Hagglunds Drives
Demographic Assumptions		
■ Mortality - PPA	2010 plan year "static" annuitant and non-annuitant mortality tables prescribed by the IRS for the plan year, per Reg. 1.430(h)(3)-1(e).	
■ Termination (Sample Rates: 5 years of service or more)*		
▶ Age 25		3.90%
▶ Age 40		1.88%
▶ Age 50		1.12%
▶ Age 55		0.00%
■ Disability (Sample Rates: Male / Female)		
▶ Age 25		N/A
▶ Age 40		N/A
▶ Age 50		N/A
▶ Age 55		N/A
■ Retirement (Sample Rates)		
▶ Age 55		0%
▶ Age 60		10%
▶ Age 62		10%
▶ Age 65		100%
▶ Age 70		100%
■ Retirement (Sample rates: 30 years of service or more)		
▶ Age 55		0%
▶ Age 60		10%
▶ Age 62		100%
▶ Age 65		100%
▶ Age 70		100%
■ Weighted Average Retirement Age (Less than 30 years of service)		61
■ Administrative Expenses		
▶ Funding Target	2009 Actual Trust Expenses limited to 5% of Fair Value of Assets	
■ Percentage Married		
▶ Males		80%
▶ Females		80%
■ Spouse age	Wives 4 years younger than husbands	
■ Form of payment		Normal

* Rates may differ for those with less than 5 years of service

► Actuarial value of assets*

Hagglunds
DrivesPresent value of
accrued benefits

Equal to a two-year smoothed value of assets including receivable contributions as prescribed under IRS regulation. The actuarial value must be within 10% of market value.

* The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules and Bosch's current expected asset return, the method has a bias to produce an actuarial value of assets that is below the market value of assets.

Benefits Not Valued

All benefits summarized in the plan provisions section have been valued.

Changes in Methods and Assumptions Since Last Year

For contribution purposes:

The valuation interest rate changed from the IRS prescribed yield curve based on bond yields for October, 2008 to the IRS prescribed 24-month average segment rates for September based on bond yields through the preceeding August, as provided under the Pension Protection Act of 2006 (PPA).

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

Data Sources

Towers Watson used asset data supplied by the trustee. The Company furnished participant data, the dates and amounts of the prior year contributions as well as the accrued pension cost at year-end.

Data was reviewed for reasonableness and consistency, but no audit was performed. Towers Watson is not aware of any errors or omissions in the data that would significantly affect the valuation results.

Hagglunds Drives, Inc. Salaried Pension Plan
EIN 31-1388467 PLAN 002

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

The following items offer more detail with regard to the Actuarial Assumptions and Methods attachment.

- The following table summarizes the optional form of payment assumptions used in the actuarial valuation with regard to the form of payment that plan participants are expected to select.

<u>Optional Form of payment</u>	<u>Payment method assumption</u>
Single life annuity	20%
Joint and 50% survivor annuity	0%
Joint and 75% survivor annuity	0%
Joint and 100% survivor annuity	80%
Lump Sum (if less than \$5,000)	0%

Plan Provisions – Hagglunds Drives

Effective Date	January 1, 2000. The plan was last amended effective as of January 1, 2008.
Eligibility	<p>Each employee who was a Participant on December 31, 1999 of the MacGregor (USA), Inc. Salaried Pension Plan became a participant as of January 1, 2000. No new participants can enter the plan after January 1, 2000.</p> <p>Note: No Credited Service earned after December 31, 1999.</p>
Definitions	<p>Service: Continuous employment with the Company (including service with Abex Corporation.)</p> <p>Credited Service: No credited service accrued after December 31, 1999.</p> <p>Pensionable Earnings:</p> <ul style="list-style-type: none">• Prior to January 1, 1994 — Total cash remuneration, including overtime, commissions and incentive compensation, but excluding other forms of irregular payments.• Post January 1, 1994 — W-2 Earnings• No compensation earned after December 31, 1999 will be used to calculate the accrued benefit• All earnings are limited to IRC §401(a)(17) limits. <p>Average Earnings: Highest average pensionable earnings during 60 consecutive months.</p> <p>Actuarial Equivalence:</p> <ul style="list-style-type: none">• Mortality: RP2000 projected to 2015, combined, no collar, male for participant, female for beneficiary.• Interest: 7.00%
Eligibility for Benefits	
Normal Retirement	A participant is eligible for normal retirement on the first day of the month coincident with or next following attainment of age 65.
Early Retirement	Participants are eligible for Early Retirement after attainment of age 55 and completion of 10 years of continuous service. Certain grandfathered participants are eligible to retire after age plus service equal or exceeds 75.
Postponed Retirement	The first day of the month subsequent to the participant's normal retirement date and following actual termination of employment.
Vested Pension	A participant is entitled to a vested pension benefit upon completion of 5 years of vesting service.
Spouse's Pension	The eligible surviving spouse of a vested participant will receive benefits payable at the participant's earliest retirement date or immediately if the participant was eligible for retirement on the date of death.

Forms of Payment

Normal Form	The normal form of benefit for a single participant is a single life annuity payable monthly. The normal form of payment for a married participant is a 100% Qualified Joint and Survivor Annuity that is actuarially equivalent to a single life annuity payable monthly.
Optional Forms	Optional forms of payment may be taken on an actuarially equivalent basis if the participant does not elect the Normal Form. This includes a single life annuity, lump sum payment (if less than \$5,000), joint and 50% survivor annuity, joint and 100% survivor annuity.

Amounts of Benefits

Normal Retirement	<p>Benefit payable for life of the participant equal to (i) + (ii) but not less than (iii) or (iv):</p> <ol style="list-style-type: none">1.05% of Average Annual Compensation times Years of Credited Service not in excess of 30 years;0.45% of Average Annual Compensation in excess of Covered Compensation times years of Credited Service to a maximum of 30 years;The participant's accrued benefit under the prior plan in effect December 31, 1989;The participant's accrued benefit under the Prior Plan Formula in effect December 31, 1995. <p>Participants who are due benefits from Abex Corporation, ASEA Hägglunds, Inc., and ABB Power Generation, Inc. will have the above benefit offset by their accrued benefit under those plans to yield a net benefit due.</p>
Early Retirement	The Normal Retirement Benefit reduced by 1/3 of 1% for each month the benefit commencement date precedes Normal Retirement. However, for a participant who retires with more than 30 years of service, the benefit is reduced by 1/3 of 1% for each month the benefit commencement date precedes the participant's 62nd birthday. (Certain grandfathered participants get their reduction calculated from their 60 th birthday.)
Postponed Retirement	The benefit is deferred and the participant will receive a monthly income based upon Service and Monthly Earnings with an actuarial increase up to actual retirement date.
Vested Pension	A participant will receive a monthly benefit calculated in the same way as the Normal Retirement Benefit upon attaining retirement age.
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Robert Bosch LLC
Hagglunds Drives
Schedule of Active Participants

		Years of Service									
Attained Age		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
Under 25	Number	0	0	0	0	0	0	0	0	0	0
25-29	Number	0	0	0	0	0	0	0	0	0	0
30-34	Number	0	1	0	0	0	0	0	0	0	0
35-39	Number	0	2	1	0	0	0	0	0	0	0
40-44	Number	0	1	0	0	0	0	0	0	0	0
45-49	Number	0	0	1	1	3	0	0	0	0	0
50-54	Number	0	1	0	1	2	1	0	0	0	0
55-59	Number	0	1	1	1	0	0	0	0	0	0
60-64	Number	0	0	1	1	0	0	0	0	0	0
65-69	Number	0	0	0	0	0	0	0	0	0	0
70 & Up	Number	0	0	0	0	0	0	0	0	0	0