

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). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>05/01/2009</u> and ending <u>04/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>003</td> </tr> <tr> <td>1c Effective date of plan</td> <td>05/01/2008</td> </tr> </table>	1b Three-digit plan number (PN) ►	003	1c Effective date of plan	05/01/2008		
1b Three-digit plan number (PN) ►	003						
1c Effective date of plan	05/01/2008						
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) KYKLOS BEARING INTERNATIONAL, LLC. 2509 HAYES AVENUE SANDUSKY, OH 44870	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>26-1979555</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>419-627-7000</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>336300</td> </tr> </table>	2b Employer Identification Number (EIN)	26-1979555	2c Sponsor's telephone number	419-627-7000	2d Business code (see instructions)	336300
2b Employer Identification Number (EIN)	26-1979555						
2c Sponsor's telephone number	419-627-7000						
2d Business code (see instructions)	336300						

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.	02/10/2011	DIANE KEEGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/10/2011	DIANE KEEGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") KYKLOS BEARING INTERNATIONAL, LLC. 2509 HAYES AVENUE SANDUSKY, OH 44870	3b Administrator's EIN 26-1979555 3c Administrator's telephone number 419-627-7000
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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	751
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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	689
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	53
d Subtotal. Add lines 6a , 6b , and 6c	6d	742
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	742
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	8

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 1C 1G 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

▶ **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>INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KYKLOS BEARING INTERNATIONAL, LLC.</u>	D Employer Identification Number (EIN) <u>26-1979555</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>05</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>1112120</u>
b	Actuarial value 2b <u>1112120</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>43</u> <u>7570</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>571212</u>
(2)	Vested benefits 3c(2) <u>334868</u>
(3)	Total active 3c(3) <u>708</u> <u>906080</u>
d	Total 3d <u>751</u> <u>913650</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>7.53</u> %
6	Target normal cost 6 <u>1039758</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>02/01/2011</u>
Signature of actuary	Date
<u>LAWRENCE E. SCHERER</u>	<u>08-06389</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>216-830-8000</u>
Firm name	Telephone number (including area code)
<u>200 PUBLIC SQUARE, SUITE 900</u> <u>CLEVELAND, OH 44114-2312</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) 2009
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)	0	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).....	0	0
10 Interest on item 9 using prior year's actual return of <u>0.00</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		5695
b Interest on (a) using prior year's effective rate of <u>6.17</u> %		351
c Total available at beginning of current plan year to add to prefunding balance		6046
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	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	121.72 %
15 Adjusted funding target attainment percentage.....	15	121.72 %
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	100.00 %
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
01/12/2011	1180000				
			Totals ►	18(b)	1180000
				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	1042890
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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 1
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	
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	841288
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	841288
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	841288
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1042890
38 Interest-adjusted excess contributions for current year (see instructions).....	38	201602
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

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 KYKLOS BEARING INTERNATIONAL, LLC.	D Employer Identification Number (EIN) 26-1979555	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5	1160005
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1160000	1180000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1160005	2340005

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1160005	2340005
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1180000	
(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)		1180000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1180000

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1180000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **BKD LLP** (2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 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)

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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

A Name of plan <u>INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KYKLOS BEARING INTERNATIONAL, LLC.</u>	D Employer Identification Number (EIN) <u>26-1979555</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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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
-----------------	-------------------

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
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

Schedule R (Form 5500) 2009
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): _____

**Individual Retirement Plan for Hourly-Rate Employees of
Kyklos Bearing International, LLC**

EIN 26-1979555 PN 003

Accountants' Report and Financial Statements
April 30, 2010 and 2009

**Individual Retirement Plan for Hourly-Rate Employees of
Kyklos Bearing International, LLC**
April 30, 2010 and 2009

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Independent Accountants' Report

Plan Administrator, Plan Management and Plan Trustee
Individual Retirement Plan for Hourly-Rate Employees of
Kyklos Bearing International, LLC
Sandusky, Ohio

We have audited the accompanying statements of net assets available for benefits of Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC as of April 30, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the net assets available for benefits of Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC as of April 30, 2010, and changes therein for the year then ended and its financial status as of April 30, 2009, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

BKD, LLP

Indianapolis, Indiana
January 13, 2011

Federal Employer Identification Number: 44-0160260

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Statements of Net Assets Available for Benefits April 30, 2010 and 2009

Assets

	<u>2010</u>	<u>2009</u>
Cash	\$ 1,160,005	\$ 5
Receivables		
Employer's contribution	<u>1,180,000</u>	<u>1,160,000</u>
Net Assets Available for Benefits	<u>\$ 2,340,005</u>	<u>\$ 1,160,005</u>

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Statements of Changes in Net Assets Available for Benefits Years Ended April 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions		
Employer contributions	<u>\$ 1,180,000</u>	<u>\$ 1,160,005</u>
Net Increase	1,180,000	1,160,005
Net Assets Available for Benefits, Beginning of Year	<u>1,160,005</u>	<u>-</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 2,340,005</u></u>	<u><u>\$ 1,160,005</u></u>

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2010 and 2009

Note 1: Description of the Plan

The following description of Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator. The Plan was established May 1, 2008.

General

The Plan is a non-contributory defined-benefit plan sponsored by Kyklos Bearing International, LLC (Company) for the benefit of its hourly-rate employees who are covered by a collective bargaining agreement and who have at least one year of service and who are 21 years of age or older. The collective bargaining agreement must be with the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America. Employees accruing benefits or are being credited with additional years of service with the Delphi Hourly-Rate Employee Pension Plan or the General Motors Hourly-Rate Employees Pension Plan are not eligible to participate. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A member of Company management serves as the trustee of the Plan.

The Plan is a cash balance plan, whereby an individual account is maintained for each participant. Participants' accounts are credited quarterly with regular credits and interest credits. Interest credits are based on the annual interest rate on Thirty (30) Year Treasury Securities in effect for the third month preceding the beginning of the Plan year.

Contributions

Employer contribution credits are 5.4% of the participant's eligible compensation as of the last day of the Plan year or up to the date of separation from employment. Employee and rollover contributions are not permitted.

Pension Benefits

Benefits under the Plan are based on employees' account balance, which consists of the accumulation of credits as noted above. Normal retirement age for Plan benefits is 65. Participants may elect to receive benefits, whether or not they are an employee, upon early retirement at age 60, provided that they have at least ten years of service with the Company or age 55 provided the combined years of age and service totals 85 or more. Accrued benefits are payable as an annuity over the participant's lifetime or as a qualified joint and one-half survivor annuity. Participants may elect to receive a lump-sum payment.

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

**Notes to Financial Statements
April 30, 2010 and 2009**

Vesting

Eligible employees are fully vested upon completion of three years of credited service, attainment of age 65, death or full disability.

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. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- b. Other vested benefits insured by the (PBGC) up to the applicable limitations discussed below.
- c. Vested benefits not insured by the PBGC.
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2010 and 2009

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits, disclosure 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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses are to be paid by the Plan or the Company. During the years ended April 30, 2010 and 2009, all expenses were paid by the Company.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Benefits under the Plan are based on employees' account balance. The accumulated plan benefits for active employees are based on years of service to 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

Benefit payments to participants are recorded upon distribution.

Plan Tax Status

The Plan has requested but not yet received a determination letter from the Internal Revenue Service. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2010 and 2009

Note 3: Investments

The Plan held no investments as of April 30, 2010 or 2009.

Note 4: Accumulated Plan Benefits

The Company has elected to present the accumulated plan benefits as of the beginning of the Plan year. There are no accumulated benefit balances as May 1, 2008 due to the Plan becoming effective May 1, 2008.

An actuary from Mercer determines the actuarial present value of accumulated plan benefits, which is the 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.

The accumulated plan benefit information as of the beginning of the Plan year was as follows:

	May 1, 2009
Actuarial present value of accumulated plan benefits:	
Vested benefits	
Active participants	\$ 361,327
Other participants	7,570
	<u>368,897</u>
Nonvested benefits	<u>594,178</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 963,075</u></u>

Changes in the actuarial present value of accumulated plan benefits were as follows:

	May 1, 2009
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ -</u>
Increase during the year attributable to	
Benefits accumulated and gains	<u>963,075</u>
Net increase	<u>963,075</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 963,075</u></u>

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2010 and 2009

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 7.00%
- Mortality basis: PPA separate generational annuitant and non-annuitant male and female mortality tables
- Salary increases: 3% per year, compounded annually
- Retirement: 55-61: 10%, 62: 25%, 63-64: 15%, 65-69: 30% and > 70: 100%
- Asset valuation: Market

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.

Note 5: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Company provides certain administrative services at no cost to the Plan.

Note 6: Subsequent Events

Effective December 22, 2010, Fifth Third Bank became the trustee and custodian of the Plan.

Subsequent events have been evaluated through January 13, 2011, which is the date the financial statements were available to be issued.

Schedule SB, Line 22 – Description of weighted average retirement age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

CALCULATION OF WEIGHTED AVERAGE RETIREMENT AGE

(A)	(B)	(C)	(D)	(E)
<u>AGE</u>	<u>RET RATE</u>	<u>Lx TABLE</u>	<u># RETIRING</u>	<u># RET x AGE</u>
55	10%	100,000	10,000	550,000
56	10%	90,000	9,000	504,000
57	10%	81,000	8,100	461,700
58	10%	72,900	7,290	422,820
59	10%	65,610	6,561	387,099
60	10%	59,049	5,905	354,294
61	10%	53,144	5,314	324,179
62	25%	47,830	11,957	741,360
63	15%	35,872	5,381	338,993
64	15%	30,491	4,574	292,718
65	30%	25,918	7,775	505,395
66	30%	18,142	5,443	359,220
67	30%	12,700	3,810	255,264
68	30%	8,890	2,667	181,351
69	30%	6,223	1,867	128,813
70	100%	4,356	4,356	304,919
		Totals:	100,000	6,112,125
Average Retirement Age				61.121
ARA				61.0

NOTE: Column (D) is the product of columns (B) and (C). Column (E) is the product of columns (A) and (D). The average retirement age is the total from column (E) divided by the total from column (D).

Schedule SB, Part V – Statement of actuarial assumptions/methods

Actuarial assumptions

Discount rate elections¹	Full yield curve as of April 2009 (a 1 month look-back)
Mortality elections	
▪ Healthy participants	PPA separate generational annuitant and nonannuitant mortality tables
▪ Pre-1995 disabilities	Same as healthy
▪ Post-1994 disabilities ²	Same as healthy
417(e) lump sums	Lump sums equal Cash Accumulation Account
▪ Annuity substitution	N/A
▪ Generational mortality option	N/A
▪ Phase-in option	N/A
Non-417(e) lump sums	
▪ Mortality table	N/A
▪ Interest rate	N/A
Cash balance plans	
▪ Interest accumulation rate	5.25%
▪ Whipsaw calculations	No
▪ Annuity conversion	N/A (all take immediate lump sums)
Other economic assumptions	
▪ Salary increases	3% per year
▪ Inflation	2% per year
▪ Expenses	Not applicable

¹ Based on interest rate methodology elections described below.

² Used for participants eligible for Social Security disability - all others use the healthy participant mortality assumption.

Demographic assumptions

Withdrawal

Three year select period with rates as follows:

Service	Percentage	
	Male	Female
0	20.00%	20.00%
1	15.00%*	15.00%*
2	10.00%*	10.00%*

*5.00% at ages 40 and over

Ultimate rates based on 50% of the SOA 2003
Study Small Plan Withdrawal Table. Sample
ultimate rates follow:

Attained age	Percentage	
	Male	Female
20	12.15%	12.15%
25	9.75%	9.75%
30	7.75%	7.75%
35	6.05%	6.05%
40	4.70%	4.70%
45	3.65%	3.65%
50	2.80%	2.80%
55	2.10%	2.10%
60	1.50%	1.50%
65	N/A	N/A

Disability incidence

1985 Pension Disability Table, Class 3

Sample rates follow:

Attained age	Percentage	
	Male	Female
30	0.31%	0.25%
40	0.60%	0.55%
50	1.22%	1.20%
60	3.24%	2.33%
69	5.45%	3.33%

Retirement age	Percentage	
	Attained age	Female
	55 - 61	10.0%
	62	25.0%
	63 - 64	15.0%
	65 - 69	30.0%
	70	100.0%
Benefit commencement age for		
▪ Future vested deferred	N/A (all take immediate lump sums)	
▪ Current vested deferred	N/A (all take immediate lump sums)	
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	80%	80%
▪ Spouse age difference	3 years younger	3 years older
Form of payment	<u>Lump sum</u>	<u>Single life</u>
▪ Active retirements	100%	0%
▪ Future vested deferred	100%	0%
▪ Future disabilities	100%	0%
▪ Future deaths	100%	N/A
▪ Current vested deferred	100%	0%
Other	All active employees assumed to work 2080 hours per year.	
Changes since prior valuation	Interest discounts rates were updated from 2008 to 2009 in accordance with PPA and sponsor elections.	

Actuarial methods

Asset methods – effective May 1, 2009

We used financial data submitted by the plan sponsor as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is the fair market value.

Participant methods – effective May 1, 2008

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Disabled participants:** There are no participants on long-term disability.
- **Transferred participants:** There are no employees who have transferred into another plan of the plan sponsor.

Plan sponsor elections – effective May 1, 2009

- **Mortality**
 - Generational annuitant and non-annuitant tables
- **Funding interest rate**
 - Full yield curve
 - 1 look-back month
 - No phase-in
- **Valuation of lump sums based on IRC Section 417(e) assumptions**
 - Cash Accumulation Account

Minimum funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **accrued liability** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target** is the sum of the accrued liabilities for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected accrued liability** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the accrued liability for an individual is the sum of the component accrued liabilities associated with the various anticipated separation dates.
- The plan's **projected accrued liability** is the sum of the projected accrued liabilities for all participants under the plan. The excess of the plan's projected accrued liability over the plan's funding target is included in the "cushion amount."

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

We have used and relied upon the plan documents, including amendments, supplied by the plan sponsor. The plan sponsor is solely responsible for the validity and completeness of this information.

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date and plan year	Original plan: May 1, 2008 Plan year: May 1, 2009 through April 30, 2010
Most recent amendment	N/A. The plan was first effective May 1, 2008 and there have been no amendments to it.
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None

Definitions

- | | |
|---------------------|--|
| ▪ Covered Employees | Any person employed by the employer on an hourly basis who is covered by a collective bargaining agreement between the Employer (Kyklos Bearing International, LLC and any Affiliate which adopts this Plan) and the Union (International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America) but excluding any leased employee. |
| | An employee who is accruing benefits or is being credited with additional years of credited service with the Delphi Hourly-Rate Employees Pension Plan or the General Motors Hourly-Rate Employees Pension Plan is not eligible to participate until such additional accruals or service crediting stops. |

▪ Participation	Eligible for Plan participation if credited with an Hour of Service on or after May 1, 2008, at least age 21, and credited with at least one year of Service (completion of 750 Hours of Service) within the 12 months from date first credited with an Hour of Service on or after date of employment, or from Reemployment Date following a Break in Service, or, if later, in any calendar year. Participation begins on the first of the month after the month in which the Employee satisfies such conditions and Plan only applies to an Employee who is credited with an Hour of Service, terminates employment or becomes disabled on or after May 1, 2008.
▪ Employee contributions	None
▪ Vesting Service	A year in which the Employee completes 750 Hours of Service. Includes all service with General Motors or Delphi Corporation prior to May 1, 2008. However, no service is credited for any period of employment prior to the year the Employee attains age 18. Measured on a Plan Year basis.
▪ Compensation	For any plan year, base pay, vacation pay, holiday pay, bereavement pay, jury duty pay, plus any applicable COLA. Compensation does not include overtime pay, shift premiums, seven day premiums, performance bonus pay, suggestion awards, or any other special payments, fees or allowances. Pay is limited by the maximum compensation described in code Section 401(a)(17).
▪ Cash Accumulation Account	Initially zero and receives Pay Credits and Interest Credits.
▪ Pay Credits	On the last day of each calendar year a Pay Credit equal to 5.4% of Compensation will be credited to the Cash Accumulation Account. In the year in which the Participant separates from employment, the Participant will be credited with Pay Credits as of the date of separation. In the first year of participation, Pay credits are determined on a pro rata basis, with pro rata Compensation equal to annual Compensation multiplied by the number of calendar months of participation over 12.

▪ Interest Credits	Interest is credited to the Cash Accumulation Account as of the end of each calendar year. When a Participant is no longer an active participant, Interest Credits only, are made through the end of the month before the Annuity Starting Date. In the year of distribution, the Interest Credit Factor (i.e. the annual interest rate on 30-year treasury securities in effect for third month preceding the beginning of the Plan Year) is multiplied by a fraction equal to the number of completed months for that year through the end of the month before the Annuity Starting Date over 12. Interest Credits for a year are calculated on the Cash Accumulation Account as of the end of the prior calendar year including Pay Credits and Interest Credits for the prior calendar year.
▪ Accrued benefit	Cash Accumulation Account
▪ Actuarial equivalent	Based on applicable interest rate per IRC Section 417(e)(3)(C) for the third month before the first day of the plan year distribution begins and the applicable mortality table prescribed in IRC Section 417(e)(3)(B) which is a mortality table based on the mortality table specified under IRC Section 430(h)(3) without regard to subparagraphs (C) or (D) of such Code Section.
Normal retirement	
▪ Eligibility	First of the month on or after age 65
▪ Benefit	Cash Accumulation Account
Early retirement	
▪ Eligibility	Age 60 with 10 years of Vesting Service or age 55 with age plus Vesting Service at least 85
▪ Benefit	Cash Accumulation Account
Late retirement	
▪ Eligibility	First of the month on or after termination of employment after normal retirement date for any reason other than death.
▪ Benefit	Cash Accumulation Account
Deferred vested	
▪ Eligibility	3 years of Vesting Service or age 65 and working
▪ Benefit	Cash Accumulation Account

Disability	
▪ Eligibility	Prior to age 65 and after earning 10 years of Vesting Service, an Employee with seniority sustains an injury or incurs an illness that prevents the Employee from engaging in his/her regular employment and based on medical evidence is found to be wholly and permanently prevented from engaging in regular employment at the plant where the Employee has seniority.
▪ Benefit	Cash Accumulation Account
Pre-retirement death	
▪ Eligibility	Death prior to Annuity Starting Date. Payable to Spouse or other Beneficiary (or estate if no Spouse or Beneficiary).
▪ Benefit prior to early retirement	Cash Accumulation Account or if married Actuarial Equivalent of the Cash Accumulation Account payable as life annuity to spouse of at least one year
▪ Benefit after early but before normal retirement	Cash Accumulation Account or if married Actuarial Equivalent of the Cash Accumulation Account payable as life annuity to spouse of at least one year
▪ Benefit after normal retirement	Cash Accumulation Account or if married Actuarial Equivalent of the Cash Accumulation Account payable as life annuity to spouse of at least one year
Form of benefits	
▪ Automatic form for unmarried participants	Single life annuity, with guarantee that amount of Cash Accumulation Account as of benefit starting date will be paid
▪ Automatic form for married participants	Actuarially reduced 100% qualified joint and survivor annuity with guarantee that amount of Cash Accumulation Account as of benefit starting date will be paid
▪ Actuarial Equivalence	Interest: The applicable interest rate as prescribed in Code Section 417(e)(3)(C) in effect for the third month preceding the first day of the Plan Year in which the distribution commences or is made. Mortality: The applicable mortality table as prescribed in Code Section 417(e)(3)(B) which is a mortality table modified as appropriate by the Secretary of the Treasury, based on the mortality table specified for the Plan Year under subparagraph (A) of Code Section 430(h)(3) (without regard to subparagraph (C) or (D) of such Code Section).

▪ Optional forms	Lump sum of Cash Accumulation Account, life annuity (if married), 50%, 75% or 100% contingent annuitant annuity If annuity form elected, there is a guarantee that amount of Cash Accumulation Account as of benefit starting date will be paid All optional forms are the actuarial equivalent of the single life annuity.
Miscellaneous	
▪ Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2009, the limit is \$245,000.
▪ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2009, the limit is \$195,000.
▪ Funding medium	Trust
▪ Benefits not included in valuation	None
▪ Changes since the prior valuation	Maximum compensation and maximum benefits were updated from 2008 to 2009.

Benefits included or excluded – effective May 1, 2008

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
 - *Active participants:* There are no active employees older than age 65.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued based on actual cash balance amount earned as of the valuation date with interest credits calculated as the greater of the 30-year treasury rate for the third month preceding the plan year and the first PPA 417(e) segment rate.
- **Shutdown benefits:** The plan does not provide any shutdown benefits.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

- **IRC Section 416:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Significant Events: To the best of our knowledge, no significant events occurred during the year.

Schedule SB, Line 25 – Description of Change in Method

Method changes since prior valuation

We changed to a new liability valuation system this year. This change did not materially affect liability amounts. Also, the interest rate method was changed from segment rates with no look-back months and no phase-in to the full yield curve with one look-back month and no phase-in.

Schedule SB, Line 26 – Schedule of Active Participant Data

Age	Years of service as of May 1, 2009										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25		44									44
25-29		67	2	3							72
30-34		81	4	17							102
35-39		86	4	23							113
40-44		80	3	12							95
45-49		74	1	16							91
50-54		77	3	7			2				89
55-59		57	2	6							65
60-64		34		2							36
65-69		1									1
70+											
TOTAL		601	19	86			2				708

**Form 5500, Line 5 – Description of beginning of year participant count
discrepancy**

The count on Line 6f of the 2008 Form 5500 for the Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC was 740. The total number of participants at the beginning of the plan year is 751. The difference is due to a data clean up that resulted from an internal plan audit.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

▶ **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**B** Three-digit

plan number (PN) ▶

003

INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS

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

Kyklos Bearing International, LLC.

D Employer Identification Number (EIN)

26-1979555

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 5 Day 1 Year 2009**2** Assets:

	2a	
a Market value.....		1,112,120
b Actuarial value.....		1,112,120

3 Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

	3a		3b	
a For retired participants and beneficiaries receiving payment		0		0
b For terminated vested participants		43		7,570
c For active participants:				
(1) Non-vested benefits.....	3c(1)			571,212
(2) Vested benefits.....	3c(2)			334,868
(3) Total active	3c(3)	708		906,080
d Total.....	3d	751		913,650

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	
a Funding target disregarding prescribed at-risk assumptions		
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** 7.53 %**6** Target normal cost..... **6** 1,039,758**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

LAWRENCE E. SCHERER

Type or print name of actuary

MERCER

200 PUBLIC SQUARE, SUITE 900 Firm name

CLEVELAND OH 44114-2312

Address of the firm

02/01/2011

Date

08-06389

Most recent enrollment number

(216) 830-8000

Telephone number (including area code)

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) 2009
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)	0	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)	0	0
10 Interest on item 9 using prior year's actual return of <u> .00 </u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		5,695
b Interest on (a) using prior year's effective rate of <u> 6.17 </u> %		351
c Total available at beginning of current plan year to add to prefunding balance		6,046
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	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	121.72 %
15 Adjusted funding target attainment percentage	15	121.72 %
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	100.00 %
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
01/12/2011	1,180,000				
Totals ▶			18(b)	1,180,000	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 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	1,042,890

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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 1
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	
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	841,288
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	841,288
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	841,288
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	1,042,890
38 Interest-adjusted excess contributions for current year (see instructions)	38	201,602
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