

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 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 01/01/2010 and ending 12/31/2010			
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 METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NOF METAL COATINGS NORTH AMERICA INC. 275 INDUSTRIAL PARKWAY CHARDON, OH 44024-1083	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	08/31/1984	
	2b Employer Identification Number (EIN)	75-1972143	
	2c Sponsor's telephone number	440-285-2231	
	2d Business code (see instructions)	325500	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	NORMAN E. GERTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	NORMAN E. GERTZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE RETIREMENT COMMITTEE 275 INDUSTRIAL PARKWAY CHARDON, OH 44024-1083	3b Administrator's EIN 75-1972143 3c Administrator's telephone number 440-285-2231
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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	147
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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	69
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	64
d Subtotal. Add lines 6a , 6b , and 6c	6d	137
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	140
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

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 12/31/2010

▶ **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>METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NOF METAL COATINGS NORTH AMERICA INC.</u>	D Employer Identification Number (EIN) <u>75-1972143</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>4441125</u>
b Actuarial value	2b <u>4885238</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>1458624</u>
b For terminated vested participants	3b <u>60</u> <u>1095203</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>52991</u>
(2) Vested benefits	3c(2) <u>3321099</u>
(3) Total active	3c(3) <u>81</u> <u>3374090</u>
d Total	3d <u>147</u> <u>5927917</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>6.73</u> %
6 Target normal cost	6 <u>6506</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	
Signature of actuary <u>MATTHEW C. KAISER</u>	Date <u>11-05784</u>
Type or print name of actuary <u>TOWERS WATSON DELAWARE INC.</u>	Most recent enrollment number <u>216-937-4000</u>
Firm name <u>1001 LAKESIDE AVE, SUITE 1900</u> <u>CLEVELAND, OH 44114-1172</u>	Telephone number (including area code)
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)	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>22.59</u> %		
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>8.22</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.....	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	82.41 %
15	Adjusted funding target attainment percentage.....	15	82.41 %
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	71.94 %
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
03/29/2011	2600000				
04/15/2010	37000				
07/15/2010	37000				
10/15/2010	37000				
01/14/2011	37000				
			Totals ►	18(b)	2748000
				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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
2539342	
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
0	0
(3) 3rd	(4) 4th
0	0

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 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
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	6506
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	805562	157937
b Waiver amortization installment		
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	164443
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	164443
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2539342
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2374899
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NOF METAL COATINGS NORTH AMERICA INC.	D Employer Identification Number (EIN) 75-1972143

Part I	Service Provider Information (see instructions)
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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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--

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

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)

PNC BANK

25-1211909

(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?
21	NONE	11576	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NOF METAL COATINGS NORTH AMERICA INC.	D Employer Identification Number (EIN) 75-1972143	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	900000	2637000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	3366	3203
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	59840	35701
(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)	3494356	3858418
(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	4457562	6534322

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	4457562	6534322
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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)	2748000	
(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)		2748000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	312	
(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)		312

(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)	3136988	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3130562	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		6426

		(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)		446732
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3201470

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1113134	
(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)		1113134
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)	11576	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11576
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1124710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2076760
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: SS&G FINANCIAL SERVICES INC.

(2) EIN: 34-1945695

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		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 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.).....			
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)

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.	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN				B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NOF METAL COATINGS NORTH AMERICA INC.				D Employer Identification Number (EIN) 75-1972143	
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	0
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): 25-1211909					
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	7
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) 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): _____

**METAL COATINGS
INTERNATIONAL, INC.
RETIREMENT
INCOME PLAN**

***FINANCIAL
STATEMENTS***

***FOR THE
YEARS ENDED
DECEMBER 31,
2010 AND 2009***

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

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Cleveland Office

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Cleveland, OH 44139
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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Metal Coatings International, Inc. Retirement Income Plan
Chardon, Ohio

We were engaged to audit the accompanying statements of net assets available for plan benefits of Metal Coatings International, Inc. Retirement Income Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for plan benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of December 31, 2010 and supplemental schedule of reportable transactions for the year ended December 31, 2010 as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note E, which was certified by PNC (formerly National City Bank), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee of the Plan as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

SS&G Financial Services, Inc.

CERTIFIED PUBLIC ACCOUNTANTS

Cleveland, Ohio
October 3, 2011

***Providing the
services that
bring solutions***

member of:
OSCPA, PCOAB, the AICPA's
Center for Audit Quality, and
The Leading Edge Alliance

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	<u>DECEMBER 31,</u>	
	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments, at fair value	\$ 3,894,119	\$ 3,554,196
Receivables		
Employer contribution	2,637,000	900,000
Accrued income	<u>3,203</u>	<u>3,366</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 6,534,322</u>	<u>\$ 4,457,562</u>

See accompanying notes to financial statements.

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2010</u>	<u>2009</u>
ADDITIONS TO PLAN ASSETS:		
INVESTMENT INCOME		
Interest and dividends	\$ 86,595	\$ 21,179
Net appreciation in fair value of investments	<u>366,875</u>	<u>673,065</u>
	453,470	694,244
EMPLOYER CONTRIBUTIONS	<u>2,748,000</u>	<u>900,000</u>
	3,201,470	1,594,244
DEDUCTIONS FROM PLAN ASSETS:		
Benefits paid directly to participants and beneficiaries	1,113,134	414,084
Administrative expenses	<u>11,576</u>	<u>6,506</u>
	<u>1,124,710</u>	<u>420,590</u>
NET INCREASE	2,076,760	1,173,654
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	<u>4,457,562</u>	<u>3,283,908</u>
End of year	<u>\$ 6,534,322</u>	<u>\$ 4,457,562</u>

See accompanying notes to financial statements.

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Plan description

General

The Metal Coatings International, Inc. Retirement Income Plan (the Plan) is a noncontributory defined benefit plan established under the provision of Section 401(a) of the Internal Revenue Code (IRC) to provide retirement benefits to all eligible salaried and hourly employees of Metal Coatings International, Inc. (the Company). The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

On December 30, 2008, the Company amended the Plan to freeze benefits effective December 31, 2008. A participant's accrued benefit under the Plan will not increase on or after December 31, 2008 and all participating employees were fully vested on that date.

Effective April 1, 2010 the Company changed its name from Metal Coatings International Inc. to NOF Metal Coatings North America Inc.

Trustee

The Plan trustee is PNC (formerly National City Bank) (the Trustee). Under terms of a trust agreement between the Trustee and the Plan, the Trustee manages the assets of the Plan.

Eligibility

Effective December 31, 2008, participation in the Plan was frozen. Employees hired on or after December 31, 2008 are not covered in this plan. Prior to this date, an employee was eligible to participate in the Plan if he or she was an eligible employee and had completed one year of continuous service (as defined) or one year of service. A year of service refers to a period of time in which an employee has completed 1,000 hours of service or more.

Contributions and funding policy

Company contributions are based upon actuarial calculations of amounts necessary to provide benefit pension payments upon retirement or death. No employee contributions are permitted. Management believes that the Plan is in compliance with applicable ERISA minimum funding requirements. The determination of such amounts by the actuary is based on anticipated earnings of the fund, mortality and turnover experience, anticipated future compensation levels and retirement age. Contributions receivable from the Company were \$2,637,000 and \$900,000 at December 31, 2010 and 2009. Forfeitures arising because of termination or breaks in service are applied to reduce the costs of the Plan, not to increase the benefits otherwise payable.

NOTES TO FINANCIAL STATEMENTS

NOTE A - Plan description, continued

Retirement benefits

Benefits to be paid to participants are calculated using a formula based on average annual compensation and years of credited service. Prior to December 31, 2008, participants became vested in the Plan after five years of service. A participant's benefits are non-forfeitable and fully vested upon attainment of Normal Retirement Date. The Normal Retirement Date is the participant's 65th birthday. Participants are eligible for their accrued benefits as defined by the Plan if they retire on or after their Normal Retirement Date. A participant who ceases to be employed by the Company, for any reason other than death or permanent disability on or after their 55th birthday, but prior to their Normal Retirement Date, and having accrued at least five years of credited service (as defined), is eligible to receive an Early Retirement Benefit. This benefit is equal to the participant's accrued benefit as defined by the Plan, adjusted in accordance with the Plan. A participant who ceases to be employed by the Company, for any reason other than death, and has achieved a vesting percentage greater than 0%, but is not qualified to receive a Normal Retirement Benefit or Early Retirement Benefit shall be eligible to receive a Vested Deferred Benefit. The Vested Deferred Benefit is equal to the participant's accrued benefit at the date of termination as defined by the Plan, multiplied by the percentage vested.

Death and disability

A Participant who is eligible to receive benefits under a long-term disability program of the Company shall be considered totally and permanently disabled and not as having terminated employment. The Participant shall continue to accrue a benefit under the other provisions of the Plan but not beyond the earlier of his or her Normal Retirement Date or termination of employment. The disability benefit is equal to the participant's accrued benefit as defined by the Plan. The Participant may receive a normal, early, or vested retirement benefit.

If a Participant dies on or after having reached his or her Benefit Commencement Date (as defined by the Plan), his or her surviving spouse, if any, shall be entitled to a surviving spouse benefit. If an active employee dies prior to having reached his or her Benefit Commencement Date, his or her surviving spouse, if any, shall be entitled to a surviving spouse benefit only if the Participant elected a joint and survivor form of payment or life certain form of payment whose certain period has not yet expired.

Plan amendment

The Company reserves the right to amend the Plan in whole or in part at anytime. However, no amendment shall deprive any Participant of any vested rights to which he or she is entitled under the Plan.

NOTES TO FINANCIAL STATEMENTS

NOTE A - Plan description, continued

Plan termination

Upon termination of the Plan, the assets remaining in the trust fund shall be allocated and distributed to the participants in accordance with the terms and provisions of Section 4044 of ERISA. The assets allocated to each participant will be distributed through either a continuance of the trust fund, a new trust fund, or purchase of annuity contracts as defined by the Plan. If any allocation produces a retirement benefit, the present value of which is less than or equal to the cashout maximum for any participant or beneficiary, the administrator shall pay to the participant or beneficiary in lieu of a retirement benefit, a single lump sum payment representing the actuarial value of such person's retirement benefit. Any balance remaining in the trust fund after the full allocations have been made will be paid to the Company. More complete information about the Plan and the priority of the participants' claims to the assets of the Plan upon termination are contained in the Plan document, which is available from the Plan administrator.

NOTE B - Summary of significant accounting policies

Basis of accounting

The accompanying financial statements and supplemental schedules are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Valuation of investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date. See Note C for discussion of fair value measurements.

Benefit distributions

Benefit distributions are recorded when paid to participants.

Administrative fees

Trustee administrative fees are paid by the Plan. Administrative fees related to actuarial and accounting services are paid by the Company.

Risks and uncertainties

The Plan's investment strategies include investments in mutual funds holding stocks and bonds with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies, continued

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the dates of the financial statements and the reported amounts of changes in net assets available for plan benefits during the reporting periods. In particular, the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, market conditions, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, actual results could differ materially from those estimates.

Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board issued Accounting Standards Update No. 2010-06 (ASU 2010-06), "Improving Disclosures about Fair Value Measurements." ASU 2010-06 provides amendments to ASC Topic 820, "Fair Value Measurements and Disclosures," that require separate disclosure of significant transfers in and out of Level 1 and Level 2 fair value measurements in addition to the presentation of purchases, sales, issuances, and settlements for Level 3 fair value measurements. ASU 2010-06 also provides amendments to subtopic 820-10 that clarify existing disclosures about the level of disaggregation, and inputs and valuation techniques. The new disclosure requirements are effective for interim and annual periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances, and settlements of Level 3 fair value measurements, which becomes effective for interim and annual periods beginning after December 15, 2010. The adoption of this update does not have a material effect on the Plan's financial statements.

Evaluation of subsequent events

The Company has evaluated subsequent events through October 3, 2011, which is the date the financial statements were available to be issued.

NOTE C - Fair value measurements

The Accounting Standards Codification *Fair Value Measurements and Disclosure* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. *Fair Value Measurements and Disclosure* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements. *Fair Value Measurements and Disclosure* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements).

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - Fair value measurements, continued

The three levels of the fair value hierarchy are described below:

- Level 1 – Valuation is based upon quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 – Valuation is based upon quoted prices for similar assets and liabilities in active markets, or other inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – Valuation is based upon unobservable inputs that are significant to the fair value measurement.

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

The Plan's valuation methodology used to measure the fair value of mutual funds is the net asset value of shares held by the Plan and derived from quoted market prices in active markets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market	\$ 35,701	\$ -	\$ -	\$ 35,701
Mutual Funds				
Large growth	696,079	-	-	696,079
Mid-cap growth	96,214	-	-	96,214
Small growth	389,486	-	-	389,486
Large value	674,721	-	-	674,721
Mid-cap value	181,777	-	-	181,777
Foreign large blend	622,994	-	-	622,994
Intermediate-term bond	1,088,390	-	-	1,088,390
Short-term bond	108,757	-	-	108,757
Balance at December 31, 2010	<u>\$ 3,894,119</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,894,119</u>

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - Fair value measurements, continued

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Domestic equity mutual funds	\$ 2,222,716	\$ -	\$ -	\$ 2,222,716
Domestic fixed bond funds	1,331,480			1,331,480
Balance at December 31, 2009	<u>\$ 3,554,196</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,554,196</u>

NOTE D - Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuation as of January 1, 2010 and 2009 (the latest actuarial report available) are as follows:

	<u>2010</u>	<u>2009</u>
Interest rate	7.50%	8.00%
Mortality basis	Internal Revenue Code Blended static option	Internal Revenue Code Blended static option
Normal retirement age	Age 65	Age 65

These 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.

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE D - Actuarial present value of accumulated plan benefits, continued

Based upon the latest actuarial report, the estimated liability for accumulated plan benefits as of January 1, 2010 and 2009 is as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active participants	\$ 3,349,649	\$ 3,251,596
Participants with deferred benefits	970,842	740,751
Participants receiving benefits	<u>1,424,284</u>	<u>1,048,877</u>
Total vested benefits	5,744,775	5,041,224
Non-vested accumulated benefits	<u>66,027</u>	<u>47,672</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 5,810,802</u>	<u>\$ 5,088,896</u>

The components of the change in the actuarial present value of accumulated plan benefits during the years ended January 1, 2010 and 2009 are as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits, at beginning of year	\$ 5,088,896	\$ 5,111,330
Net benefits accumulated, including actuarial gains and losses	102,928	(52,314)
Change of assumptions	642,514	-
Benefits paid during the year	(414,084)	(380,671)
Decrease in the discount period	<u>390,548</u>	<u>410,551</u>
Net increase (decrease)	<u>721,906</u>	<u>(22,434)</u>
Actuarial present value of accumulated plan benefits, at end of year	<u>\$ 5,810,802</u>	<u>\$ 5,088,896</u>

NOTES TO FINANCIAL STATEMENTS

NOTE E - Information certified by the Plan trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. The following information included in the financial statements and supplemental schedules has been certified to the Plan administrator by the Plan's Trustee: Statements of net assets available for plan benefits – Investments, at fair value; Statements of changes in net assets available for plan benefits – Interest and dividends and appreciation or depreciation in fair value of investments; and, supplemental schedules – all information. As directed by the Plan administrator, no auditing procedures have been performed on this information except to compare such information to the information included in the accompanying financial statements and the supplemental schedules.

NOTE F - Party-in-interest transactions

Certain Plan investments are shares of mutual funds managed by the Trustee. Additionally, the Plan incurred investment management and other fees to the Trustee totaling \$11,576 and \$6,506 during Plan years 2010 and 2009, respectively. Transactions in these investments are allowable party-in-interest transactions under Section 408 of ERISA.

NOTE G - Tax status

The Internal Revenue Service determined and informed the Company by a letter dated December 31, 2002, that the Plan, as designed, is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the IRC. The Plan has since been amended; however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for Federal income tax has been made in the financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 75-1972143

PLAN NO: 001

DECEMBER 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment	Cost	Current value
* PNC Intermediate Bond Fund		Registered investment company	\$ 1,091,616	\$ 1,088,390
* PNC Large Cap Growth Fund		Registered investment company	880,238	696,079
* PNC Large Cap Value Fund		Registered investment company	623,297	674,721
* PNC International Equity Fund		Registered investment company	512,482	622,994
* PNC Small Cap Core Fund		Registered investment company	330,946	389,486
* PNC Mid Cap Value Fund		Registered investment company	163,158	181,777
* PNC Limited Maturity Bond Fund		Registered investment company	109,073	108,757
Goldman Sachs Growth Oppor		Registered investment company	80,852	96,214
* PNC Prime Money Market		Registered investment company	35,701	35,701
			<u>\$ 3,827,363</u>	<u>\$ 3,894,119</u>

* Indicates party-in-interest to the Plan

METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 75-1972143

PLAN NO: 001

FOR THE YEAR ENDED DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transactions in excess of 5% of Plan assets						
No Broker	PNC Large Cap Growth Fund Class I	\$ -	\$ 1,000,000	\$ 1,420,013	\$ 1,000,000	\$ (420,013)
No Broker	PNC Large Cap Growth Fund Class I	-	354,000	518,759	354,000	(164,759)
No Broker	PNC Prime Money Market Fund	-	975,196	975,196	975,196	-
No Broker	PNC International Equity Fund Class I	547,656	-	547,656	547,656	-
No Broker	PNC Small Cap Core Fund Class I	365,104	-	365,104	365,104	-
No Broker	PNC Large Cap Value Fund Class I	859,750	-	859,750	859,750	-
Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of the Plan assets						
No Broker	PNC Large Cap Growth Fund Class I	\$ -	\$ 1,578,430	\$ 2,270,684	\$ 1,578,430	\$ (692,254)
No Broker	PNC Prime Money Market Fund	-	1,017,077	1,017,077	1,017,077	-
No Broker	PNC Large Cap Value Fund Class I	868,744	-	868,744	868,744	-
No Broker	PNC International Equity Fund Class I	555,156	-	555,156	555,156	-
No Broker	PNC Small Cap Core Fund Class I	366,486	-	366,486	366,486	-
No Broker	PNC Money Market Fund	900,000	-	900,000	-	-

See accompanying notes to financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	NOF Metal Coatings North America Inc.
EIN/PN	75-1972143/001
Plan Name	Metal Coatings International, Inc. Retirement Income Plan
Valuation Date	January 1, 2010
Enrolled Actuary	Matthew C. Kaiser
Enrollment Number	11-05784

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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Plan Name: Metal Coatings International, Inc. Retirement Income Plan
EIN / PN: 75-1972143 / 001
Plan Sponsor: NOF Metal Coatings North America Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

NOF Metal Coatings North America Inc.

EIN/PN

75-1972143/001

Discount Rates

Current plan year PPA effective interest rate: 6.73%

Prior plan year PPA effective interest rate: 8.22%

3-Segment Rates

Applicable month: September 2009

Transition election: No application of phase-in

SFAS 35 effective interest rate: 7.50%

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included this year for plan-related expenses is \$6,506.

Plan Name:	Metal Coatings International, Inc. Retirement Income Plan
EIN / PN:	75-1972143 / 001
Plan Sponsor:	NOF Metal Coatings North America Inc.
Valuation Date:	January 1, 2010

SCHEDULE SB ATTACHMENTS

Mortality

For non-disabled participants. The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using the blended static option for smaller plans. For disabled participants: mortality in accordance with Revenue Ruling 96-7. For valuing the lump sum benefit the PPA 2010 Optional Combined Unisex Table has been used.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year		
Age	Males	Females
55-59	5%	5%
60-61	10%	10%
62	35%	35%
63	20%	20%
64	15%	15%
65	100%	100%

Disability rates (rates are shown as a percent)

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	0.120%	0.180%
25	0.120%	0.180%
30	0.120%	0.180%
35	0.128%	0.192%
40	0.147%	0.221%
45	0.198%	0.297%
50	0.357%	0.536%

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
EIN / PN: 75-1972143 / 001
Plan Sponsor: NOF Metal Coatings North America Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Compensation increases

Not applicable.

Future increases in Social Security

Not applicable.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative termination rates (shown as a percentage) not due to disability, retirement or mortality

Attained Age	Percentage leaving during the year	
	Males	Females
20	8.6%	8.6%
25	6.6%	6.6%
30	5.2%	5.2%
35	4.1%	4.1%
40	3.2%	3.2%
45	2.6%	2.6%
50	2.0%	2.0%

Form of payment

Participants are assumed to elect a lump sum form of payment. For funding purposes, the lump sum interest rate is the same as the funding rate per IRS regulations. For FAS 35 purposes, the lump sum interest rate assumption is 6%.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be three years older than female spouses.

Employees

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
EIN / PN: 75-1972143 / 001
Plan Sponsor: NOF Metal Coatings North America Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

It was assumed that there will be no new or rehired employees.

Plan compensation

Not applicable.

Asset method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.69%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.69%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.43%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.43%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.4. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Participant data

Participant data was supplied by the NOF Metal Coatings North America Inc. as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2010 is used to determine the maximum deductible contribution for the tax year ending December 31, 2010.

Benefits not included in valuation

None.

PBGC Premium Funding Target

Plan Name:	Metal Coatings International, Inc. Retirement Income Plan
EIN / PN:	75-1972143 / 001
Plan Sponsor:	NOF Metal Coatings North America Inc.
Valuation Date:	January 1, 2010

SCHEDULE SB ATTACHMENTS

For purposes of determining the PBGC Premium Funding Target, the Alternative Premium Funding Target was determined using the assumptions described above.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to be consistent with the instructions for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name:	Metal Coatings International, Inc. Retirement Income Plan
EIN / PN:	75-1972143 / 001
Plan Sponsor:	NOF Metal Coatings North America Inc.
Valuation Date:	January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2010

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age of Retirement (A)	Rates of Retirement (B)	% Retiring (C)	Weighted Ages (A)*(C)
50	0.00%	0.00%	-
51	0.00%	0.00%	-
52	0.00%	0.00%	-
53	0.00%	0.00%	-
54	0.00%	0.00%	-
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	10.00%	7.74%	4.6427
61	10.00%	6.96%	4.2481
62	35.00%	21.94%	13.6007
63	20.00%	8.15%	5.1332
64	15.00%	4.89%	3.1288
65	99.99%	27.70%	18.0051

Retirement Age =====> 62

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
 EIN / PN: 75-1972143 / 001
 Plan Sponsor: NOF Metal Coatings North America Inc.
 Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data for Frozen Plans as of January 1, 2010

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		2		1		0		0		0		0		0		0		0	
25 - 29	0		0		1		0		0		0		0		0		0		0	
30 - 34	0		3		3		4		0		0		0		0		0		0	
35 - 39	0		1		0		2		0		0		0		0		0		0	
40 - 44	0		2		2		2		1		0		0		0		0		0	
45 - 49	0		4		2		7		2		4		0		0		0		0	
50 - 54	0		1		3		3		5		1		1		1		0		0	
55 - 59	0		3		1		6		2		0		2		3		0		0	
60 - 64	0		1		0		1		1		1		0		2		0		0	
65 - 69	0		0		0		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
 EIN / PN: 75-1972143 / 001
 Plan Sponsor: NOF Metal Coatings North America Inc.
 Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2010

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2010	(228,888)	7	(228,888)	(38,520)
2	Shortfall	01/01/2009	1,107,121	6	1,034,450	196,457
Total					805,562	157,937

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
EIN / PN: 75-1972143 / 001
Plan Sponsor: NOF Metal Coatings North America Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Changes in Method

This valuation is based on the September segmented yield curve using a 24-month average. Results for the 2009 plan year were based on full yield curve for the month of October. In 2010, a change in the method of selecting the interest rate does not require IRS approval.

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
EIN / PN: 75-1972143 / 001
Plan Sponsor: NOF Metal Coatings North America Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

NOF Metal Coatings North America Inc.

Plan

Metal Coatings International, Inc. Retirement Income Plan.

Effective Date and Most Recent Amendment

Effective August 31, 1984, most recently amended December 31, 2008. All benefits were frozen as of December 31, 2008.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Employees hired after effective the date shall participate retroactive to their date of hire after the completion of one year of service. Effective December 31, 2008, no new employees are eligible to participate.

Credited Service

Class A full-time: Continuous service from date of hire to date of termination.

Plan Name:	Metal Coatings International, Inc. Retirement Income Plan
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Plan Sponsor:	NOF Metal Coatings North America Inc.
Valuation Date:	January 1, 2010

SCHEDULE SB ATTACHMENTS

Class B part-time:

Hours of Service	Years of Benefit Accrual
Less than 1,000	0
1,000-1,099	6/12
1,100-1,199	7/12
1,200-1,299	8/12
1,300-1,399	9/12
1,400-1,499	10/12
1,500-1,599	11/12
1,600 or more	1

No additional service will be credited after December 31, 2008.

Vesting Service

Continuous service from date of hire to date of termination. Effective December 31, 2008, any active participant as of December 31, 2008 is 100% vested regardless of vesting service.

Final Average Compensation

Average of the highest 36 consecutive months of Compensation out of the last 60 months. Includes Compensation during an employee's prior service. Final average compensation for termination after December 31, 2008 is determined as final average compensation as of December 31, 2008.

Covered Compensation

The floating 35 year average maximum wage base in effect in the year of termination. Changes in covered compensation are not recognized after December 31, 2008.

Normal Retirement Benefit

Normal Retirement Date: First of month following age 65.

Benefit Formula: Monthly income based on Accrued Benefit.

Normal Form of Benefit: Life only, if not married. Actuarial equivalent Joint & 50% Survivor, if married.

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
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Plan Sponsor: NOF Metal Coatings North America Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Late Retirement

First of the month following actual retirement after attainment of age 65.

Accrued Benefits

Greater of (1) and (2) minus (3) but, in total, not less than (4).

(1) 1.4% of final average annual compensation times years of credited service less 0.486% of the smaller of covered compensation and final average annual compensation times years of credited service, not in excess of 35 years.

(2) \$102 per year times years of credited service.

(3) The accrued benefit under the Diamond Shamrock Retirement Income Plan as prescribed under the Joint Venture Agreement.

(4) The accrued benefit under the plan as of March 31, 1989.

Early Retirement Benefit

Eligibility: First of the month following attainment of age 55.

Benefit: The Accrued Benefit determined at date of early retirement reduced 5% for each year the early commencement of benefit precedes age 62.

Disability Benefit

Eligibility: Employee qualifies, if eligible, under the employer's long-term disability program if totally disabled prior to age 65.

Benefit Before Normal Retirement: Same as early or normal retirement benefit, depending on eligibility. Includes credited service during the period of disability until retirement.

Vested Benefits Upon Termination of Service

Vesting: Effective December 31, 2008, any active participant on December 31, 2008 is 100% vested regardless of years of vesting service.

Termination Benefit: Accrued benefit at date of termination times the percentage vested payable upon attainment of the normal retirement date.

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
EIN / PN: 75-1972143 / 001
Plan Sponsor: NOF Metal Coatings North America Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Termination Benefit Before Normal Retirement: The Accrued Benefit payable as early as age 55, reduced based on the following schedule:

Age	Benefit Percentage
55	40.3%
56	43.7
57	47.5
58	51.7
59	56.4
60	61.7
61	67.6
62	100.0

Death Benefits for Participants in Active Service

Paid to a vested participant's surviving spouse, if any, equal to 50% of the early, normal, or late retirement benefit that the participant would have received if they had retired on their date of death and elected an immediate benefit in a Joint and 50% Survivor Form.

Optional Forms of Retirement Income in Lieu of Normal Form

Life Only
5 or 10 Year Certain & Life
Joint & 50%, 75% or 100% Survivor
Lump Sum

Plan Participants' Contributions

They are not required or permitted.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: Metal Coatings International, Inc. Retirement Income Plan
EIN / PN: 75-1972143 / 001
Plan Sponsor: NOF Metal Coatings North America Inc.
Valuation Date: January 1, 2010

**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

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ 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) ▶	001
METAL COATINGS INTERNATIONAL, INC. RETIREMENT INCOME PLAN			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Identification Number (EIN)	
NOF METAL COATINGS NORTH AMERICA INC.		75-1972143	
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	4,441,125	
b Actuarial value	2b	4,885,238	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	6	1,458,624
b For terminated vested participants	3b	60	1,095,203
c For active participants:			
(1) Non-vested benefits	3c(1)		52,991
(2) Vested benefits	3c(2)		3,321,099
(3) Total active	3c(3)	81	3,374,090
d Total	3d	147	5,927,917
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	6.73 %	
6 Target normal cost	6	6,506	

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	Matthew C. Kaiser	October 10, 2011
	Signature of actuary	Date
	Matthew C. Kaiser	11-05784
	Type or print name of actuary	Most recent enrollment number
	Towers Watson Delaware Inc.	(216) 937-4000
	1001 Lakeside Ave, Suite 1900	Telephone number (including area code)
	Cleveland OH 44114-1172	
	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)	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>22.59%</u>		
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>8.22%</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.....	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 82.41 %
15 Adjusted funding target attainment percentage.....	15 82.41 %
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 71.94 %
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
03/29/2011	2,600,000				
04/15/2010	37,000				
07/15/2010	37,000				
10/15/2010	37,000				
01/14/2011	37,000				
Totals ▶			18(b)	2,748,000	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,539,342

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
0	0	0	0

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		62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			
Part VI Miscellaneous items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27		
Part VII Reconciliation of unpaid minimum required contributions for prior years			
28 Unpaid minimum required contribution for all prior years	28		
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29		
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		6,506
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	805,562		157,937
b Waiver amortization installment			
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		164,443
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0
36 Additional cash requirement (item 34 minus item 35)	36		164,443
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37		2,539,342
38 Interest-adjusted excess contributions for current year (see instructions)	38		2,374,899
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

Metal Coatings International, Inc. Retirement Income Plan
EIN/PN: 75-1972143/001

2010 Form 5500 Schedule H Line 4j
Schedule of Reportable Transactions

[illegible]

Metal Coatings International, Inc. Retirement Income Plan
EIN/PN: 75-1972143/001

2010 Form 5500 Schedule H Line 4i
Schedule of Assets Held for Investment Purposes at End of Year

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Value of interest in registered investment companies (e.g. mutual funds)			
	Goldman Sachs Growth Opportunities Institutional Class Fund #1132	24.350	80,852.08	96,214.13
	PNC International Equity Fund Class I	15.290	512,481.78	622,993.80
	PNC Large Cap Growth Fund Class I	15.910	880,238.42	696,079.46
	PNC Small Cap Core Fund Class I	11.900	330,945.85	389,485.83
	PNC Intermediate Bond Fund Class I	11.250	1,091,615.90	1,088,389.52
	PNC Mid Cap Value Fund Class I	12.650	163,157.59	181,777.10
	PNC Limited Maturity Bond Fund Class I Fund #413	10.210	109,072.92	108,756.89
	PNC Large Cap value Fund Class I	13.160	623,297.35	674,721.25
	Interest-bearing cash (including money market accounts and certificates of deposit)			
	PNC Prime Money Market Fund #417	1.000	35,701.21	35,701.21
	Total General Investments		3,827,363.10	3,894,119.19