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

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ROLLEX CORPORATION

800 CHASE AVE
ELK GROVE VILLAGE, IN 60007

800 CHASE AVE
ELK GROVE VILLAGE, IN 60007

2b Employer Identification Number (EIN)
36-3435871

2c Sponsor's telephone number
847-437-3000

2d Business code (see instructions)
332900

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	JOHN FOLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ROLLEX CORPORATION

800 CHASE AVE
ELK GROVE VILLAGE, IN 60007

3b Administrator's EIN
36-3435871

3c Administrator's telephone number
847-437-3000

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	431
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**	118
b	Retired or separated participants receiving benefits	**6b**	33
c	Other retired or separated participants entitled to future benefits	**6c**	283
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	434
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	434
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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 3D 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4H 4L

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**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

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
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3435871

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
	a Market value	**2a**		5456081
	b Actuarial value	**2b**		5445895
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	34	717410
	b For terminated vested participants	**3b**	275	2796969
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		8326
	(2) Vested benefits	**3c(2)**		1747192
	(3) Total active	**3c(3)**	122	1755518
	d Total	**3d**	431	5269897
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**		6.67 %
6	Target normal cost	**6**		74014

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

09/06/2011
Signature of actuary — Date

PETER C. VOJTIK
Type or print name of actuary

11-01616
Most recent enrollment number

R. H. MOYSEY & COMPANY
Firm name

630-536-8308
Telephone number (including area code)

2676 CAMBERLY CR
NAPERVILLE, IL 60564
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8)		
10	Interest on item 9 using prior year's actual return of 22.12 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		20
	b Interest on (a) using prior year's effective rate of 6.48 %		1
	c Total available at beginning of current plan year to add to prefunding balance		21
	d Portion of (c) to be added to prefunding balance		21
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)		21

Part III Funding percentages

14	Funding target attainment percentage	14	103.34 %
15	Adjusted funding target attainment percentage	15	103.34 %
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	86.96 %
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
08/10/2011	84400				
			Totals ► 18(b)	84400	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required 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	76089

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous items

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

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	76089
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	76089
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**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶	
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ROLLEX CORPORATION	36-3435871	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(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?
19	NONE	33844	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROLLEX CORPORATION

D Employer Identification Number (EIN)
36-3435871

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE AGGREGATE BOND INDEX FND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-029	C	1550876

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE S&P 500 INDEX FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-115	C	761381

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORTTERM INVESTMENT FND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-084	C	229012

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE ALLCOUNTRYWORLD EXUS IDX

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMAPNAY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-113	C	350543

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE GLOBAL REALESTATE IDXFND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-082	C	100882

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE INTERNATIONAL EQUITY FND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-073	C	334765

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE LARGE CAP FND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-142	C	991076

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE MID CAP FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN 45-6138589-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282295

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SMALL CAP FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN 45-6138589-052	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292787

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROLLEX CORPORATION

D Employer Identification Number (EIN)
36-3435871

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	239202	84400
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	43	3254
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	4513128	4893617
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	703708	940266
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5456081	5921537
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5456081	5921537

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	84400	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		84400
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	30905	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		30905
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(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)		554448
(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)		106143
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		775896
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	276596	
(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)		276596
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)	33844	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		33844
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		310440
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		465456
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY & PULLEN, LLP (2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
HOURLY EMPLOYEES' PENSION PLAN OF ROLLEX CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROLLEX CORPORATION

D Employer Identification Number (EIN)
36-3435871

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): 36-7045630

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** 6

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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**

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):

---

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):

Hourly Employees' Pension Plan of Rollex Corporation

Financial Report
December 31, 2010

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McGladrey

Independent Auditor's Report

To the Trustees of
Hourly Employees' Pension Plan of Rollex Corporation

We were engaged to audit the accompanying statements of net assets available for benefits of the Hourly Employees' Pension Plan of Rollex Corporation (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the United States 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 9 which was certified or provided by The Northern Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Note 9 that was provided to the Plan Administrator by the custodian as of and for the years ended December 31, 2010 and 2009.

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 or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey & Pullen, LLP

Schaumburg, Illinois
October 12, 2011

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Hourly Employees' Pension Plan of Rollex Corporation

Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments, at fair value:		
Common collective trust funds	**$ 4,893,617**	$ 4,513,128
Mutual funds	**940,266**	703,708
	5,833,883	5,216,836
Receivables:		
Employer's contribution	**84,400**	239,202
Accrued income	**3,254**	43
	87,654	239,245
Net Assets Available for Plan Benefits	**$ 5,921,537**	$ 5,456,081

See Notes to Financial Statements.

Hourly Employees' Pension Plan of Rollex Corporation

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2010 and 2009

	2010	2009
Additions to net assets attributed to:		
Investment income:		
Dividends	**$ 30,905**	$ 24,125
Net appreciation in fair value of investments		
Common collective trust funds	**554,448**	798,065
Mutual funds	**106,143**	163,077
	691,496	985,267
Employer's contribution	**84,400**	239,202
	775,896	1,224,469
Deductions from net assets attributed to:		
Benefits paid to participants	**276,596**	216,223
Administrative expenses	**33,844**	30,611
	310,440	246,834
Net increase	**465,456**	977,635
Net assets available for plan benefits:		
Beginning of year	**5,456,081**	4,478,446
End of year	**$ 5,921,537**	$ 5,456,081

See Notes to Financial Statements.

Note 1. Description of Plan

The following description of the Hourly Employees' Pension Plan of Rollex Corporation (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan covering all union members of Rollex Corporation (the Sponsor) who have completed one year of service and have attained the age of 21. Eligible employees begin to participate on the January 1 or July 1 following completion of the service requirement. Valuations are performed at the beginning of each year, using the prior year's employee data. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan document was restated through adoption of a non-standardized prototype plan sponsored by DATAIR Employee Benefit Systems, Inc., effective January 1, 2010. This restatement confirmed the Plan's existing provisions and incorporated certain elements required by ERISA.

Pension benefits: The pension benefit to which a participant is entitled is based on average monthly compensation, which is determined based on the average of a participant's compensation from the Sponsor for the three highest consecutive years of the last five years of employment. The term compensation means total wages paid to a participant during the plan year, and excludes certain overtime premium pay, bonuses and taxable employee benefits, such as the value of life insurance in excess of $50,000. Compensation is limited to $245,000 in 2010 and 2009, as indexed by the Internal Revenue Code.

The monthly retirement benefit, known as the Normal Retirement Benefit, is 20% of the average monthly compensation reduced by 1/25 for each year of credited service less than 25. A participant is credited with a year of service for each year in which at least 1,000 hours are worked.

Normal retirement age for the Plan is the later of age 65 or the fifth anniversary of participation in the Plan. Early retirement age for the Plan is age 55 if the participant has completed 20 years of service.

The Plan provides that the normal form of benefit payment is a straight life annuity. Other forms of benefit payments are available at the option of the participant, including a lump-sum payment in lieu of monthly retirement benefit payments.

Death and disability benefits: Should a married participant die before retirement, the spouse would be entitled to a death benefit under the Plan equal to the amount payable as a preretirement survivor annuity. Participants who become totally disabled receive a benefit equal to the present value of the accrued benefit as of the date of disability.

Vesting: The vested portion of the accrued benefit will be distributed after death, disability or retirement. A participant becomes 100% vested upon completion of five years of service.

Administrative expenses: Fees for custodian services are paid by the Plan. Other administrative expenses are paid by the Sponsor.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting.

Note 2. 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 management to make estimates and assumptions that affect the reported amounts of plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition: 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 the measurement date. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits are paid to *(a)* retired or terminated employees or their beneficiaries, *(b*) beneficiaries of employees who have died, and *(c)* present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in determining accumulated plan benefits as of January 1, 2010, are as follows:

Factor	Assumption
Expected long-term rate of return on plan assets	7% pre-retirement; 6% post-retirement
Mortality rates	1984 Unisex Table
Retirement age	Later of attained age 65 or 5 years of plan participation

Actuarial valuations are based on the presumption that the Plan will continue. In the event of plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of benefits: Benefits are recorded when paid.

New accounting pronouncement: The Financial Accounting Standards Board (FASB) issued ASU 2010-06, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures and Fair Value Measurements,* which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and those disclosures should include a discussion of inputs and valuation techniques. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances and settlements, instead of netting these charges. With respect to matters other than Level 3 measurements, the amendment is effective for periods beginning after December 15, 2009. The Plan adopted all of the requirements of this update on January 1, 2010, except for the guidance related to Level 3 measurements which is effective for periods beginning after December 15, 2010. The Level 3 disclosure requirement is not expected to have an impact on the Plan's fair value disclosures.

Pending accounting pronouncement: In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs.* The update amended Fair Value Measurements and Disclosures, to converge the fair value measurement guidance in Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in *Fair Value Measurements and Disclosures*. In addition, the update requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of the update will have on the Plan's financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through October 12, 2011, the date the financial statements were available to be issued.

Note 3. Actuarial Present Valuation of Accumulated Benefits

Accumulated plan benefits as of January 1, 2010, are as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 576,369
Other participants	4,169,819
	4,746,188
Nonvested benefits	7,667
Total actuarial present value of accumulated plan benefits	$ 4,753,855

During 2009, changes to the actuarial present value of accumulated plan benefits were as follows:

Actuarial present value of accumulated benefits, beginning of year	$ 4,517,924
Actuarial (gain)/loss	49,565
Benefits accumulated	93,902
Benefits paid	(216,223)
Passage of time	308,687
Actuarial present value of accumulated benefits, end of year	$ 4,753,855

The actuarial valuations are done using the beginning-of-year method. Therefore, the accumulated plan benefits as of December 31, 2009, represented information provided by the actuary as of January 1, 2010. There has been no significant change in the Plan's provisions or coverage from December 31, 2009 to January 1, 2010.

Note 4. Funding Policy

The Company's funding policy is to make contributions to ensure all employees' benefits will be fully provided for by the time they retire. The Company determines contribution amounts based on the Plan's funding status and recommendations from the Plan's actuary. The Company contributes at least the amount necessary to satisfy the minimum funding requirements of ERISA, as identified in plan year's actuarial valuation. Contributions may exceed the minimum funding requirement. There was no required contribution for 2010. The required contribution for 2009 was $212,060. The Company contributed $84,400 and $239,202 for the 2010 and 2009 plan years, respectively, subsequent to year-end.

Note 5. Plan Termination

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

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

A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

D. All nonvested benefits.

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

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

Note 6. Investments

Investments representing more than 5% of the Plan's total assets at December 31, 2010 and 2009, are as follows:

	2010	2009
Common collective trust funds		
MFB NT Collective Daily Aggregate Bond Index Fund - Lending	$ 1,550,876	$ 1,501,472
MFB NT Collective Daily All Country World Index ex-US Equity Fund - Lending	350,543	314,903
MFB NT Collective Daily S&P 500 Equity Index - Lending	761,381	712,660
COLTV Collective Short-Term Investment Fund	229,012	909,673
NTCC Mid Cap Fund	282,295	302,747

Note 7. Fair Value Measurements

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

Note 7. Fair Value Measurements (Continued)

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Common collective trust funds: Valued based on information reported by the custodian using the audited financial statements of the common collective trust at year-end.

Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Assets Measured at Fair Value as of December 31, 2010			
Asset Category	Level 1	Level 2	Level 3	Total
Mutual funds				
Equities - Emerging Markets	$ 252,791	$ -	$ -	$ 252,791
Fixed Income				
Government Agencies	286,810	-	-	286,810
Corporate Bonds	160,772	-	-	160,772
Commodity Linked Funds	239,893	-	-	239,893
Common collective trust investment funds				
Collective Funds for Employee Benefit Trusts	-	1,900,923	-	1,900,923
Short-Term Investment Fund	-	229,012	-	229,012
Domestic Equities	-	761,381	-	761,381
Fixed Income	-	1,550,876	-	1,550,876
International Equities	-	451,425	-	451,425
	$ 940,266	$ 4,893,617	$ -	$ 5,833,883

Note 7. Fair Value Measurements (Continued)

	Assets Measured at Fair Value as of December 31, 2009			
Asset Category	Level 1	Level 2	Level 3	Total
Mutual funds				
Equities - Emerging Markets	$ 158,034	$ -	$ -	$ 158,034
Fixed Income				
Government Agencies	213,064	-	-	213,064
Corporate Bonds	151,988	-	-	151,988
Commodity Linked Funds	180,622	-	-	180,622
Common collective trust investment funds				
Collective Funds for Grantor Trusts	-	1,586,632	-	1,586,632
Short-Term Investment Fund	-	152,579	-	152,579
Domestic Equities	-	873,335	-	873,335
Fixed Income	-	1,501,472	-	1,501,472
International Equities	-	399,110	-	399,110
	$ 703,708	$ 4,513,128	$ -	$ 5,216,836

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2010 and 2009:

	2010			
Investment	**Fair Value**	**Unfunded Commitment**	**Redemption Frequency**	**Redemption Notice Period**
Northern Trust Company of Connecticut				
Collective Funds for Employee Benefit Trusts (a)	$ 1,900,923	$ -	Monthly	None
Northern Trust Global Investments				
Collective Funds Trust				
Short-Term Investment Fund (b)	229,012	-	Daily	None
Domestic Equities (c)	761,381	-	See (c)	See (c)
Fixed Income (d)	1,550,876	-	See (d)	See (d)
International Equities (e)	451,425	-	See (e)	See (e)

Note 7. Fair Value Measurements (Continued)

	2009			
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Northern Trust Company of Connecticut				
Collective Funds for Grantor Trusts (f)	$ 1,586,632	$ -	Monthly	None
Northern Trust Global Investments				
Collective Funds Trust				
Short-Term Investment Fund (b)	152,579	-	Daily	None
Domestic Equities (c)	873,335	-	See (c)	See (c)
Fixed Income (d)	1,501,472	-	See (d)	See (d)
International Equities (e)	399,110	-	See (e)	See (e)

(a) The Northern Trust Company of Connecticut (NTCC) Collective Funds for Employee Benefit Trusts is comprised of four funds, each with its own investment objective. The Plan invests in the following funds with the following investment objectives:

- NTCC Large Cap Fund - The policy of the fund is to invest in U.S. equity markets directly or through funds including, but not limited to, collective funds, using one or more advisors to recommend specific investments. While U.S. securities will be the predominant asset class, this fund may invest in other asset classes from time to time, including but not limited to, short-term investment funds and cash equivalents. Characteristically, the fund will have a large market capitalization core orientation and may be highly concentrated in specific sectors or securities.
- NTCC Mid Cap Fund – The policy of the fund is to invest in U.S equity markets directly or through funds including, but not limited to, collective funds, using one or more advisors to recommend specific investments. While U.S. securities will be the predominant asset class, this fund may invest in other asset classes from time to time, including but not limited to, short-term investment funds and cash equivalents. Characteristically, the fund will have a mid market capitalization core orientation and may be highly concentrated in specific sectors or securities.
- NTCC Small Cap Fund - Invest in small market capitalization securities by using a group of professional advisors to provide advice on specific securities. Small market capitalization is the predominant asset class. The fund may also invest in cash equivalents and investment grade bonds.
- NTCC International Securities Fund - Invest in non-US securities markets or in securities of companies that predominantly derive their revenues from non-US markets. A portion of the assets may be allocated to emerging markets or cash equivalents.

Withdrawal notifications received during the month are recorded at the unit value determined on the next valuation and are executed on a monthly basis.

(b) The Collective Short-Term Investment Fund is composed of high-grade money market instruments with short maturities. The fund's objective is to provide an investment vehicle for cash reserves while offering a competitive rate of return. Liquidity is emphasized to provide for redemption of units on any business day. Principal preservation is also a prime objective. High quality securities are used in this fund. Within quality, maturity and sector diversification guidelines, investments are made in those securities with the most attractive yields. Admissions and withdrawals are daily. Interest is accrued daily and distributed monthly.

Note 7. Fair Value Measurements (Continued)

(c) The Plan invests in the following domestic equity funds with the following investment objectives:

- The primary objective of the Daily S&P Mid Cap 400 Equity Index Fund, a collective fund for qualified plans, is to approximate the risk and return characteristics of the S&P Mid Cap 400 Index. This Index is commonly used to represent the mid cap segment of the U.S. equity market. To achieve its objective, the fund employs a replication technique which generally seeks to hold each index constituent in its proportional index weight. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This fund may participate in securities lending.
- The primary objective of the Daily Russell 2000 Index Fund, a collective fund for qualified plans, is to approximate the risk and return characterized by the Russell 2000 Index. This Index is commonly used to represent the small cap segment of the U.S. equity market. This fund may hold units of the NTGI-QM Collective Daily Russell 2000 Growth Index Fund – Lending and the NTGI-QM Collective Daily Russell 2000 Value Index Fund - Lending.
- The primary objective of the Daily S&P 500 Equity Index Fund, a collective fund for qualified plans, is to approximate the risk and return characterized by the S&P 500 Index. This Index is commonly used to represent the large cap segment of the U.S. equity market. To achieve its objective, the fund employs a replication technique, which generally seeks to hold each index constituent in its proportional index weight. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure.

There are no redemption notices required for these funds traditionally. However these funds participated in securities lending and Northern Trust had instituted a twice monthly redemption process to allow clients to withdraw money from the pools (instituted during the credit crisis in 2008). With the exception of the Collective Daily S&P 500 Equity Index the rest of the funds will no longer be subject to the twice monthly redemption as of July 16, 2010. In order to redeem the Collective Daily S&P 500 Equity Index, a request must be made for the greater of $1 million or 25% of the position (whichever is greater). The actual amount of the redemption is based on the available liquidity of the underlying lending pool.

(d) The Plan invests in the Collective Daily Aggregate Bond Index Fund – Lending. The primary objective of the Daily Aggregate Bond Index Fund, a collective fund for qualified plans, is to provide investment results that approximate the overall performance of the Barclay's Capital Aggregate Bond Index. The fund may hold units of participation in any fixed income collective fund established and maintained by the Trustee or any of its affiliates. The fund may make limited use of interest rate futures and/or options for the purpose of maintaining market exposure. This fund may participate in securities lending. In order to redeem, a request must be made for the greater of $1 million or 25% of the position (whichever is greater). The actual amount of the redemption is based on the available liquidity of the underlying lending pool.

Note 7. Fair Value Measurements (Continued)

(e) The Plan invests in the following international equity funds with the following investment objectives:

- The primary objective of the Daily Global Real Estate Index Fund, a collective fund for qualified plans, is to provide investment results that approximate the overall performance of the Financial Times Stock Exchange (FTSE) European Public Realtors Association (EPRA)/ National Association of Real Estate Investment Trusts (NAREIT) Global Real Estate Index. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This fund may participate in securities lending.
- The primary objective of the Daily All Country World Index (ACWI) ex-US Equity Fund, a collective fund for qualified plans, is to approximate the risk and return characterized by the MSCI ACWI ex-US Index. This Index is commonly used to represent the global non-U.S. equity markets. To achieve its objective, the fund employs a replication technique, which generally seeks to hold each index constituent in its proportional index weight. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This fund may participate in securities lending.

There are no redemption notices required for these funds traditionally. However these funds participated in securities lending and Northern Trust had instituted a twice monthly redemption process to allow clients to withdraw money from the pools (instituted during the credit crisis in 2008). The funds will no longer be subject to the twice monthly redemption as of July 16, 2010.

(f) The Northern Trust Company of Connecticut (NTCC) Collective Funds for Grantor Trusts (CFGT) is comprised of four funds, each with its own investment objective. The Plan invests in the following funds with the following investment objectives:

- NTCC Large Cap Fund - Provide a total return that exceeds the S&P 500 Index, net of fees, per annum over a full market cycle.
- NTCC Mid Cap Fund - Provide a total return that exceeds the Russell Mid Cap Index, net of fees, per annum over a full market cycle.
- NTCC Small Cap Fund - Invest in small market capitalization securities by using a group of professional advisors to provide advice on specific securities. Small market capitalization is the predominant asset class. The fund may also invest in cash equivalents and investment grade bonds.
- NTCC International Securities Fund - Invest in non-US securities markets or in securities of companies that predominantly derive their revenues from non-US markets. The fund invests a portion of its assets in non-US markets without regard to geographic limitation, while another portion of assets is invested in proportion approximating the percentage weights of the United Kingdom, European and Pacific Basin regions as represented in the Morgan Stanley Capital International EAFE Index. A portion of the assets may be allocated to emerging markets or cash equivalents.

Withdrawal notifications received during the month are recorded at the unit value determined on the next valuation and are executed on a monthly basis.

Note 8. Tax Status

Effective January 1, 2010, the Plan adopted a non-standardized prototype plan sponsored by DATAIR Employee Benefit Systems, Inc. The prototype plan has obtained a favorable determination letter on March 31, 2010, in which the Internal Revenue Service stated that the prototype plan is in compliance with the applicable requirements of the Internal Revenue Code (IRC) and therefore is exempt from income taxes. The prototype plan's opinion letter has been relied by the Plan. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2007.

Note 9. Information Certified and Provided by The Northern Trust Company

The following is a summary of the investment information as of December 31, 2010 and 2009, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following investments:

	2010	2009
Investments held by the Plan's custodian at fair value		
Common collective trust funds	$ 4,893,617	$ 4,513,128
Mutual funds	940,266	703,708
	$ 5,833,883	$ 5,216,836

The Plan's custodian also certified to the completeness and accuracy of $660,591 and $961,142 of net appreciation in fair value of investments and $30,905 and $24,125 of dividends related to the aforementioned investments for the years ended December 31, 2010 and 2009, respectively.

Note 10. Parties-in-Interest Transactions

The Plan's investments are managed by The Northern Trust Company, the custodian of the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for investment management and other administrative expenses were $33,844 and $30,611 for the years ended December 31, 2010 and 2009, respectively.

The Plan is administered by the Sponsor pursuant to the terms and conditions of the Plan and Trust. The Sponsor pays for administrative expenses of the Plan, except for investment expenses. In addition, certain administrative functions are performed by officers or employees of the Sponsor for which no compensation is received from the Plan.

Note 11. Risks and Uncertainties

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

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

Note 12. Partial Plan Termination

In 2007, the plan sponsor downsized its operations and laid off employees which may have resulted in a partial plan termination. As a result, during 2008, the plan sponsor decided to fully vest the affected participants. The related increase in actuarial present value of accumulated plan benefits is not significant and will be reflected in the accumulated plan benefits as of January 1, 2011.

Supplementary Information

Hourly Employees' Pension Plan of Rollex Corporation

EIN: 36-3435871
Plan Number: 001

Schedule H, Line 4i (Form 5500) - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	The Northern Trust Company	Shares of common collective trust investment funds:		
		MFB NT Collective Daily Aggregate Bond Index Fund - Lending	$ 1,081,547	$ 1,550,876
		MFB NT Collective Daily All Country World Index ex-US Equity Fund - Lending	200,000	350,543
		MFB NT Collective Daily Global Real Estate Index Fund - Lending	55,000	100,882
		MFB NT Collective Daily S&P 500 Equity Index - Lending	622,591	761,381
		COLTV Collective Short-Term Investment Fund	229,012	229,012
		NTCC International Equity Fund	210,000	334,765
		NTCC Large Cap Fund	619,858	991,076
		NTCC Mid Cap Fund	160,000	282,295
		NTCC Small Cap Fund	215,000	292,787
			3,393,008	4,893,617
		Shares of mutual funds:		
*	The Northern Trust Company	High Yield Fixed Income	131,649	160,772
*	The Northern Trust Company	MFB FDS Multi-Manager Emerging Markets Equity	180,975	252,791
	PIMCO	Commodity Real Return Strategy Institutional	125,907	148,477
	SPDR	MFC Gold Trust	65,130	91,416
	Vanguard	Inflation-Protected Securities Admiral Shares	270,284	286,810
			773,945	940,266
			$ 4,166,953	$ 5,833,883

* Indicates a party-in-interest as defined by ERISA.

Hourly Employees' Pension Plan of Rollex Corporation

EIN: 36-3435871
Plan Number: 001

Schedule H, Part IV, Item 4j - Schedule of Reportable Transactions
Year Ended December 31, 2010

(a) Identity of party involved	(b) Description of assets	(c) Number of transactions	(d) Purchase price	(e) Selling price	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Series of Transactions by Issue in Excess of 5%:								
Note 1	MFB NT Collective Daily Global Real Estate Index Fund - Lending	29	$ 529,275	$ -	$ -	$ 529,275	$ 529,275	$ -
Note 1	MFB NT Collective Daily Global Real Estate Index Fund - Lending	21	-	$ 452,842	-	452,842	452,842	-

Note 1 - Identity of party involved for all reportable transactions is The Northern Trust Company.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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: Hourly Employees' Pension Plan of Rollex Corporation	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Rollex Corporation	**D** Employer Identification Number (EIN): 36-3435871

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B | **F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2	Assets:			
a	Market value	2a		5,456,081
b	Actuarial value	2b		5,445,895
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	34	717,410
b	For terminated vested participants	3b	275	2,796,969
c	For active participants:			
	(1) Non-vested benefits	3c(1)		8,326
	(2) Vested benefits	3c(2)		1,747,192
	(3) Total active	3c(3)	122	1,755,518
d	Total	3d	431	5,269,897
4	If the plan is at-risk, check the box and complete lines a and b [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.67
6	Target normal cost	6		74,014

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 Peter C. Vojtik — Signature of actuary — 09/06/2011 — Date

Peter C. Vojtik — Type or print name of actuary — 11-01616 — Most recent enrollment number

R. H. Moysey & Company — Firm name — (630) 536-8308 — Telephone number (including area code)

co 2676 Camberley Circle

US Naperville IL 60564 — 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 [ ]

Schedule SB, line 26 - Schedule of Active Participant Data
ROLLEX CORPORATION
HOURLY EMPLOYEES' PENSION PLAN
36-3435871/001
FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25														
25 to 29			1											
30 to 34					1		2		1					
35 to 39			1				6		5		1			
40 to 44					2		4		13		5		1	
45 to 49					1		2		8		5		2	
50 to 54			1		1		2		6		6		3	
55 to 59			1						1		3		2	
60 to 64									1		2			
65 to 69														
70 & up														

	Years of Credited Service					
	30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	1					
50 to 54	4					
55 to 59	5		3			
60 to 64						
65 to 69						
70 & up						

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: **Rollex Corporation**

Employer identification number: **36-3435871**

Plan Year **01/01/2010** to **12/31/2010**

Three-digit plan number ▶ **001**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Northern Trust Co	Coltv GlblRealEstate-29 Trans	529275				529275	529275	
Northern Trust Co	Coltv GlblRealEstate-21 Trans		452842			452842	452842	0

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
Hourly Employees' Pension Plan of Rollex Corporation

Employer Identification Number
36-3435871

Three-digit plan number ► 001

(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
	The Northern Trust Company	Collective Short Term Investme	229,012	229,012
	The Northern Trust Company	Collective Daily Aggregate Bon	1,081,547	1,550,876
	The Northern Trust Company	Coltv International Equity Fnd	210,000	334,765
	The Northern Trust Company	Coltv Small Cap Fund	215,000	292,787
	The Northern Trust Company	Collective Daily S&P 500 Equit	622,591	761,381
	The Northern Trust Company	Multi-Mgr Emerging Mkts Eq Fnd	180,975	252,791
	State Street Global Advisors	SPDR Gold Trust Gold Shares	65,130	91,416
	The Northern Trust Company	Hi Yield Fixed Income Fund	131,649	160,772
	The Northern Trust Company	Mid Cap Fund FEBT	160,000	282,295
	The Northern Trust Company	Coltv Daily Global Realestate	55,000	100,882
	PIMCO Funds Pacific Invt Mgmt	Commodity RealReturn Strategy	125,907	148,477
	Vanguard Group - Admiral	Inflation Protected Sec Fund	270,284	286,810
	The Northern Trust Company	Large Cap Fund FEBT	619,858	991,076
	The Northern Trust Company	Coltv All Country World Ex-Us	200,000	350,543

Schedule H, line 4i

Schedule of Assets (Acquired and Disposed of Within Year).

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Hourly Employees' Pension Plan of Rollex Corporation

Employer Identification Number

36-3435871

Three-digit plan number ► 001

(a) Identity of issue, borrower, lessor, or similar party	**(b)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value	**(c)** Costs of acquisitions	**(d)** Proceeds of dispositions
	None to Report		

The weighted average retirement age equals the normal retirement age at the anniversary date nearest attainment of age 65 and completion of 5 years of participation. The average as of the valuation date was 64.5 years.

TYPE OF ENTITY S corporation.

DATES Effective-01/01/1983 Valuation-01/01/2010 Eligibility-01/01/2010 Year-end-12/31/2010

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None
Age at last birthday.
Entry Age For Full Funding Limitation Calculation - as of date eligibility satisfied.

HOURS REQUIRED FOR
Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

PLAN ENTRY - January 1 or July 1 immediately following satisfaction of eligibility requirements.

New participants are not included in current year's valuation.

RETIREMENT NORMAL - Anniversary date nearest attainment of age 65, and completion of 5 years of participation.

EARLY - Upon attainment of age 55, and completion of 20 years of service. (100% Vested upon satisfaction of early retirement provisions).

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest of last 5 years of participation.
ACCRUED BENEFIT - 3 Highest of last 5 years.

PLAN BENEFITS

RETIREMENT-- 20.000% of average monthly compensation. Total benefit reduced by 1/25 for each year of service less than 25 years.

415 Limits - Percent 100.00 Dollar - $16,250

Minimum Benefit - $16.00 multiplied by years of service limited to 25 years.
Maximum benefit - None

Maximum 401(a)(17) compensation $245,000

NORMAL FORM

Life Annuity.

Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

DEATH BENEFIT

Qualified pre-retirement 50% surviving spouse annuity.

ACCRUED BENEFIT

Pro-rata based on service (calculated as of beginning of plan year).
MINIMUM ACCRUED BENEFIT: $16.00 per year of service. (Maximum 25 years).

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

TERMINATION BENEFITS

100% vested in year 5, 0% vested in prior years.
Service is calculated using all years of service except years prior to age 18.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION METHOD

Market value.

ROLLEX CORPORATION
HOURLY EMPLOYEES' PENSION PLAN
36-3435871/001
FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

FUNDING METHOD	As prescribed in IRC Section 430.	
INTEREST RATES	Years 0-5	Segment rate 1 5.210%
	Years 6-20	Segment rate 2 6.570%
	Years over 20	Segment rate 3 6.650%
PRE-RETIREMENT	MORTALITY TABLE --	2010 Funding Target - Combined - IRC 430(h)(3)(A).
	TURNOVER/DISABILITY--	TURNOVER TABLE 7.
	SALARY SCALE --	3.000
	INTEGRATION LVL INCR-	None
	BACKWARD SALARY PROJ.	Based on increase of average earnings
POST-RETIREMENT	MORTALITY TABLE --	2010 Funding Target - Combined - IRC 430(h)(3)(A).
	EXPENSE LOAD --	None
	COST OF LIVING	None
	OPTIONAL FORM	100% of retirees assumed to elect lump sum payment.
	LUMP SUM --	2010 Applicable Mortality Table for 417(e) (Unisex).

Or

Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES	Years 0-5	Segment rate 1 3.130%
	Years 6-20	Segment rate 2 5.070%
	Years over 20	Segment rate 3 5.500%
	MORTALITY TABLE --	2010 Applicable Mortality Table for 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT	INTEREST --	7.000%
	MORTALITY TABLE --	None.
POST-RETIREMENT	INTEREST --	6.000%
	MORTALITY TABLE --	1984 UNISEX TABLE.

ROLLEX CORPORATION
HOURLY EMPLOYEES' PENSION PLAN
36-3435871/001
FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:	INTEREST --	7.500%
POST-RETIREMENT:	INTEREST --	7.500%
	MORTALITY TABLE --	1971 GROUP ANNUITY male rates.

PERMISSIVELY AGGREGATED PLANS: Not Tested as Single Plan.

COMPENSATION: Use Current Compensation to calculate the Benefit Accrual Rate (Annual Method).

TESTING AGE: Normal Retirement Age.

TYPE OF ENTITY S corporation.

DATES Effective-01/01/1983 Valuation-01/01/2010 Eligibility-01/01/2010 Year-end-12/31/2010

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None
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	MORTALITY TABLE --	1984 UNISEX TABLE.

ROLLEX CORPORATION
HOURLY EMPLOYEES' PENSION PLAN
36-3435871/001
FOR THE PLAN YEAR 01/01/2010 THROUGH 12/31/2010

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