Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR HOURLY-RATED EMPLOYEES OF RANDALL BEARINGS, INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1957

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

P.O. BOX 1258
LIMA, OH 45802-1258

2b Employer Identification Number (EIN) 34-4429314

2c Sponsor's telephone number 419-223-1075

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.	10/14/2011	DAVID WIERWILLE
	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

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RANDALL BEARINGS, INC. P.O. BOX 1258 LIMA, OH 45802-1258	**3b** Administrator's EIN 34-4429314 **3c** Administrator's telephone number 419-223-1075

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:		**4b** EIN
a Sponsor's name		**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	137
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**	61
b Retired or separated participants receiving benefits	**6b**	25
c Other retired or separated participants entitled to future benefits	**6c**	41
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	8
f Total. Add lines **6d** and **6e**	**6f**	135
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**	3
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:
1B 1G

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

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

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

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

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
RETIREMENT PLAN FOR HOURLY-RATED EMPLOYEES OF RANDALL BEARINGS, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RANDALL BEARINGS, INC.

D Employer Identification Number (EIN)
34-4429314

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		2833242
	b Actuarial value	2b		2866802
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	3a	49	1208913
	b For terminated vested participants	3b	22	380246
	c For active participants:			
	(1) Non-vested benefits	3c(1)		51609
	(2) Vested benefits	3c(2)		939770
	(3) Total active	3c(3)	66	991379
	d Total	3d	137	2580538
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		6.58 %
6	Target normal cost	6		54326

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 07/27/2011

CHARLES D. MUNSELL, III, EA, MSPA

Type or print name of actuary — Most recent enrollment number: 11-04745

NYHART

Firm name — Telephone number (including area code): 317-845-3570

8415 ALLISON POINTE BLVD, SUITE 300
INDIANAPOLIS, IN 46250-4159

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)	293729	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	42682	0
9	Amount remaining (Item 7 minus item 8)	251047	0
10	Interest on item 9 using prior year's actual return of 18.16 %	45590	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.43 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	296637	0

Part III Funding percentages

14	Funding target attainment percentage	14	99.59 %
15	Adjusted funding target attainment percentage	15	111.09 %
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	112.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) [X] 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	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[ ] Yes	[X] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	54326

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	54326

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	54326	0	54326

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	0
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

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

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

A Name of plan
RETIREMENT PLAN FOR HOURLY-RATED EMPLOYEES OF RANDALL BEARINGS, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RANDALL BEARINGS, INC.

D Employer Identification Number (EIN)
34-4429314

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

FAF ADVISORS, INC.

41-2003732

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial 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 6058(a) of the Internal Revenue Code (the Code). ▶ **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
RETIREMENT PLAN FOR HOURLY-RATED EMPLOYEES OF RANDALL BEARINGS, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RANDALL BEARINGS, INC.

D Employer Identification Number (EIN)
34-4429314

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12894	11816
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	121104	16245
(2) U.S. Government securities	1c(2)	525686	432756
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	639894	624650
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	281978	296356
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1251686	1607107
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2833242	2988930
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2833242	2988930

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)	19291	
(C) Corporate debt instruments	2b(1)(C)	30726	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50018
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	7605	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14753	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22358
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	998962	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1024038	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-25076

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	44403	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		44403
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		212548
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		304251

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	145827	
(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)		145827
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)	2736	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2736
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		148563

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		155688
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: M. A. HOOPS & ASSOICATES, INC. **(2)** EIN: 34-1818457

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)	Retirement Plan 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 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.**	**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
RETIREMENT PLAN FOR HOURLY-RATED EMPLOYEES OF RANDALL BEARINGS, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RANDALL BEARINGS, INC.

D Employer Identification Number (EIN)
34-4429314

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 62-1411859 _____

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

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

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

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

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

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

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

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

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):

Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc.

Audit Report

Years Ended December 31, 2010 and 2009

M. A. HOOPS & ASSOCIATES

Certified Public Accountants

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* * * * *

M. A. HOOPS & ASSOCIATES

Mark A. Hoops, CPA
Sharon K. Cole, CPA
Erin K. Johnstone, CPA

Certified Public Accountants

2579 Shawnee Rd.
Lima, Ohio 45806
Tel. 419-229-5501
Fax 419-229-6165

Melissa A. Young, CPA
Adam J. Kruse, CPA
Peggy L. Minnig, CPA

Independent Auditors' Report

Board of Administration
Retirement Plan for Hourly-Rated
Employees of Randall Bearings, Inc.
Lima, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc. 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 Schedule H, line 4i – Schedule of Assets (Held At End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4; which was certified by U.S. Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2010 and 2009 and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

MA Hoops & Associates

Certified Public Accountants

October 6, 2011
Lima, Ohio

Members American Institute of Certified Public Accountants • Ohio Society of Certified Public Accountants

Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc.
Statements of Net Assets Available for Benefits
As of December 31, 2010 and 2009

Assets

	2010	2009
Investments, at Quoted Prices in an Active Market		
Mutual Funds	$ 1,607,107	$ 1,251,686
U.S. Government Bonds	432,756	525,686
Corporate Bonds	624,650	639,894
Common Stock	296,356	281,978
Accrued Earnings	11,816	12,894
Total Investments	2,972,685	2,712,138
Cash	16,245	121,105
Net Assets Available for Benefits	$ 2,988,930	$ 2,833,243

See accompanying notes.

Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc.
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2010 and 2009

	2010	2009
Additions (Deductions) to Net Assets Attributable to:		
Investments Income:		
Interest	50,018	60,739
Dividends and Capital Gain Distributions	22,298	25,500
Net Appreciation (Depreciation) in Fair Value of Investments	231,934	360,986
	304,250	447,225
Less: Investment Expenses	(2,736)	(2,276)
Net Additions (Deductions) to Net Assets	301,514	444,949
Deductions from Net Assets Attributable to:		
Benefits Paid Directly to Participants	(145,827)	(152,063)
Net Increase (Decrease)	155,687	292,886
Net Assets Available for Benefits Beginning of Year	2,833,243	2,540,357
Net Assets Available for Benefits End of Year	$ 2,988,930	$ 2,833,243

See accompanying notes.

Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc. Notes to Financial Statements

Note 1 – Summary of Significant Accounting Policies

Basis of Accounting
The accounting records of the Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc. (the Plan) are maintained on the accrual basis. Accounting records and Plan assets are maintained by the Plan trustee.

Valuation of Investments and Income Recognition
Plan investments are presented at their fair value at the reporting date. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Dividend income is accrued on the ex-dividend date.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. 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 estimated future periodic payments that are attributable, under the Plan's provisions, to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' years of credited service and the negotiated benefit unit. The accumulated plan benefits for active employees are based on the benefit unit in effect at the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note 2 – Description of the Plan

The Plan is a defined benefit plan which covers substantially all non-salaried employees of Randall Bearings, Inc. (the Company) and provides for retirement and disability retirement benefits. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The contributions of the Company are made in amounts sufficient to fund the Plan's current service cost on a current basis and to fund the prior

Note 2 – Description of the Plan (Continued)

service costs, plus interest thereon, over a period of 30 years. The actuarial cost method used in this valuation was the entry age normal cost method. The Plan has met the ERISA minimum funding requirements. Employees are fully vested after 5 years of service.

The Company has the right under the Plan to discontinue such contributions at any time, and terminate the Plan upon termination of the contract with the International Union of Electrical, Radio and Machine Workers, A.F.L.-C.I.O.-C.L.C. and the International Union, United Automobile, Aerospace and Agricultural Implement Workers. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid, depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

The negotiated benefit units are as follows:

Date of Retirement	Benefit Unit Per Year of Credited Service
1994	$16
1995-1996	19
1997	20
1998-2000	22
2001-2002	25
2003	26
2004	28
2005 - 2006	30
2007	31
2008	32
2009	33
2010-2011	35
2012	36

The Plan obtained its latest determination letter in November, 1995, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the pamphlet, Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc. Copies of this pamphlet are available from the Board of Administration.

Note 3 – Accumulated Plan Benefits

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

The accumulated plan benefit information as of January 1, 2010 and 2009 based on the appropriate benefit unit is as follows:

Actuarial present value of accumulated plan benefits:

	January 1, 2010	January 1, 2009
Vested benefits:		
Participants currently receiving benefits	$1,063,912	$1,108,552
Active and terminated participants not currently receiving benefits	999,281	849,236
	2,063,193	1,957,788
Non-vested benefits	37,348	38,545
Total	$2,100,541	$1,996,333

The following factors affected the change in the actuarial present value of the accumulated plan benefits:

	January 1, 2010	January 1, 2009
Beginning accumulated benefits	$1,996,333	$2,018,061
Changes due to:		
Actual benefits paid	(152,063)	(155,034)
Benefits accumulated	53,454	(35,928)
Change due to Plan amendments	35,161	0
Decrease in the discount period	163,357	165,081
Change in actuarial assumptions (mortality rates)	4,299	4,153
Ending accumulated benefits	$2,100,541	$1,996,333

Significant assumptions underlying the actuarial computations are:

Assumed interest rate	8.5% per year compounded annually for January 1, 2010 and 2009.
Retirement	Normal retirement age (65) and 5 years of service.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act and IRS regulations.

Note 4 – Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by U.S. Bank, N.A., except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedules as of December 31, 2010 and 2009.

	2010	2009
Investments at Fair Value:		
Mutual Funds	$1,607,107	$1,251,686
U.S. Government Bonds	432,756	525,686
Corporate Bonds	624,650	639,894
Common Stock	296,356	281,978
Accrued Earnings	11,816	12,894
Cash	16,245	121,105
Change in Net Assets:		
Interest, Dividends, and Other Income	72,376	86,239
Net Appreciation (Depreciation) in Fair Value of Investments	231,934	360,986
Investment Expenses	(2,736)	(2,276)

Note 5 – Investments

Financial Accounting Standards Board ASC 820-10, *Fair Value Measurements* (FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Trust 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 5 – Investments (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 stocks, corporate bonds and U.S. government securities:* Valued at the closing price reported on the active market on which the individual securities are traded.
- *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 it's 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.

All investments are recorded at Level 1. The unrealized gain or loss for the year and the unrealized appreciation or depreciation as of December 31 is recorded in the statement of activities. The investment balance consists of:

	2010		
	Cost	Fair Value	Unrealized Appreciation (Depreciation)
Cash and Money Market	$ 16,245	$ 16,245	$ 0
Stocks and Mutual Funds	1,599,504	1,903,463	303,959
Bonds	995,840	1,057,406	61,566
	$2,611,589	$2,977,114	$ 365,525

	2009		
	Cost	Fair Value	Unrealized Appreciation (Depreciation)
Cash and Money Market	$ 121,105	$ 121,105	$ 0
Stocks and Mutual Funds	1,464,880	1,533,664	68,784
Bonds	1,114,982	1,165,580	50,598
	$2,700,967	$2,820,349	$ 119,382

During 2010 and 2009, the Plan's investments appreciated (depreciated) in fair value by $246,201 and $605,381 respectively. This is reported in the statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Note 5 – Investments (Continued)

The Plan is authorized to invest up to 10% of the current value of its total assets in the common stock of Randall Bearings, Inc.

Assets representing 5% or more of assets available for benefits are as follows:

	2010		2009	
	Cost	Market	Cost	Market
U.S. Bank, N.A.:				
Bb & T Corporation 4.750%	$156,291	$174,091	$156,291	$171,767
First American Equity Index Fund	0	0	121,834	108,071
Vanguard Windsor II Fund	241,021	243,761	251,115	234,292
Blackrock Capital Apprec. Br	327,812	491,835	327,812	411,001
Eaton Vance Large Cap Val I	249,461	326,041	253,238	304,824

Investment income is summarized as follows at December 31:

	2010	2009
Proceeds from Sale of Securities	$1,027,763	$1,531,449
Cost of Securities Sold	1,042,030	(1,775,844)
Realized Gain (Loss)	(14,267)	(244,395)
Appreciation of Assets Held	246,201	605,381
Interest Income Received	50,018	60,739
Dividend Income Received	22,298	25,500
Total Investment Income (Loss)	$ 304,250	$ 447,225

Note 6 – Transaction with Parties-in-Interest

Fees paid (by Plan sponsor) during the year for administrative, accounting, and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Note 7 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated November 21, 1995, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

Note 8 – Risks and Uncertainties

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

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

Notes 9 – Subsequent Events

For the period January 1, 2011 through June 30, 2011, appreciation of the investment value at quoted prices in an active market was $65,484. We are unable to quantify the appreciation or depreciation subsequent to that date.

Management has evaluated subsequent events through October 6, 2011, the date on which the financial statements were available to be issued. There were no other events subsequent to December 31, 2010 through October 6, 2011 that had a material effect on these financial statements.

* * * *

Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc.
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
EIN 34-4429314 PN 002
As of December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	U.S. Bank, N.A.	First American Prime	$ 16,245	$ 16,245
	U.S. Government	FFCB Deb 4.150% 3/25/15 par value 100,000	97,700	109,806
	U.S. Government	FFCB Deb 4.550% 5/16/11 par value 30,000	30,525	30,480
	U.S. Government	FFCB Deb 5.200% 9/15/16 par value 55,000	56,925	62,505
	U.S. Government	FHLB Deb 4.750% 7/08/19 par value 50,000	51,650	51,105
	U.S. Government	FHLB Deb 4.800% 12/18/13 par value 15,000	15,212	16,587
	U.S. Government	FHLB Deb 5.500% 12/11/13 par value 100,000	106,600	112,538
	U.S. Government	FFCB Deb 4.950% 11/12/13 Par value 25,000	28,064	27,705
	U.S. Government	FNMAMTN 4.600% 6/05/18 par value 20,000	22,688	22,030
		Abbott Laboratories 5.600% 5/15/11 par value 100,000	103,767	101,969
		American Express 5.500% 9/12/16 par value 100,000	95,117	109,859
		Bb & T Corporation 4.750% 10/1/12 par value 165,000	156,291	174,092
		Ge Cap Finl Inc. 5.000% 8/13/13 par value 70,000	70,000	76,136

See accompanying independent auditors' report.

Retirement Plan for Hourly-Rated Employees
of Randall Bearings, Inc.
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
EIN 34-4429314 PN 002
As of December 31, 2010
(Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Ge Money Bank CD 2.600% 8/15/16 par value 25,000	$ 24,937	$ 25,505
		General Electric Cap 5.875% 2/15/12 par value 25,000	25,990	26,298
		Bbt Corporation Mtn 3.850% 7/27/12 par value 25,000	26,212	26,007
		WalMart Stores, Inc. 5.375% 4/05/17 par value 75,000	84,162	84,785
*	U.S. Bank, N.A.	Blackrock Capital Apprec. Br	327,812	491,835
*	U.S. Bank, N.A.	Eaton Vance Large Cap Val I	249,461	326,041
*	U.S. Bank, N.A.	Nuveen Equity Income	51,301	59,166
*	U.S. Bank, N.A.	Nuveen Equity Index Fund	131,122	123,944
*	U.S. Bank, N.A.	Nuveen Small Capital Index Fund	41,000	46,298
*	U.S. Bank, N.A.	Nuveen Mid Capital Index Fund	128,000	134,548
*	U.S. Bank, N.A.	Rowe T Price Mid-Cap Growth Fund	31,373	36,792
*	U.S. Bank, N.A.	Rowe T. Price Mid-Cap Value Fund	30,591	34,758
*	U.S. Bank, N.A.	Ishares Msci Emerging Mkts Index Fd	36,688	42,878
*	U.S. Bank, N.A.	Price T Rowe Groth Stk Fd Inc	55,000	67.087
*	U.S. Bank, N.A.	Vanguard Windsor II Fund Admiral 573	241,021	243,761

See accompanying independent auditors' report.

Retirement Plan for Hourly-Rated Employees
of Randall Bearings, Inc.
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
EIN 34-4429314 PN 002
As of December 31, 2010
(Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Ubs Ag Reg	$ 2,592	$ 2,553
		Abb Ltd ADR	7,133	5,747
		Agrium Inc	8,932	8,349
		Anglo American Plc ADR	4,691	3,890
		Anheuser Busch Inbev Nv ADR	2,944	2,683
		Astrazeneca P L C Spsd ADR	5,813	5,728
		Atlas Copco Ab ADR Cl B	3,074	4,979
		BASFAG ADR	5,472	6,717
		BHP Billiton Plc Spsd ADR	3,073	3,140
		BNP Paribus SA ADR	5,123	4,856
		BT Group PLC ADR	5,605	5,908
		Banco Bradesco ADR	2,701	2,983
		Barclays Plc ADR	4,614	3,684
		Bayerische Motoren Werke Unspn ADR	5,295	6,366
		Boc Hong Kong Hldgs Ltd ADR	3,141	4,448
		British Amern Tob Plc ADR	10,238	12,432
		CNOOC Ltd ADR	2,814	4,052
		Canon Inc Spons ADR	4,898	6,520
		Central European Distribution Corp	3,085	2,817

See accompanying independent auditors' report.

Retirement Plan for Hourly-Rated Employees
of Randall Bearings, Inc.
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
EIN 34-4429314 PN 002
As of December 31, 2010
(Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Centrica Plc ADR	$ 2,804	$ 2,683
		Dbs Group Hldgs Ltd	7,249	7,146
		Desarrolladora Homex ADR	4,610	5,883
		Focus Media Holding ADR	2,502	3,465
		Fomento Economico Mexicano S A De C	3,875	4,809
		Fujifilm Holdings ADR	6,910	8,899
		Glaxo Smithkline Plc ADR	4,039	4,471
		Hsbc Holdings Plc Spons ADR	2,885	2,807
		Honda Mtr Co Ltd ADR	4,367	5,096
		Infineon Technologies AG ADR	2,967	2,932
		Intercontinental Htls Grp Plspons	2,722	2,979
		Keppel Corp Ltd Spons ADR	12,237	13,608
		Lvmh Moel Hennessy Lou Vuitt ADR	2,256	2,287
		Mitsui & Co Ltd Spsd ADR	4,669	6,227
		Nestle S a Sponsored ADR	9,287	12,411
		Nissan Mtr Ltd Sponsored ADR	5,465	5,878
		Novartis Ag ADR	8,988	9,609
		Lukoil Spon ADR	3,625	4,345
		Orix Corp Spons ADR	2,575	3,746

See accompanying independent auditors' report.

Retirement Plan for Hourly-Rated Employees
of Randall Bearings, Inc.
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
EIN 34-4429314 PN 002
As of December 31, 2010
(Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Petroleo Brasileiro Sa Petrobras	$ 9,907	$ 6,526
		Roche Hldg Ltd Sponsored ADR	4,077	3,445
		Royal Dutch Shell Plc ADR	2,945	3,072
		Koninklijke (Royal) Kpn Nv Sp ADR	4,433	3,653
		Sanofi Aventis ADR	3,446	3,094
		Siemens Ag ADR	4,058	4,970
		Societe Generale France Sponsor ADR	6,255	5,033
		Swiss Reinsurance Co Spsd ADR	2,924	3,169
		Telefonica Sa Spon ADR	4,317	4,037
		Thompson Creek Metals Co Inc.	5,407	6,801
		Tokio Marine Holdings ADR	4,995	4,884
		Total Sa ADR	9,811	6,578
		Turkcell lletisim Hizmet ADR	6,125	6,715
		Unilever Plc Spsd ADR	4,482	6,300
		Vale Sa Sp ADR	8,366	9,278
		Vodafone Group Pk ADR	2,762	2,988
		Volvo Ab Sponsored ADR	4,419	5,882
		Zurich Financial Services Ag ADR	2,136	2,796

See accompanying independent auditors' report.

Retirement Rates

Age	Rate
65	100%

Mortality Rates

Healthy	IRS 2010 Combined Static Mortality
Disabled	1985 Pension Disability Mortality
Lump Sum Mortality	2010 Applicable Mortality

Disability Rates

Wyatt 1985 Disability Study Class 1

Age	Male Rate	Female Rate
20	.03%	.03%
30	.05%	.08%
40	.12%	.21%
50	.36%	.53%

Withdrawal Rates

Age	Male Rate	Female Rate
20	15.0%	25.0%
30	6.9%	9.9%
40	2.8%	4.8%
50	.4%	1.7%

Annual Pay Increases

Not Applicable

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Funding	4.60%	6.65%	6.76%
Lump Sum	4.60%	6.65%	6.76%
PBGC	4.60%	6.65%	6.76%
Actuary's Long Term Rate	8.50%	8.50%	8.50%
FAS35	8.50%	8.50%	8.50%

Payment Form Election

Lump Sum	0%
Annuity	100%

Expense and/or Contingency Loading

None

Marital Status and Ages

85% of Male Participants assumed to be married with wives assumed to be 0 years younger than husbands and 50% of Female Participants assumed to be married with husbands assumed to be 0 years younger than wives.

Asset Valuation Method

PPA Smoothed Value of Assets. Gains and losses are recognized over three years, subject to a 10% corridor.

Retirement Rates

Age	Rate
65	100%

Mortality Rates

Healthy	IRS 2010 Combined Static Mortality
Disabled	1985 Pension Disability Mortality
Lump Sum Mortality	2010 Applicable Mortality

Disability Rates

Wyatt 1985 Disability Study Class 1

Age	Male Rate	Female Rate
20	.03%	.03%
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40	.12%	.21%
50	.36%	.53%

Withdrawal Rates

Age	Male Rate	Female Rate
20	15.0%	25.0%
30	6.9%	9.9%
40	2.8%	4.8%
50	.4%	1.7%

Annual Pay Increases

Not Applicable

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Funding	4.60%	6.65%	6.76%
Lump Sum	4.60%	6.65%	6.76%
PBGC	4.60%	6.65%	6.76%
Actuary's Long Term Rate	8.50%	8.50%	8.50%
FAS35	8.50%	8.50%	8.50%

Payment Form Election

Lump Sum	0%
Annuity	100%

Expense and/or Contingency Loading

None

Marital Status and Ages

85% of Male Participants assumed to be married with wives assumed to be 0 years younger than husbands and 50% of Female Participants assumed to be married with husbands assumed to be 0 years younger than wives.

Asset Valuation Method

PPA Smoothed Value of Assets. Gains and losses are recognized over three years, subject to a 10% corridor.

Plan Status

The plan is open to all union hourly employees described below and the union hourly employees are eligible to accrue additional benefits. The plan is frozen for all other participants.

Eligibility for Participation

An hourly-rated employee employed of Randall Bearings, Inc. and are represented by I.U.E. Local 742 shall become a participant on their date of hire.

Accrual of Benefits

A participant shall accumulate a benefit payable at normal retirement date based on benefit accrual years of service as of the date of determination.

Benefits

Normal Retirement

Eligibility Age 65 or the fifth anniversary of plan participation if later.

Benefit

Date of Retirement	Benefit Unit Per Year of Credited Service
1/1/80 – 12/31/80	$ 7.50
1/1/81 – 12/31/81	8.00
1/1/82 – 12/31/82	8.50
1/1/83 – 12/31/83	9.25
1/1/84 – 12/31/85	9.50
1/1/86 – 12/31/87	10.00
1/1/88 – 12/31/88	10.50
1/1/89 – 12/31/89	12.00
1/1/90 – 12/31/91	12.50

Normal Retirement - Continued

1/1/92 – 12/31/92	14.00
1/1/93 – 12/31/93	15.00
1/1/94 – 12/31/94	16.00
1/1/95 – 12/31/96	19.00
1/1/97 – 12/31/97	20.00
1/1/98 – 12/31/00	22.00
1/1/01 – 12/31/02	25.00
1/1/03 – 12/31/03	26.00
1/1/04 – 12/31/04	28.00
1/1/05 – 12/31/06	30.00
1/1/07 – 12/31/07	31.00
1/1/08 – 12/31/08	32.00
1/1/09 – 12/31/09	33.00
1/1/10 – 12/31/11	35.00
1/1/12 Later	36.00

Benefits for employees previously covered by the Salaried plan have been frozen as of 12/31/06.
Employees retired prior to January 1, 1980 receive different benefits.

Early Retirement

Eligibility Age 55 and 10 years of eligibility service.

Benefit Accrued retirement benefit reduced actuarially to reflect commencement of a participant's early retirement benefit preceding his/her Normal Retirement Date.

Late Retirement

Eligibility	Participation continues after normal retirement date.
Benefit	Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on benefit service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement.

Death before Retirement

Eligibility	Married participant with vested benefit
Benefit	Beneficiary receives the Qualified Pre-retirement Survivor Annuity or such benefit as may be payable under any optional form of benefit elected by a participant pursuant to a qualified waiver prior to his termination of employment.

Disability

Eligibility	Actively employed and ten years of eligibility service
Benefit	100% of accrued retirement benefit plus $25 reduced by other disability benefits received except for Social Security and disability benefits paid on account of silicosis.

Termination Benefit

Eligibility	5 years of credited service
Benefit	100% of accrued retirement benefit

Credited Service

For Eligibility

A year of eligibility service is credited for each year prior to 1/1/1976 based on the terms of the plan in effect on 12/31/1975 and service earned after 1/1/1976 is credited for each calendar year in which he is credited with 1,000 hours of service.

For Benefit Accrual

Past credited service prior to the effective date of the plan shall be the number of years (computed to completed tenths of a year) of service which the employee has completed with the company. A full year of future credited service shall be credited upon completion of 1,800 hours in a calendar year and partial service will be credited in increments of 1/10th of a year for each 180 hours earned.

Employee Contributions

Participants shall not be required or permitted to make contributions under the Plan.

Payment Forms

Normal Form

A single life annuity for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent qualified joint and 50% survivor annuity.

Optional Forms

50%, 75% and 100% Joint and Survivor Annuity.

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act and IRS Regulations.

The target normal cost has been increased to cover administration expenses paid from the trust.

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act and IRS Regulations.

The target normal cost has been increased to cover administration expenses paid from the trust.

Active Participant Schedule

Active participant information grouped based on age and service.

Service

Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	1	1	0	0	0	0	0	0	0
25 to 29	0	7	6	0	0	0	0	0	0	0
30 to 34	0	2	1	3	0	0	0	0	0	0
35 to 39	0	3	2	1	2	0	0	0	0	0
40 to 44	0	3	0	2	1	0	0	0	0	0
45 to 49	0	2	3	0	2	0	0	0	0	0
50 to 54	0	4	0	2	2	0	1	1	0	0
55 to 59	0	3	1	0	0	1	1	0	0	0
60 to 64	0	1	1	1	0	1	0	1	0	0
65 to 69	1	0	0	2	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

Development of Shortfall Amortization Charge (continued)

Type of Base	Present Value of Remaining Installments	Valuation Date Established	Years Remaining	Amortization Installment
	$ 0			$ 0

nyhart

nyhart

SCHEDULE SB – STATEMENT BY ENROLLED ACTUARY

Randall Bearings, Inc.
Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc.
Plan Year Ending December 31, 2010

EIN: 34-4429314
Plan No.: 002

To the best of our knowledge the information supplied in the attached Schedule SB is complete and accurate. In our opinion, the assumptions are reasonably related to the experience of the plan and to reasonable expectations, and in combination represent our best estimate of anticipated experience under the plan.

The information on which this Schedule SB is based has been reconciled and reviewed for reasonableness and we are not aware of any material inadequacy in employee census or asset values which have been furnished by the employer and the trustee, respectively. Our review was not performed at the source, and we therefore do not accept responsibility for the accuracy or completeness of the data.

Since the last valuation there have been no changes in principal eligibility or benefit provisions.

The actuarial assumptions used to measure the plan's liabilities have been changed from those used last year. Specifically, the funding interest rate has been changed to comply with the Pension Protection Act. This change does not require IRS approval.

To the best of our knowledge, no event has occurred after the last valuation date which will have a significant impact on the results the next valuation

Nyhart

Charles D. Munsell, III, EA, MSPA
Enrolled Actuary No. 11-04745

July 27, 2011

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: Retirement Plan for Hourly-Rated Employees

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Randall Bearings, Inc.

D Employer Identification Number (EIN): 34-4429314

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 1 Day 1 Year 2010

2 Assets:

a Market value	2a	2,833,242
b Actuarial value	2b	2,866,802

3 Funding target/participant count breakdown

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	49	1,208,913
b For terminated vested participants	3b	22	380,246
c For active participants:			
(1) Non-vested benefits	3c(1)		51,609
(2) Vested benefits	3c(2)		939,770
(3) Total active	3c(3)	66	991,379
d Total	3d	137	2,580,538

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	6.58 %
6 Target normal cost	6	54,326

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary: CDM

Date: 07/27/2011

Type or print name of actuary: Charles D. Munsell, III, EA, MSPA

Most recent enrollment number: 11-04745

Firm name: Nyhart

Telephone number (including area code): (317)845-3570

Address of the firm: 8415 Allison Pointe Blvd, Suite 300, Indianapolis IN 46250-4159

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)	293,729	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	42,682	0
9	Amount remaining (Item 7 minus item 8)	251,047	0
10	Interest on item 9 using prior year's actual return of 18.16 %	45,590	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.43 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	296,637	0

Part III Funding percentages

14	Funding target attainment percentage	14	99.59 %
15	Adjusted funding target attainment percentage	15	111.09 %
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	112.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code) **21b** 0

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** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 54,326

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 54,326

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	54,326	0	54,326

36 Additional cash requirement (item 34 minus item 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 0

38 Interest-adjusted excess contributions for current year (see instructions) **38** 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

Retirement Plan for Hourly-Rated Employees
of Randall Bearings, Inc.
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
EIN 34-4429314 PN 002
As of December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	U.S. Bank, N.A.	First American Prime	$ 16,245	$ 16,245
	U.S. Government	FFCB Deb 4.150% 3/25/15 par value 100,000	97,700	109,806
	U.S. Government	FFCB Deb 4.550% 5/16/11 par value 30,000	30,525	30,480
	U.S. Government	FFCB Deb 5.200% 9/15/16 par value 55,000	56,925	62,505
	U.S. Government	FHLB Deb 4.750% 7/08/19 par value 50,000	51,650	51,105
	U.S. Government	FHLB Deb 4.800% 12/18/13 par value 15,000	15,212	16,587
	U.S. Government	FHLB Deb 5.500% 12/11/13 par value 100,000	106,600	112,538
	U.S. Government	FFCB Deb 4.950% 11/12/13 Par value 25,000	28,064	27,705
	U.S. Government	FNMAMTN 4.600% 6/05/18 par value 20,000	22,688	22,030
		Abbott Laboratories 5.600% 5/15/11 par value 100,000	103,767	101,969
		American Express 5.500% 9/12/16 par value 100,000	95,117	109,859
		Bb & T Corporation 4.750% 10/1/12 par value 165,000	156,291	174,092
		Ge Cap Finl Inc. 5.000% 8/13/13 par value 70,000	70,000	76,136

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Retirement Plan for Hourly-Rated Employees of Randall Bearings, Inc.
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
EIN 34-4429314 PN 002
As of December 31, 2010
(Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Ge Money Bank CD 2.600% 8/15/16 par value 25,000	$ 24,937	$ 25,505
		General Electric Cap 5.875% 2/15/12 par value 25,000	25,990	26,298
		Bbt Corporation Mtn 3.850% 7/27/12 par value 25,000	26,212	26,007
		WalMart Stores, Inc. 5.375% 4/05/17 par value 75,000	84,162	84,785
*	U.S. Bank, N.A.	Blackrock Capital Apprec. Br	327,812	491,835
*	U.S. Bank, N.A.	Eaton Vance Large Cap Val I	249,461	326,041
*	U.S. Bank, N.A.	Nuveen Equity Income	51,301	59,166
*	U.S. Bank, N.A.	Nuveen Equity Index Fund	131,122	123,944
*	U.S. Bank, N.A.	Nuveen Small Capital Index Fund	41,000	46,298
*	U.S. Bank, N.A.	Nuveen Mid Capital Index Fund	128,000	134,548
*	U.S. Bank, N.A.	Rowe T Price Mid-Cap Growth Fund	31,373	36,792
*	U.S. Bank, N.A.	Rowe T. Price Mid-Cap Value Fund	30,591	34,758
*	U.S. Bank, N.A.	Ishares Msci Emerging Mkts Index Fd	36,688	42,878
*	U.S. Bank, N.A.	Price T Rowe Groth Stk Fd Inc	55,000	67.087
*	U.S. Bank, N.A.	Vanguard Windsor II Fund Admiral 573	241,021	243,761

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(Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Ubs Ag Reg	$ 2,592	$ 2,553
		Abb Ltd ADR	7,133	5,747
		Agrium Inc	8,932	8,349
		Anglo American Plc ADR	4,691	3,890
		Anheuser Busch Inbev Nv ADR	2,944	2,683
		Astrazeneca P L C Spsd ADR	5,813	5,728
		Atlas Copco Ab ADR Cl B	3,074	4,979
		BASFAG ADR	5,472	6,717
		BHP Billiton Plc Spsd ADR	3,073	3,140
		BNP Paribus SA ADR	5,123	4,856
		BT Group PLC ADR	5,605	5,908
		Banco Bradesco ADR	2,701	2,983
		Barclays Plc ADR	4,614	3,684
		Bayerische Motoren Werke Unspn ADR	5,295	6,366
		Boc Hong Kong Hldgs Ltd ADR	3,141	4,448
		British Amern Tob Plc ADR	10,238	12,432
		CNOOC Ltd ADR	2,814	4,052
		Canon Inc Spons ADR	4,898	6,520
		Central European Distribution Corp	3,085	2,817

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As of December 31, 2010
(Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Centrica Plc ADR	$ 2,804	$ 2,683
		Dbs Group Hldgs Ltd	7,249	7,146
		Desarrolladora Homex ADR	4,610	5,883
		Focus Media Holding ADR	2,502	3,465
		Fomento Economico Mexicano S A De C	3,875	4,809
		Fujifilm Holdings ADR	6,910	8,899
		Glaxo Smithkline Plc ADR	4,039	4,471
		Hsbc Holdings Plc Spons ADR	2,885	2,807
		Honda Mtr Co Ltd ADR	4,367	5,096
		Infineon Technologies AG ADR	2,967	2,932
		Intercontinental Htls Grp Plspons	2,722	2,979
		Keppel Corp Ltd Spons ADR	12,237	13,608
		Lvmh Moel Hennessy Lou Vuitt ADR	2,256	2,287
		Mitsui & Co Ltd Spsd ADR	4,669	6,227
		Nestle S a Sponsored ADR	9,287	12,411
		Nissan Mtr Ltd Sponsored ADR	5,465	5,878
		Novartis Ag ADR	8,988	9,609
		Lukoil Spon ADR	3,625	4,345
		Orix Corp Spons ADR	2,575	3,746

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(Continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Petroleo Brasileiro Sa Petrobras	$ 9,907	$ 6,526
		Roche Hldg Ltd Sponsored ADR	4,077	3,445
		Royal Dutch Shell Plc ADR	2,945	3,072
		Koninklijke (Royal) Kpn Nv Sp ADR	4,433	3,653
		Sanofi Aventis ADR	3,446	3,094
		Siemens Ag ADR	4,058	4,970
		Societe Generale France Sponsor ADR	6,255	5,033
		Swiss Reinsurance Co Spsd ADR	2,924	3,169
		Telefonica Sa Spon ADR	4,317	4,037
		Thompson Creek Metals Co Inc.	5,407	6,801
		Tokio Marine Holdings ADR	4,995	4,884
		Total Sa ADR	9,811	6,578
		Turkcell Iletisim Hizmet ADR	6,125	6,715
		Unilever Plc Spsd ADR	4,482	6,300
		Vale Sa Sp ADR	8,366	9,278
		Vodafone Group Pk ADR	2,762	2,988
		Volvo Ab Sponsored ADR	4,419	5,882
		Zurich Financial Services Ag ADR	2,136	2,796

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