

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REPRESENTED BY LOCAL 295</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/31/1957</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>10/31/1957</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>10/31/1957</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BIJUR DELIMON INTERNATIONAL, INC.</u> <u>8223 BRECKSVILLE RD, SUITE 100</u> <u>BRECKSVILLE, OH 44141</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>03-0348182</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>440-838-4700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>03-0348182</u>	2c Sponsor's telephone number <u>440-838-4700</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>03-0348182</u>					
2c Sponsor's telephone number <u>440-838-4700</u>					
2d Business code (see instructions) <u>333200</u>					

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	JOHN CVETIC
	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.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BIJUR DELIMON INTERNATIONAL, INC. 8223 BRECKSVILLE RD, SUITE 100 BRECKSVILLE, OH 44141	3b Administrator's EIN 03-0348182 3c Administrator's telephone number 440-838-4700
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	132
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	0
b Retired or separated participants receiving benefits.....	6b	63
c Other retired or separated participants entitled to future benefits.....	6c	47
d Subtotal. Add lines 6a , 6b , and 6c	6d	110
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	13
f Total. Add lines 6d and 6e	6f	123
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REPRESENTED BY LOCAL 295</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BIJUR DELIMON INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>03-0348182</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>1539880</u>
b	Actuarial value 2b <u>1693868</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>78</u> <u>2505240</u>
b	For terminated vested participants 3b <u>54</u> <u>904647</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>132</u> <u>3409887</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.46</u> %
6	Target normal cost 6 <u>18429</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/06/2011</u>
Signature of actuary	Date
<u>SETH PITASKY, EA, MAAA</u>	<u>11-07321</u>
Type or print name of actuary	Most recent enrollment number
<u>SUMMIT RETIREMENT PLAN SERVICES INC</u>	<u>330-644-2044</u>
Firm name	Telephone number (including area code)
<u>13680 CLEVELAND AVENUE NW</u> <u>UNIONTOWN, OH 44685</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1622	2687
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	1622	2687
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>-7.60</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		11417
b	Interest on (a) using prior year's effective rate of <u>8.31</u> %		264
c	Total available at beginning of current plan year to add to prefunding balance		11681
d	Portion of (c) to be added to prefunding balance.....		11681
12	Reduction in balances due to elections or deemed elections.....		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	11681

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	49.33 %
15	Adjusted funding target attainment percentage.....	15	49.33 %
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	70.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	49.67 %

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
04/15/2010	42000	0			
07/15/2010	42000	0			
09/15/2010	42000	0			
10/12/2010	42000	0			
09/14/2011	167400	0			
			Totals ►	18(b)	18(c)
				335400	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 312564
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: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
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	18429
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1589002	294034
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	312463
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	312463
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	312564
38 Interest-adjusted excess contributions for current year (see instructions).....	38	101
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan THE PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REPRESENTED BY LOCAL 295	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BIJUR DELIMON INTERNATIONAL, INC.	D Employer Identification Number (EIN) 03-0348182	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

SUMMIT RETIREMENT PLAN SERVICES

13680 CLEVELAND AVENUE NW
UNIONTOWN, OH 44685

31-1498244

(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?
11 15 17 25	NONE	28550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN & COMPANY, LTD.

1350 EUCLID AVENUE, SUITE 800
CLEVELAND, OH 44115

34-1912961

(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?
10	NONE	7800	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)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>THE PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REPRESENTED BY LOCAL 295</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BIJUR DELIMON INTERNATIONAL, INC.</u>		D Employer Identification Number (EIN) <u>03-0348182</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	25015	25194
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	116554	167400
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		18378
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	44035	1046067
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)	1357020	141769
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1542624	1398808

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1542624	1398808
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	335400	
(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)		335400

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	207	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		207

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

(3) Rents	2b(3)		
-----------------	--------------	--	--

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		-128174
d Total income. Add all income amounts in column (b) and enter total.....	2d		207433

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	297527	
(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)		297527
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)	53722	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		53722
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		351249

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-143816
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: COHEN & COMPANY, LTD.

(2) EIN: 34-1912961

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

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

A Name of plan <u>THE PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REPRESENTED BY LOCAL 295</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BIJUR DELIMON INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>03-0348182</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>54-2065873</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>3</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PLAN ADMINISTRATOR
PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORPORATION
REPRESENTED BY LOCAL 295

Independent Auditors' Report

We have audited the accompanying statements of net assets available for benefits of the Pension Plan for Employees of Bijur Lubricating Corporation Represented by Local 295 (the Plan) as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the years then ended, the statement of accumulated benefits as of January 1, 2010 and 2009, and the related statement of changes in accumulated benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plans' net assets available for benefits as of December 31, 2010 and 2009, and changes therein for the years then ended and its financial status as of January 1, 2010 and 2009, and changes therein for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held at end of year and reportable transactions as of and for the year ended December 31, 2010, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Cohen & Company

October 14, 2011
Cleveland, Ohio

PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING
CORPORATION REPRESENTED BY LOCAL 295

INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2010 AND 2009

PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORPORATION
REPRESENTED BY LOCAL 295

DECEMBER 31, 2010 AND 2009

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PLAN ADMINISTRATOR
PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORPORATION
REPRESENTED BY LOCAL 295

Independent Auditors' Report

We have audited the accompanying statements of net assets available for benefits of the Pension Plan for Employees of Bijur Lubricating Corporation Represented by Local 295 (the Plan) as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the years then ended, the statement of accumulated benefits as of January 1, 2010 and 2009, and the related statement of changes in accumulated benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plans' net assets available for benefits as of December 31, 2010 and 2009, and changes therein for the years then ended and its financial status as of January 1, 2010 and 2009, and changes therein for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held at end of year and reportable transactions as of and for the year ended December 31, 2010, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Cohen & Company

October 14, 2011
Cleveland, Ohio

STATEMENT OF NET ASSETS
AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
CASH	<u>\$ 25,194</u>	<u>\$ 25,015</u>
INVESTMENTS – AT FAIR VALUE		
Money market fund	1,046,067	44,035
Investment in limited partnership	<u>141,769</u>	<u>1,357,020</u>
	<u>1,187,836</u>	<u>1,401,055</u>
EMPLOYER CONTRIBUTION RECEIVABLE	<u>167,400</u>	<u>116,554</u>
INVESTMENT PROCEEDS RECEIVABLE	<u>18,378</u>	
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,398,808</u>	<u>\$ 1,542,624</u>

The accompanying notes are an integral part of these statements.

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions	\$ 335,400	\$ 185,554
Interest and dividends	<u>207</u>	<u>1,612</u>
Total additions	<u>335,607</u>	<u>187,166</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments	128,174	133,120
Benefit payments	297,527	361,566
Administrative expenses	<u>53,722</u>	<u>53,444</u>
Total deductions	<u>479,423</u>	<u>548,130</u>
NET DECREASE IN NET ASSETS	(143,816)	(360,964)
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>1,542,624</u>	<u>1,903,588</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 1,398,808</u>	<u>\$ 1,542,624</u>

The accompanying notes are an integral part of these statements.

STATEMENT OF ACCUMULATED BENEFITS

JANUARY 1, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated benefits		
Vested benefits:		
Participants currently receiving payments	\$ 2,150,813	\$ 2,207,574
Other participants	<u>666,998</u>	<u>764,664</u>
Total actuarial present value of accumulated benefits	<u>\$ 2,817,811</u>	<u>\$ 2,972,238</u>

STATEMENT OF CHANGES IN ACCUMULATED BENEFITS

YEARS ENDED JANUARY 1, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated benefits		
- Beginning of year	\$ 2,972,238	\$ 3,623,438
Increase (decrease) during the year attributable to:		
Changes in actuarial assumptions	(143,277)	
Benefits paid	(361,566)	(326,184)
Interest	230,662	207,150
Benefits accumulated and actuarial gains and losses	<u>119,754</u>	<u>(532,166)</u>
Actuarial present value of accumulated benefits		
- End of year	<u>\$ 2,817,811</u>	<u>\$ 2,972,238</u>

The accompanying notes are an integral part of these statements.

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of the Pension Plan for Employees of Bijur Lubricating Corporation Represented by Local 295 (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit plan that covers all employees of Bijur Delimon International, Inc. (the Company), formerly known as Bijur Lubricating Corporation, who are members of the Bennington, Vermont, Local 295 of the United Electrical, Radio and Machine Workers of America (the Union). In 2002, the Company moved its facility from Bennington, Vermont, to Morrisville, North Carolina, and, as a result, there are no current active employees of the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Status

The plan sponsor elected to freeze the accrued benefits and closed the Plan to new participants effective December 1, 2008.

Benefits and Vesting

Participants are fully vested in normal retirement benefits after five years of continuous service, upon reaching age 65. The Plan allows for early retirement for those employees who have attained age 60 with at least 15 years of credited service, at a two percent reduction for each year in which the benefit commencement precedes the normal retirement date. Participants with at least 10 years of credited service are eligible for disability benefits. Also, 50% of the total benefits are payable to spouses after a vested participant's death under a qualified joint and survivor annuity, as defined, through the original retirement date. The amount of individual pension benefits is calculated based upon years of service, not to exceed 40 years. The multiplier for the calculation of benefits increased each year beginning in 1984 through 1997, and has remained unchanged since that date. Participants receive their benefits as a lifetime annuity payable monthly.

Funding Policy

Annual contributions from the Company are designed to comply with the minimum funding standards imposed by ERISA. These amounts are determined by an independent consulting actuary. Contributions required for the years ending December 31, 2010 and 2009, were \$332,642 and \$175,355, respectively. The Company makes additional contributions if required for cash flow purposes.

Plan Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document.

Plan Termination

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

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (Continued)

Plan Termination (continued)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

In the event of a complete termination of the Plan, the assets then remaining in the pension fund, after providing for expenses of administration, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan of all pensioners, participants, vested former participants, and beneficiaries in the manner and order of precedence required under the terms of ERISA. Any funds remaining in the pension fund after funding in full all of said accrued benefits shall revert to the Company.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements were prepared using the accrual basis of accounting.

Accounting Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investments

The estimated fair value of the investment in limited partnership is based on market prices of underlying securities held by the partnership. Cash and money market funds are stated at cost, which approximates fair value, due to the nature of the investment. Purchases and sales of securities are recorded on a trade date basis. Net appreciation or depreciation in fair value of investments includes unrealized investment gains and losses. Interest is recorded on the accrual basis and dividends, if any, on the ex-dividend date.

The Plan's investments, which exceed 5% of net assets available for plan benefits as of December 31, 2010 and 2009, are as follows:

	<u>2010</u>	<u>2009</u>
Steel Partners Japan Strategic Offshore Fund, Ltd.		
Series 2, Class A, 1,554 shares		\$ 961,517
Series 2, Class SP1 A, 326 shares		\$ 294,753
Series 2, Class SP2 A, 129 (2010) and 89 (2009) shares	\$ 141,769	\$ 100,750
Federated Investors Prime Obligations Fund IS	<u>\$ 1,046,067</u>	

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (continued)

The investments in Steel Partners Japan Strategic Offshore Fund, Ltd. (Steel Partners) represent limited partnership interests in holdings of an investment “feeder” fund. The fund invests in a “master” offshore limited partnership, which holds underlying equity interests and foreign currency forward contracts. Withdrawals from the investment can only be made on a semi-annual basis upon 120 days written notice and are limited to 25% of the current capital account. The Plan has no commitments to make additional contributions to this fund.

During 2010, Steel Partners re-designated its share classes and redeemed certain shares of its investors. During 2010, the Plan redeemed approximately 1,553 Series 2, Class A shares and 251 Series 2, Class SP1 A shares for \$937,578 and \$149,500, respectively. The balance of the Series 2, Class SP1 A shares were converted into Series 2, Class SP2 A shares.

At December 31, 2010, investment proceeds receivable represents an amount of proceeds on a stock redemption of Series 2, Class A shares of Steel Partners that had not been received by the Plan.

Actuarial Present Value of Accumulated Benefits

Accumulated benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries.

The actuarial present value of accumulated benefits was determined by Summit Retirement Plan Services, Inc., consulting actuaries, using the Traditional Unit Credit Method. The significant actuarial assumptions used in the valuations as of January 1, 2010 and 2009 were:

- (a) Mortality rate – IRS 2010 Present Value Male/Female Optional Combined Table
- (b) Retirement age – 65, or age on the valuation date if older
- (c) Investment return – assumed average interest rate of 6.46% (2010) and 8.31% (2009) compounded annually

During 2010, the actuarial present value of accumulated plan benefits decreased \$143,277 as a result of a change in the discount rate used. The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Uncertain Tax Positions

The Plan recognizes and discloses uncertain tax positions in accordance with GAAP. As of and for the years ended December 31, 2010 and 2009, the Plan did not have a liability for unrecognized tax benefits. The Plan is no longer subject to examination by federal and state taxing authorities prior to 2007.

Subsequent Events

Management has evaluated subsequent events through October 14, 2011, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

Fair values of financial assets and liabilities are determined by applying one of the following methods considered in the following order:

- Method 1 If prices for the same or substantially the same items are quoted in active trading markets that the Plan can access at the financial statement date, that is the value placed on such items.
- Method 2 If quoted prices for the same or substantially the same assets and liabilities are not available, values are determined from quoted prices for similar assets and liabilities or from other observable market data.
- Method 3 If quoted prices and other market data are not available, the Plan determines fair values based on its best judgment.

Generally, the Plan utilizes quoted market prices, and other relevant information generated by market transactions, to measure fair value when available. If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques. In certain cases, the Plan may be required to make judgments about assumptions that market participants would use in estimating the fair value of financial instruments (Method 3 valuations).

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

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

Investment in limited partnership: Valued at the net asset value of the Plan's interest in the partnership determined from the partnership's audited financial statements.

Technical Practice Aid (TPA) TIS Section 2220, *Long Term Investments* provides for the classification of investments not redeemable within the near term to be reported as a Method 3 investment.

NOTES TO THE FINANCIAL STATEMENTS

3. FAIR VALUE MEASUREMENTS (Continued)

Assets measured at fair value are comprised of the following at December 31, 2010:

<u>Description</u>	<u>Method 1</u>	<u>Method 2</u>	<u>Method 3</u>
Money market fund	\$ 1,046,067		
Investment in limited partnership	-		\$ 141,769
	<u>\$ 1,046,067</u>	<u>\$ -</u>	<u>\$ 141,769</u>

Assets measured at fair value are comprised of the following at December 31, 2009:

<u>Description</u>	<u>Method 1</u>	<u>Method 2</u>	<u>Method 3</u>
Money market fund	\$ 44,035		
Investment in limited partnership	-		\$ 1,357,020
	<u>\$ 44,035</u>	<u>\$ -</u>	<u>\$ 1,357,020</u>

There were no transfers between methods in 2010.

Following is a reconciliation of activity for 2010 for the investment in limited partnership which is measured at fair value based on significant unobservable (non-market) information (Method 3):

	<u>2010</u>	<u>2009</u>
Balance - Beginning of year	\$ 1,357,020	
Transfers from Method 2		\$ 1,490,140
Redemptions	(1,087,078)	
Realized loss	(125,089)	
Unrealized loss	(3,084)	(133,120)
Balance - End of year	<u>\$ 141,769</u>	<u>\$ 1,357,020</u>

The realized and unrealized losses are included in net depreciation in fair value of investments on the statement of changes in net assets available for benefits.

4. TAX STATUS

The Plan obtained its latest determination letter on June 5, 2002, 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 (IRC). The Plan has been amended since receiving the determination letter. However, management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in this Plan's financial statements.

NOTES TO THE FINANCIAL STATEMENTS

5. LEGAL MATTERS

During 2010, the Plan was under inquiry from the Department of Labor (DOL) related to suspected violations of certain ERISA provisions. With concurrence of the DOL, the Company has instituted certain voluntary corrections and is awaiting final acceptance from the DOL. These corrections do not have a material impact on the Plan's net assets available for benefits, and the Company does not expect these items to affect the Plan's tax status.

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

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

PLAN SPONSOR: BIJUR DELIMON INTERNATIONAL, INC.

DECEMBER 31, 2010

EIN: 03-0348182

PLAN NUMBER: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Market
	Federated Investors Prime Obligations Fund IS	Money Market Fund 1,046,067 shares	\$ 1,046,067	\$ 1,046,067
	Steel Partners Japan Strategic Offshore Fund, Ltd.	Limited Partnership Series 2, Class SP2 A, 129.4159 Shares	<u>235,851</u>	<u>141,769</u>
			<u>\$ 1,281,918</u>	<u>\$ 1,187,836</u>

SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2010

EIN: 03-0348182

PLAN NUMBER: 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Lease Rental	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Loss
Federated Investors	Prime Obligations Fund IS 10 sales, 224,341 shares 6 purchases, 1,226,167 shares	\$ 1,226,167	\$ 224,341			\$ 224,341 \$ 1,226,167	\$ 224,341 \$ 1,226,167	
Morgan Stanley Fund Services	Steel Partners Japan Strategic Offshore Fund, Ltd. 3 sales, 1,804.95 shares		\$ 1,087,078			\$ 1,952,994	\$ 1,087,078	\$ (865,916)

Plan Name: The Pension Plan for Employees of Bijur Lubricating Corp.
Represented by Local 295
EIN: 03-0348182
Plan Number: 002

ACTUARIAL COST METHODS

Traditional Unit Credit

The actuarial cost method used in the valuation was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

Plan Name: The Pension Plan for Employees of Bijur Lubricating Corp.
Represented by Local 295
EIN: 03-0348182
Plan Number: 002

ACTUARIAL METHOD AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets - Actuarial value of assets is determined by averaging the fair market value as of the valuation date and the adjusted fair market value as of the preceding two valuation dates. Results are displayed as three-year smoothed market value (without phase-in) as described in Revenue Notice 2009-22.

Mandated Discount Rates

1. PPA funding - segment 1	4.600%
2. PPA funding - segment 2	6.650%
3. PPA funding - segment 3	6.760%

Plan's Effective Interest Rate: 6.458%

Financial Accounting Standards Board No. 35 Rates:

1. FASB No. 35 - Pre-retirement	9.000%
2. FASB No. 35 - Post-retirement	9.000%

Salary Scale - Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption - Increases to the taxable wage base were not assumed.

Retirement Rates - Employees were assumed to retire at age 65.

Termination - Termination rates were not assumed in the valuation.

Pre-retirement Mortality - Pre-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0002	0.0001
25	0.0003	0.0001
30	0.0004	0.0002
35	0.0007	0.0004
40	0.0009	0.0005
45	0.0011	0.0008
50	0.0015	0.0011
55	0.0024	0.0023
60	0.0049	0.0046

Plan Name: The Pension Plan for Employees of Bijur Lubricating Corp.
Represented by Local 295
EIN: 03-0348182
Plan Number: 002

Post-retirement Mortality - Post-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0099	0.0089
70	0.0169	0.0151
75	0.0296	0.0244
80	0.0543	0.0407
85	0.0983	0.0699
90	0.1713	0.1251
95	0.2585	0.1880
100	0.3387	0.2335
105	0.3979	0.2931

Rates of Disablement - Rates of disablement were not assumed.

Post-Disablement Mortality - Post-disablement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0099	0.0089
70	0.0169	0.0151
75	0.0296	0.0244
80	0.0543	0.0407
85	0.0983	0.0699
90	0.1713	0.1251
95	0.2585	0.1880
100	0.3387	0.2335
105	0.3979	0.2931

Administrative Expenses - Expenses of \$ 18,429 per annum were assumed.

SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2010

EIN: 03-0348182

PLAN NUMBER: 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Lease Rental	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Loss
Federated Investors	Prime Obligations Fund IS 10 sales, 224,341 shares 6 purchases, 1,226,167 shares	\$ 1,226,167	\$ 224,341			\$ 224,341 \$ 1,226,167	\$ 224,341 \$ 1,226,167	
Morgan Stanley Fund Services	Steel Partners Japan Strategic Offshore Fund, Ltd. 3 sales, 1,804.95 shares		\$ 1,087,078			\$ 1,952,994	\$ 1,087,078	\$ (865,916)

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REPRESENTED BY LOCAL 295		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BIJUR DELIMON INTERNATIONAL, INC.		D Employer Identification Number (EIN) 03-0348182
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>		
2 Assets:		
a Market value.....	2a	1539880
b Actuarial value.....	2b	1693868
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 78	2505240
b For terminated vested participants.....	3b 54	904647
c For active participants:		
(1) Non-vested benefits.....	3c(1)	0
(2) Vested benefits.....	3c(2)	0
(3) Total active.....	3c(3) 0	0
d Total.....	3d 132	3409887
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	6.46%
6 Target normal cost.....	6	18429

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	SETH PITASKY, EA, MAAA		<u>10/6/2011</u>
Signature of actuary		Date	
SETH PITASKY, EA, MAAA		1107321	
Type or print name of actuary		Most recent enrollment number	
SUMMIT RETIREMENT PLAN SERVICES INC		330-644-2044	
Firm name		Telephone number (including area code)	
13680 CLEVELAND AVENUE NW			
UNIONTOWN OH 44685			
Address of the firm			

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1622	2687
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	1622	2687
9 Amount remaining (Item 7 minus Item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-7.60%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		11417
b Interest on (a) using prior year's effective rate of <u>8.31%</u>		264
c Total available at beginning of current plan year to add to prefunding balance		11681
d Portion of (c) to be added to prefunding balance		11681
12 Reduction in balances due to elections or deemed elections		0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	11681

Part III Funding percentages		
14 Funding target attainment percentage	14	49.33%
15 Adjusted funding target attainment percentage	15	49.33%
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	70.40%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	49.67%

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
04/15/2010	42000	0			
07/15/2010	42000	0			
09/15/2010	42000	0			
10/12/2010	42000	0			
09/14/2011	167400	0			
Totals ►			18(b)	335400	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	312564
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:
4 . 60%2nd segment:
6 . 65%3rd segment:
6 . 76%☐ N/A, full yield curve used**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** 18429

32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1589002	294034
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** 312463

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

36 Additional cash requirement (item 34 minus item 35) **36** 312463**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 312564**38** Interest-adjusted excess contributions for current year (see instructions) **38** 101**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

PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REP. BY LOCAL 295

Plan EIN: 03-0348182

Plan Number: 002

SUMMARY OF PLAN PROVISIONS

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date: October 31, 1957.

Latest plan amendment: October 11, 2010.

Eligibility requirements: Upon attainment of age 18.

Accrued benefit: The accrued benefit is determined as follows:

\$18 multiplied by Years of Credited Service before March 17, 1997, plus \$18.50 multiplied by Years of Credited Service that begin on or after March 17, 1997 and end on December 1, 2008. Benefits are frozen after December 1, 2008.

Normal retirement eligibility: Upon the attainment of age 65.

Normal retirement benefit: Unreduced accrued benefit payable immediately.

Normal form of benefit:

Married members - A pension payable for life. Upon the death of the member, the surviving spouse will receive a 50.00% lifetime continuance of the pension.

Single members - A pension payable for life.

Early retirement eligibility: Upon the attainment of age 60 and completion of 15 years of service.

Early retirement benefit: The accrued benefit is reduced 2.00% for each year that commencement precedes age 65.

Death benefit eligibility: Upon death after completion of vesting eligibility criteria.

Death benefit: 50.000% of the accrued benefit unreduced for early commencement but reduced for form of payment. Said pension shall commence at normal retirement age.

Vesting eligibility: Accrued benefit is 100% vested upon completion of 5 years of service.

Vested benefit: The vested benefit is payable upon attainment of normal retirement age.

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

PLAN SPONSOR: BIJUR DELIMON INTERNATIONAL, INC.

DECEMBER 31, 2010

EIN: 03-0348182

PLAN NUMBER: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Market
	Federated Investors Prime Obligations Fund IS	Money Market Fund 1,046,067 shares	\$ 1,046,067	\$ 1,046,067
	Steel Partners Japan Strategic Offshore Fund, Ltd.	Limited Partnership Series 2, Class SP2 A, 129.4159 Shares	<u>235,851</u>	<u>141,769</u>
			<u>\$ 1,281,918</u>	<u>\$ 1,187,836</u>

PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REP. BY LOCAL 295

Plan EIN: 03-0348182

Plan Number: 002

Schedule SB, line 32 Schedule of Amortization Bases				
Type of base	Present Value of Remaining Installment	Valuation Date Established	Years Remaining in Amortization Period	Amortization Installment
Shortfall base	\$764,105	01/01/2010	7.00	\$127,702
Shortfall base	\$462,787	01/01/2009	6.00	\$87,254
Shortfall base	\$362,110	01/01/2008	5.00	\$79,078
Total	\$1,589,002			\$294,034

PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REP. BY LOCAL 295
Schedule SB, Line 19- Discounted Employer Contributions
Plan Name: Pension Plan for Employees of Bijur Lubricating Corp. Rep. By Local 295
Plan EIN: 03-0348182
Plan Number: 002
Valuation Date: 1/1/2010

Total Contributed: \$ 335,400.00

Total Discounted
to Valuation Date: \$ 312,564.00

Date	Amount	Plan Year	Effective Rate of Interest	Discounted Amount	Penalty Rate of Interest	Additional Discounted Amount	Value As of Valuation Date
04/15/2010	\$ 42,000.00	2010	6.46%	\$ 41,258.00	11.46%	\$ -	\$ 41,258.00
07/15/2010	\$ 42,000.00	2010	6.46%	\$ 40,619.00	11.46%	\$ -	\$ 40,619.00
09/15/2010	\$ 42,000.00	2010	6.46%	\$ 40,190.00	11.46%	\$ -	\$ 40,190.00
10/12/2010	\$ 42,000.00	2010	6.46%	\$ 40,004.00	11.46%	\$ -	\$ 40,004.00
09/14/2011	\$ 167,400.00	2010	6.46%	\$ 150,493.00	11.46%	\$ -	\$ 150,493.00

PENSION PLAN FOR EMPLOYEES OF BIJUR LUBRICATING CORP. REP. BY LOCAL 295

Plan EIN: 03-0348182

Plan Number: 002

Schedule SB, line 25 - Change in Method

The discount rates were changed from using Full Yield Curve – January to PPA funding segmented rates with the applicable month containing the valuation date.

This change has been elected by the plan sponsor. Under final funding regulations issued October 15, 2009, the change is automatically approved by the IRS.

Plan Name: The Pension Plan for Employees of Bijur Lubricating Corp.
Represented by Local 295
EIN: 03-0348182
Plan Number: 002

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

Retirement Rates - Employees were assumed to retire at age 65.