

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>MITSUBA BARDSTOWN, INC. EMPLOYEE 401K RETIREMENT PLAN</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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/2009</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/2009</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MITSUBA BARDSTOWN, INC.</u> <u>901 WITHROW COURT</u> <u>BARDSTOWN, KY 40004</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-1093200</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>502-348-3100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-1093200</u>	2c Sponsor's telephone number <u>502-348-3100</u>	2d Business code (see instructions) <u>336300</u>	
2b Employer Identification Number (EIN) <u>61-1093200</u>					
2c Sponsor's telephone number <u>502-348-3100</u>					
2d Business code (see instructions) <u>336300</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.	10/17/2011	LIZ HARDIN
	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") MITSUBA BARDSTOWN, INC. 901 WITHROW COURT BARDSTOWN, KY 40004	3b Administrator's EIN 61-1093200 3c Administrator's telephone number 502-348-3100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	247
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	147
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	47
d Subtotal. Add lines 6a , 6b , and 6c	6d	194
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	194
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	134
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3D 3H 2R

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)
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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 MITSUBA BARDSTOWN, INC. EMPLOYEE 401K RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MITSUBA BARDSTOWN, INC.	D Employer Identification Number (EIN) 61-1093200	

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
CHARLES SCHWAB & CO., INC.
94-1737782

(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)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

(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?
15 37 38 49 50 52 59 60 63 64 65 71 72 99	NONE	4273	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

RELIANCE TRUST COMPANY

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	312	Yes ☐ No ☒

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

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

(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?
15 37 38 49 64 65 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	14957	Yes ☐ No ☒

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

GPC SECURITIES, INC.

58-1517899

(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?
15 64 65	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	1249	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
JP MORGAN RETIREMENT PLAN SERVICES	52 59 60 63	0
(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.	
SEE ATTACHED FEE DISCLOSURE REPORT 12-3456789	SEE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELiance TRUST COMPANY	19 99	312
(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.	
HARTFORD RETIREMENT SERVICES 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARTFORD RETIREMENT SERVICES, LLC	15 37 38 49 64 65 99	14957
(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.	
JP MORGAN RETIREMENT PLAN SERVICES 71-0930784	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED	

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
GPC SECURITIES, INC.	15 64 65	1249
(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.	
HARTFORD RETIREMENT SERVICES, LLC 26-1589907	SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED	
(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
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(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:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan MITSUBA BARDSTOWN, INC. EMPLOYEE 401K RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MITSUBA BARDSTOWN, INC.	D Employer Identification Number (EIN) 61-1093200	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	330346	283360
(9) Value of interest in common/collective trusts.....	1c(9)	711829	525339
(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)	6257711	5719265
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	51415	1073

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7351301	6529037

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7351301	6529037
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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)	122873	
(B) Participants	2a(1)(B)	286451	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		409324

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	13583	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13583

(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)	99129	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		99129

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12067
(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)		622852
c Other income.....	2c		-1345
d Total income. Add all income amounts in column (b) and enter total.....	2d		1155610

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1973601	
(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)		1973601
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)	4273	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4273
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1977874

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-822264
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: PLANTE & MORAN, LLC

(2) EIN: 38-1357951

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		34255
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		500000
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)

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

A Name of plan <u>MITSUBA BARDSTOWN, INC. EMPLOYEE 401K RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MITSUBA BARDSTOWN, INC.</u>	D Employer Identification Number (EIN) <u>61-1093200</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
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>06-0974148</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

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Mitsuba Bardstown, Inc. Employee
401(k) Retirement Plan**

**Financial Report
December 31, 2010**

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
Mitsuba Bardstown, Inc. Employee
401(k) Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from inception, June 1, 2009, through December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase 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 participant notes receivable and executes related transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from inception, June 1, 2009, through December 31, 2009 that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, 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.

Plante & Moran, PLLC

Cincinnati, Ohio
October 11, 2011

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Participant-directed investments:		
Mutual funds	\$ 5,719,265	\$ 6,257,711
Common collective trust funds	519,925	682,617
Self-directed brokerage account investments	1,073	51,415
Total participant-directed investments	6,240,263	6,991,743
Contributions receivable:		
Employee	28,386	18,021
Employer	38,484	70,599
Total contributions receivable	66,870	88,620
Participant notes receivable	283,360	330,346
Net Assets Reflecting All Investments at Fair Value	6,590,493	7,410,709
Adjustment from Fair Value to Contract Value for Interest in Common Collective Trust Fund Relating to Fully Benefit- responsive Investment Contracts	5,414	29,212
Net Assets Available for Benefits	\$ 6,595,907	\$ 7,439,921

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Period Ended	
	December 31, 2010	December 31, 2009
Additions to Net Assets		
Contributions:		
Employee	\$ 296,816	\$ 220,515
Employer:		
Match	56,491	42,543
Discretionary	34,267	67,929
Total contributions	387,574	330,987
Investment income (loss):		
Dividends on mutual funds:		
Interest on common collective trust fund	12,067	6,179
Dividends on mutual funds	99,129	88,949
Net realized and unrealized gains (losses) on investments:		
Mutual funds	622,852	850,585
Self-directed brokerage account investments	(1,345)	12,382
Net realized and unrealized gains	621,507	862,967
Total investment income	732,703	958,095
Interest from participant notes receivable	13,583	9,933
Total additions	1,133,860	1,299,015
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	1,973,601	127,442
Administrative expenses	4,273	2,382
Total deductions	1,977,874	129,824
Net (Decrease) Increase Before Other Changes	(844,014)	1,169,191
Transfers In	-	6,270,730
Net (Decrease) Increase	(844,014)	7,439,921
Net Assets Available for Benefits		
Beginning of year	7,439,921	-
End of year	<u>\$ 6,595,907</u>	<u>\$ 7,439,921</u>

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description

The following description of Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all full-time employees of Mitsuba Bardstown, Inc. (the "Company") who are age 21 or older. The Plan does not cover employees covered under a collective bargaining agreement, certain non-resident aliens, leased employees, or Japanese nationals. Participants are automatically enrolled into the Plan upon reaching eligibility at a deferral rate of 3 percent of compensation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Plan provides for employee salary 401(k) contributions up to a maximum of 100 percent of the annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Plan provides for employer matching contributions of 30 percent of the participant's contribution not to exceed 5 percent of the employee's deferred compensation. The Company may also elect to make discretionary profit sharing contributions to each participant's account at the option of the Company's board of directors.

During 2010 and 2009, the Company remitted certain employee deferrals to the Plan after the Department of Labor's required timeframe. A contribution of lost earnings will be made to the Plan subsequent to year end.

Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, plan earnings, and charged with an allocation of administrative expenses. Allocations are based on a participant's compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting - Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of service. Participants vest in contributions made by the Company 33 percent after one year of service, an additional 34 percent after two years of service, and another 33 percent after three years of service, when they become fully vested.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description (Continued)

Participant Notes Receivable - Participants may borrow from their accounts subject to certain maximum and minimum amounts as prescribed in the Plan and in the Internal Revenue Code. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Benefit Payments - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account. Hardship withdrawals are also permitted in cases where the participant has proven an extreme financial need and funds are not available from any other source. Hardship withdrawals may only be made from employee elective deferrals.

Forfeitures - If a participant is not fully vested on his or her termination date, the non-vested amount of the account is forfeited. Forfeitures are used to reduce future Company contributions. There were no forfeited account balances as of December 31, 2010 and 2009.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by JPMorgan Chase Bank, N.A. and Charles Schwab Trust Company or its affiliates. JPMorgan Chase Bank, N.A. is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Termination - While it has not expressed any intent 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 the plan document and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value, except for its common collective trust fund investment, which is valued at contract value. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits. The fair value of the common collective trust fund is based on discounting the related cash flows of the underlying investment contracts based on current yields of similar instruments with comparable durations. The money market funds are valued at their outstanding balances, which approximates fair value. All other investments are valued based on quoted market prices. See Note 5 for additional information.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company and the Plan.

Participant Notes Receivable - Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 11, 2011, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

JPMorgan Chase Bank, N.A. (the "Trustee") holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustee.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 3 - Unaudited Information (Continued)

Significant investments included in the end of the year net assets are as follows:

	2010	2009
Mutual funds at fair value:		
JPMorgan Core Bond - A	\$ 771,052	\$ 1,087,695
JPMorgan Intrepid Growth Fund - A	755,612	780,281
JPMorgan Equity Index Fund - A	684,271	760,899
American Century Growth Inv.	598,973	712,794
American Funds Europacific - R3	647,628	1,003,192
Ariel Appreciation Fund - A	431,851	368,444
JPMorgan Stable Asset Income Fund at contract value	525,339	711,829

Note 4 - Tax Status

The Plan is a prototype plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS) that the plan, as designed, is qualified for federal income tax-exempt status. The Plan has received a determination letter from the IRS.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2010 and 2009 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Level 1	Level 2	Level 3	Balance at December 31, 2010
Mutual funds:				
Equity investments	\$ 3,651,410	\$ -	\$ -	\$ 3,651,410
Fixed-income investments	771,052	-	-	771,052
Retirement year-based investments	1,296,803	-	-	1,296,803
Self-directed brokerage account investments - Common stock	1,042	-	-	1,042
Self-directed brokerage account investments - Money market fund (1)	-	31	-	31
Common collective trust fund - Stable value fund (2)	-	519,925	-	519,925
Total	<u>\$ 5,720,307</u>	<u>\$ 519,956</u>	<u>\$ -</u>	<u>\$ 6,240,263</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Level 1	Level 2	Level 3	Balance at December 31, 2009
Mutual funds:				
Equity investments	\$ 4,045,606	\$ -	\$ -	\$ 4,045,606
Fixed-income investments	1,087,695	-	-	1,087,695
Retirement year-based investments	1,124,410	-	-	1,124,410
Self-directed brokerage account investments	49,785	-	-	49,785
Self-directed brokerage account investments - Common stock	944	-	-	944
Self-directed brokerage account investments - Money market fund (1)	-	686	-	686
Common collective trust fund - Stable value fund (2)	-	682,617	-	682,617
Total	<u>\$ 6,308,440</u>	<u>\$ 683,303</u>	<u>\$ -</u>	<u>\$ 6,991,743</u>

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

- (1) Money market fund investments are valued at \$1.00/unit, which approximates fair value. Accounts are held in interest-bearing accounts.
- (2) This class represents investments in actively managed common collective trust funds that invest primarily in investment contracts, a variety of fixed-income investments which may include corporate bonds, both U.S. and non-U.S. municipal securities, and wrapper contracts. Investments are valued at the fair value per share multiplied by the number of shares held as of the measurement date.

The Plan's policy is to recognize transfers in and transfers out of the Level 1, 2, and 3 fair value classifications as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2010 and 2009.

Note 6 - Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	\$ 6,595,907	\$ 7,439,921
Less contributions receivable	(66,870)	(88,620)
Net assets available for benefits per Form 5500	<u>\$ 6,529,037</u>	<u>\$ 7,351,301</u>

The following is a reconciliation of contribution revenue per the financial statements for the year ended December 31, 2010 and for the period from inception, June 1, 2009, through December 31, 2009 to Form 5500:

	2010	2009
Contribution revenue per the financial statements	\$ 387,574	\$ 330,987
Less contribution receivable at the end of year	(66,870)	(88,620)
Add contribution receivable at the beginning of year	88,620	-
Contribution revenue per Form 5500	<u>\$ 409,324</u>	<u>\$ 242,367</u>

Note 7 - Partial Plan Termination

During 2010, the Company had a reduction in force that resulted in a partial termination of the Plan. Affected participants, those involuntarily terminated during 2010, became 100 percent vested in their account balances as a result of the partial plan termination. All other participants remain subject to the Plan's vesting requirements.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 61-1093200, Plan No. 001 December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
** JPMorgan Chase Bank, N.A.	Mutual funds:		
	JPMorgan Core Bond - A	*	\$ 771,052
	JPMorgan Intrepid Growth Fund - A	*	755,612
	JPMorgan Equity Index Fund - A	*	684,271
	American Century Growth Inv.	*	598,973
	American Funds Europacific - R3	*	647,628
	Ariel Appreciation Fund - A	*	431,851
	Am Cent Val Inv.	*	234,786
	Prud Jennison Mid Cap Growth - A	*	131,426
	Allianz NFJ Small Cap Value - A	*	124,223
	American Century Large Co. Val Inv.	*	42,640
	JPMorgan SmartRetirement 2010	*	21,894
	JPMorgan SmartRetirement 2015	*	191,867
	JPMorgan SmartRetirement 2020	*	171,282
	JPMorgan SmartRetirement 2025	*	239,903
	JPMorgan SmartRetirement 2030	*	312,028
	JPMorgan SmartRetirement 2035	*	263,650
	JPMorgan SmartRetirement 2040	*	55,738
	JPMorgan SmartRetirement 2045	*	40,441
** JPMorgan Chase Bank, N.A.	JPMorgan Stable Asset Income Fund	*	525,339
** Charles Schwab Trust Company	Self-directed brokerage account investments	*	1,073
Participants	Participant notes receivable with interest rates that range from 4.25% to 9.25%	-	283,360
	Total		<u>\$ 6,529,037</u>

* Cost information not required

** Party-in-interest

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 61-1093200, Plan No. 001 December 31, 2009

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
** JPMorgan Chase Bank, N.A.	Mutual funds:		
	JPMorgan Core Bond - A	*	\$ 1,087,695
	JPMorgan Intrepid Growth Fund - A	*	780,281
	JP Morgan Equity Index Fund - A	*	760,899
	American Century Growth Inv.	*	712,794
	American Funds Europacific - R3	*	1,003,192
	Ariel Appreciation Fund - A	*	368,444
	Am Cent Val Inv.	*	241,261
	Prud Jennison Mid Cap Growth - A	*	80,494
	Allianz NFJ Small Cap Value - A	*	60,144
	American Century Large Co. Val Inv.	*	38,097
	JPMorgan SmartRetirement 2010	*	24,513
	JPMorgan SmartRetirement 2015	*	170,201
	JPMorgan SmartRetirement 2020	*	187,590
	JPMorgan SmartRetirement 2025	*	172,628
	JPMorgan SmartRetirement 2030	*	297,891
	JPMorgan SmartRetirement 2035	*	177,803
	JPMorgan SmartRetirement 2040	*	62,922
	JPMorgan SmartRetirement 2045	*	30,862
** JPMorgan Chase Bank, N.A.	JPMorgan Stable Asset Income Fund	*	711,829
** Charles Schwab Trust Company	Self-directed brokerage account investments	*	51,415
Participants	Participant notes receivable with interest rates that range from 4.25% to 9.25%	-	330,346
	Total		<u>\$ 7,351,301</u>

* Cost information not required

** Party-in-interest

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Schedule of Delinquent Participant Contributions Form 5500, Schedule H, Line 4a EIN 61-1093200, Plan No. 001 Year Ended December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☒	\$ 233,895	\$ -	\$ -	\$ -

**Mitsuba Bardstown, Inc. Employee
401(k) Retirement Plan**

**Schedule of Delinquent Participant Contributions
Form 5500, Schedule H, Line 4a
EIN 61-1093200, Plan No. 001
Period Ended December 31, 2009**

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☒	\$ 199,640	\$ -	\$ -	\$ -

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

MITSUBA BARDSTOWN, INC. 401(K) PLAN (070257)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: J.P. Morgan EIN: 71-0930784

Service Codes: 15, 37, 38, 49, 52, 59, 60, 63, 64, 65, 71, 72, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation

\$4,272.50

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that J.P. Morgan received **\$4,272.50**. Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to J.P. Morgan are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Compensation paid with respect to Underlying Funds

<i>Investment Option Name</i>	<i>EIN</i>	<i>Fees Received from Funds on your Plan's Menu (rates as of 12/31/10)</i>	<i>Fund's Total Annual Expenses (as of 12/31/10)</i>
ALLIANZ NFJ SMALL CAP VALUE-A	33-0457728	0.45% x assets	1.20%
AM CENT VAL INV	43-1646043		1.00%
AMERICAN CENT LARGE CO VAL INV	43-1646043		0.85%
AMERICAN CENTURY GROWTH INV	44-6006315	0.20% x assets plus \$16/participant	1.00%
AMERICAN FUNDS EUROPACIFIC-R3	95-1411037	0.65% x assets	1.15%
ARIEL APPRECIATION FUND-A	02-0712418	0.45% x assets plus \$16/participant	1.18%
BROKERAGE ACCESS ACCOUNT	NA ¹		0.00%
JPMCB STABLE ASSET INC FD SVC	NA ¹		0.60%
JPMORGAN CORE BOND-A	26-3613641	0.45% x assets plus \$16/participant	0.73%
JPMORGAN EQUITY INDEX FUND-A	26-3613641	0.45% x assets plus \$16/participant	0.45%
JPMORGAN INTREPID GROWTH FUND-A	33-1043149	0.45% x assets plus \$16/participant	1.25%
JPMORGAN SMARTRETIREMENT 2010-A	33-1043149	0.45% x assets plus \$16/participant	0.29%
JPMORGAN SMARTRETIREMENT 2015-A	33-1043149	0.45% x assets plus \$16/participant	0.29%
JPMORGAN SMARTRETIREMENT 2020-A	33-1043149	0.45% x assets plus \$16/participant	0.29%
JPMORGAN SMARTRETIREMENT 2025-A	33-1043149	0.45% x assets plus \$16/participant	0.30%
JPMORGAN SMARTRETIREMENT 2030-A	33-1043149	0.45% x assets plus \$16/participant	0.30%
JPMORGAN SMARTRETIREMENT 2035-A	33-1043149	0.45% x assets plus \$16/participant	0.30%
JPMORGAN SMARTRETIREMENT 2040-A	33-1043149	0.45% x assets plus \$16/participant	0.30%

<i>Investment Option Name</i>	<i>EIN</i>	<i>Fees Received from Funds on your Plan's Menu (rates as of 12/31/10)</i>	<i>Fund's Total Annual Expenses (as of 12/31/10)</i>
JPMORGAN SMARTRETIREMENT 2045-A	33-1043149	0.45% x assets plus \$16/participant	0.30%
PRUD JENNISON MID CAP GROWTH-A	13-2631108	0.45% x assets plus \$16/participant	0.82%

¹ At the time this report was generated this information was not available.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that JP Morgan received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

JPMorgan funds are distributed by JPMorgan Distribution Services, Inc., which is an affiliate of J.P. Morgan Retirement Plan Services LLC and JPMorgan Chase & Co. Affiliates of JPMorgan Chase & Co. receive fees for providing various services to JPMorgan funds, including fees for investment management, shareholder servicing, administration, distribution, custody, fund accounting, securities lending and other services.

Recipient: Reliance Trust Company EIN: 58-7428634

Indirect Compensation

Custodial/Trust service fee **\$312.28**
Service Codes: 19, 99

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

Recipient: Hartford Retirement Services, LLC EIN: 26-1589907

Service Codes: 15, 37, 38, 49, 64, 65, 99

Base Fees	Payor: J.P. Morgan EIN: 71-0930784	\$11,853.19
Ancillary Fees	Payor: J.P. Morgan EIN: 71-0930784	\$3,103.50

Recipient: GPC Securities, Inc. EIN: 58-1517899

Service Codes: 15, 64, 65

Indirect Compensation

Transaction Processing Services	Payor: Hartford Retirement Services, LLC EIN: 26-1589907	\$1,249.14
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**Mitsuba Bardstown, Inc. Employee
401(k) Retirement Plan**

**Financial Report
December 31, 2010**

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
Mitsuba Bardstown, Inc. Employee
401(k) Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from inception, June 1, 2009, through December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase 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 participant notes receivable and executes related transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from inception, June 1, 2009, through December 31, 2009 that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, 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.

Plante & Moran, PLLC

Cincinnati, Ohio
October 11, 2011

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Participant-directed investments:		
Mutual funds	\$ 5,719,265	\$ 6,257,711
Common collective trust funds	519,925	682,617
Self-directed brokerage account investments	1,073	51,415
Total participant-directed investments	6,240,263	6,991,743
Contributions receivable:		
Employee	28,386	18,021
Employer	38,484	70,599
Total contributions receivable	66,870	88,620
Participant notes receivable	283,360	330,346
Net Assets Reflecting All Investments at Fair Value	6,590,493	7,410,709
Adjustment from Fair Value to Contract Value for Interest in Common Collective Trust Fund Relating to Fully Benefit- responsive Investment Contracts	5,414	29,212
Net Assets Available for Benefits	\$ 6,595,907	\$ 7,439,921

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Period Ended	
	December 31, 2010	December 31, 2009
Additions to Net Assets		
Contributions:		
Employee	\$ 296,816	\$ 220,515
Employer:		
Match	56,491	42,543
Discretionary	34,267	67,929
Total contributions	387,574	330,987
Investment income (loss):		
Dividends on mutual funds:		
Interest on common collective trust fund	12,067	6,179
Dividends on mutual funds	99,129	88,949
Net realized and unrealized gains (losses) on investments:		
Mutual funds	622,852	850,585
Self-directed brokerage account investments	(1,345)	12,382
Net realized and unrealized gains	621,507	862,967
Total investment income	732,703	958,095
Interest from participant notes receivable	13,583	9,933
Total additions	1,133,860	1,299,015
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	1,973,601	127,442
Administrative expenses	4,273	2,382
Total deductions	1,977,874	129,824
Net (Decrease) Increase Before Other Changes	(844,014)	1,169,191
Transfers In	-	6,270,730
Net (Decrease) Increase	(844,014)	7,439,921
Net Assets Available for Benefits		
Beginning of year	7,439,921	-
End of year	<u>\$ 6,595,907</u>	<u>\$ 7,439,921</u>

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description

The following description of Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all full-time employees of Mitsuba Bardstown, Inc. (the "Company") who are age 21 or older. The Plan does not cover employees covered under a collective bargaining agreement, certain non-resident aliens, leased employees, or Japanese nationals. Participants are automatically enrolled into the Plan upon reaching eligibility at a deferral rate of 3 percent of compensation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Plan provides for employee salary 401(k) contributions up to a maximum of 100 percent of the annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Plan provides for employer matching contributions of 30 percent of the participant's contribution not to exceed 5 percent of the employee's deferred compensation. The Company may also elect to make discretionary profit sharing contributions to each participant's account at the option of the Company's board of directors.

During 2010 and 2009, the Company remitted certain employee deferrals to the Plan after the Department of Labor's required timeframe. A contribution of lost earnings will be made to the Plan subsequent to year end.

Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, plan earnings, and charged with an allocation of administrative expenses. Allocations are based on a participant's compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting - Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of service. Participants vest in contributions made by the Company 33 percent after one year of service, an additional 34 percent after two years of service, and another 33 percent after three years of service, when they become fully vested.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description (Continued)

Participant Notes Receivable - Participants may borrow from their accounts subject to certain maximum and minimum amounts as prescribed in the Plan and in the Internal Revenue Code. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Benefit Payments - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account. Hardship withdrawals are also permitted in cases where the participant has proven an extreme financial need and funds are not available from any other source. Hardship withdrawals may only be made from employee elective deferrals.

Forfeitures - If a participant is not fully vested on his or her termination date, the non-vested amount of the account is forfeited. Forfeitures are used to reduce future Company contributions. There were no forfeited account balances as of December 31, 2010 and 2009.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by JPMorgan Chase Bank, N.A. and Charles Schwab Trust Company or its affiliates. JPMorgan Chase Bank, N.A. is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Termination - While it has not expressed any intent 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 the plan document and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value, except for its common collective trust fund investment, which is valued at contract value. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits. The fair value of the common collective trust fund is based on discounting the related cash flows of the underlying investment contracts based on current yields of similar instruments with comparable durations. The money market funds are valued at their outstanding balances, which approximates fair value. All other investments are valued based on quoted market prices. See Note 5 for additional information.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company and the Plan.

Participant Notes Receivable - Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 11, 2011, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

JPMorgan Chase Bank, N.A. (the "Trustee") holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustee.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 3 - Unaudited Information (Continued)

Significant investments included in the end of the year net assets are as follows:

	2010	2009
Mutual funds at fair value:		
JPMorgan Core Bond - A	\$ 771,052	\$ 1,087,695
JPMorgan Intrepid Growth Fund - A	755,612	780,281
JPMorgan Equity Index Fund - A	684,271	760,899
American Century Growth Inv.	598,973	712,794
American Funds Europacific - R3	647,628	1,003,192
Ariel Appreciation Fund - A	431,851	368,444
JPMorgan Stable Asset Income Fund at contract value	525,339	711,829

Note 4 - Tax Status

The Plan is a prototype plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS) that the plan, as designed, is qualified for federal income tax-exempt status. The Plan has received a determination letter from the IRS.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2010 and 2009 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Level 1	Level 2	Level 3	Balance at December 31, 2010
Mutual funds:				
Equity investments	\$ 3,651,410	\$ -	\$ -	\$ 3,651,410
Fixed-income investments	771,052	-	-	771,052
Retirement year-based investments	1,296,803	-	-	1,296,803
Self-directed brokerage account investments - Common stock	1,042	-	-	1,042
Self-directed brokerage account investments - Money market fund (1)	-	31	-	31
Common collective trust fund - Stable value fund (2)	-	519,925	-	519,925
Total	<u>\$ 5,720,307</u>	<u>\$ 519,956</u>	<u>\$ -</u>	<u>\$ 6,240,263</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Level 1	Level 2	Level 3	Balance at December 31, 2009
Mutual funds:				
Equity investments	\$ 4,045,606	\$ -	\$ -	\$ 4,045,606
Fixed-income investments	1,087,695	-	-	1,087,695
Retirement year-based investments	1,124,410	-	-	1,124,410
Self-directed brokerage account investments	49,785	-	-	49,785
Self-directed brokerage account investments - Common stock	944	-	-	944
Self-directed brokerage account investments - Money market fund (1)	-	686	-	686
Common collective trust fund - Stable value fund (2)	-	682,617	-	682,617
Total	<u>\$ 6,308,440</u>	<u>\$ 683,303</u>	<u>\$ -</u>	<u>\$ 6,991,743</u>

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

- (1) Money market fund investments are valued at \$1.00/unit, which approximates fair value. Accounts are held in interest-bearing accounts.
- (2) This class represents investments in actively managed common collective trust funds that invest primarily in investment contracts, a variety of fixed-income investments which may include corporate bonds, both U.S. and non-U.S. municipal securities, and wrapper contracts. Investments are valued at the fair value per share multiplied by the number of shares held as of the measurement date.

The Plan's policy is to recognize transfers in and transfers out of the Level 1, 2, and 3 fair value classifications as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2010 and 2009.

Note 6 - Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	\$ 6,595,907	\$ 7,439,921
Less contributions receivable	(66,870)	(88,620)
Net assets available for benefits per Form 5500	<u>\$ 6,529,037</u>	<u>\$ 7,351,301</u>

The following is a reconciliation of contribution revenue per the financial statements for the year ended December 31, 2010 and for the period from inception, June 1, 2009, through December 31, 2009 to Form 5500:

	2010	2009
Contribution revenue per the financial statements	\$ 387,574	\$ 330,987
Less contribution receivable at the end of year	(66,870)	(88,620)
Add contribution receivable at the beginning of year	88,620	-
Contribution revenue per Form 5500	<u>\$ 409,324</u>	<u>\$ 242,367</u>

Note 7 - Partial Plan Termination

During 2010, the Company had a reduction in force that resulted in a partial termination of the Plan. Affected participants, those involuntarily terminated during 2010, became 100 percent vested in their account balances as a result of the partial plan termination. All other participants remain subject to the Plan's vesting requirements.

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 61-1093200, Plan No. 001 December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
** JPMorgan Chase Bank, N.A.	Mutual funds:		
	JPMorgan Core Bond - A	*	\$ 771,052
	JPMorgan Intrepid Growth Fund - A	*	755,612
	JPMorgan Equity Index Fund - A	*	684,271
	American Century Growth Inv.	*	598,973
	American Funds Europacific - R3	*	647,628
	Ariel Appreciation Fund - A	*	431,851
	Am Cent Val Inv.	*	234,786
	Prud Jennison Mid Cap Growth - A	*	131,426
	Allianz NFJ Small Cap Value - A	*	124,223
	American Century Large Co. Val Inv.	*	42,640
	JPMorgan SmartRetirement 2010	*	21,894
	JPMorgan SmartRetirement 2015	*	191,867
	JPMorgan SmartRetirement 2020	*	171,282
	JPMorgan SmartRetirement 2025	*	239,903
	JPMorgan SmartRetirement 2030	*	312,028
	JPMorgan SmartRetirement 2035	*	263,650
	JPMorgan SmartRetirement 2040	*	55,738
	JPMorgan SmartRetirement 2045	*	40,441
** JPMorgan Chase Bank, N.A.	JPMorgan Stable Asset Income Fund	*	525,339
** Charles Schwab Trust Company	Self-directed brokerage account investments	*	1,073
Participants	Participant notes receivable with interest rates that range from 4.25% to 9.25%	-	283,360
Total			<u>\$ 6,529,037</u>

* Cost information not required

** Party-in-interest

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 61-1093200, Plan No. 001 December 31, 2009

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
** JPMorgan Chase Bank, N.A.	Mutual funds:		
	JPMorgan Core Bond - A	*	\$ 1,087,695
	JPMorgan Intrepid Growth Fund - A	*	780,281
	JP Morgan Equity Index Fund - A	*	760,899
	American Century Growth Inv.	*	712,794
	American Funds Europacific - R3	*	1,003,192
	Ariel Appreciation Fund - A	*	368,444
	Am Cent Val Inv.	*	241,261
	Prud Jennison Mid Cap Growth - A	*	80,494
	Allianz NFJ Small Cap Value - A	*	60,144
	American Century Large Co. Val Inv.	*	38,097
	JPMorgan SmartRetirement 2010	*	24,513
	JPMorgan SmartRetirement 2015	*	170,201
	JPMorgan SmartRetirement 2020	*	187,590
	JPMorgan SmartRetirement 2025	*	172,628
	JPMorgan SmartRetirement 2030	*	297,891
	JPMorgan SmartRetirement 2035	*	177,803
	JPMorgan SmartRetirement 2040	*	62,922
	JPMorgan SmartRetirement 2045	*	30,862
** JPMorgan Chase Bank, N.A.	JPMorgan Stable Asset Income Fund	*	711,829
** Charles Schwab Trust Company	Self-directed brokerage account investments	*	51,415
Participants	Participant notes receivable with interest rates that range from 4.25% to 9.25%	-	330,346
	Total		<u>\$ 7,351,301</u>

* Cost information not required

** Party-in-interest

Mitsuba Bardstown, Inc. Employee 401(k) Retirement Plan

Schedule of Delinquent Participant Contributions Form 5500, Schedule H, Line 4a EIN 61-1093200, Plan No. 001 Year Ended December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☒	\$ 233,895	\$ -	\$ -	\$ -

**Mitsuba Bardstown, Inc. Employee
401(k) Retirement Plan**

**Schedule of Delinquent Participant Contributions
Form 5500, Schedule H, Line 4a
EIN 61-1093200, Plan No. 001
Period Ended December 31, 2009**

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☒	\$ 199,640	\$ -	\$ -	\$ -