

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>05/01/2011</u> and ending <u>04/30/2012</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>INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.</u>	1b Three-digit plan number (PN) ► <u>003</u> 1c Effective date of plan <u>05/01/2008</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>KYKLOS BEARING INTERNATIONAL, LLC.</u> <u>2509 HAYES AVENUE</u> <u>SANDUSKY, OH 44870</u>	2b Employer Identification Number (EIN) <u>26-1979555</u> 2c Sponsor's telephone number <u>419-627-7000</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	<u>Filed with authorized/valid electronic signature.</u>	<u>02/14/2013</u>	<u>DIANE KEEGAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>02/14/2013</u>	<u>DIANE KEEGAN</u>
	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 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") KYKLOS BEARING INTERNATIONAL, LLC. 2509 HAYES AVENUE SANDUSKY, OH 44870	3b Administrator's EIN 26-1979555 3c Administrator's telephone number 419-627-7000
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	714
---	----------	-----

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	599
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	79
d Subtotal. Add lines 6a , 6b , and 6c	6d	679
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	681
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

1A 1C 1G 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

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

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

A Name of plan <u>INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KYKLOS BEARING INTERNATIONAL, LLC.</u>	D Employer Identification Number (EIN) <u>26-1979555</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>3447511</u>
b	Actuarial value 2b <u>3434243</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>77</u> <u>125201</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>2913</u>
(2)	Vested benefits 3c(2) <u>3686559</u>
(3)	Total active 3c(3) <u>637</u> <u>3689472</u>
d	Total 3d <u>714</u> <u>3814673</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>5.60 %</u>
6	Target normal cost 6 <u>1434515</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	Date
<u>LAWRENCE E. SCHERER</u>	<u>11-06389</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>216-830-8000</u>
Firm name	Telephone number (including area code)
<u>200 PUBLIC SQUARE, SUITE 900</u> <u>CLEVELAND, OH 44114-2312</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.95</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		9898
b	Interest on (a) using prior year's effective rate of <u>6.46</u> % except as otherwise provided (see instructions)		639
c	Total available at beginning of current plan year to add to prefunding balance.....		10537
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	90.02 %
15	Adjusted funding target attainment percentage.....	15	90.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/14/2013	1642000		
		Totals ▶	18(b)
		1642000	18(c)
			0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1496175
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c	If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 2.38%	2nd segment: 5.51%	3rd segment: 6.36 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1434515	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	380430		60747
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1495262	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	1495262	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1496175	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	913	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012	
A Name of plan INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 KYKLOS BEARING INTERNATIONAL, LLC.	D Employer Identification Number (EIN) 26-1979555

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 17	NONE	155057	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIFTH THIRD BANK

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	14846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNER & BLOCK LLP

36-2192554

(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?
29	NONE	19781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012		
A Name of plan INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 KYKLOS BEARING INTERNATIONAL, LLC.	D Employer Identification Number (EIN) 26-1979555	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1282000	1642000
(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)	156062	27946
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2064370	3239323
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3502432	4909269

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	36296	10430
k Total liabilities (add all amounts in lines 1g through 1j)	1k	36296	10430

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3466136	4898839
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1642000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1642000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	32450	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32476
(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)	28443	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		28443
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-9965
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1692954

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	70633	
(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)		70633
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)	189618	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		189618
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		260251

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1432703
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: **BKD LLP** (2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

A Name of plan <u>INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS BEARING INTERNATIONAL LLC.</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KYKLOS BEARING INTERNATIONAL, LLC.</u>	D Employer Identification Number (EIN) <u>26-1979555</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.....	<u>1</u>	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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.....	<u>3</u>	<u>33</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
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 or other authority 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. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Individual Retirement Plan for Hourly-Rate Employees of
Kyklos Bearing International, LLC**

EIN 26-1979555 PN 003

Accountants' Report and Financial Statements
April 30, 2012 and 2011

**Individual Retirement Plan for Hourly-Rate Employees of
Kyklos Bearing International, LLC**
April 30, 2012 and 2011

Contents

Independent Accountants' Report.....	1
---	----------

Financial Statements

Statements of Net Assets Available for Benefits.....	2
Statements of Changes in Net Assets Available for Benefits.....	3
Notes to Financial Statements	4

Supplemental Schedules

Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	13
Schedule H, Line 4j - Schedule of Reportable Transactions	14

Independent Accountants' Report

Plan Administrator, Plan Management and Plan Trustee
Individual Retirement Plan for Hourly-Rate Employees of
Kyklos Bearing International, LLC
Sandusky, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC as of April 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedules. These financial statements and 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, auditing procedures with respect to the information summarized in Note 3, which was certified by Fifth Third Bank, custodian of the Plan, for the years ended April 30, 2012 and 2011, 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodian as of and for the years ended April 30, 2012 and 2011, that the information provided to the Plan Administrator by the custodian 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 taken as a whole. The accompanying supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*. Because of the significance of the matter described above, it is inappropriate to, and we do not, express an opinion on the supplementary information referred to above. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

Indianapolis, Indiana
January 25, 2013

Federal Employer Identification Number: 44-0160260

**Individual Retirement Plan for Hourly-Rate Employees of
Kyklos Bearing International, LLC**
Statements of Net Assets Available for Benefits
April 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments, at fair value	\$ 3,267,269	\$ 2,220,432
Employer's Contribution Receivable	<u>1,642,000</u>	<u>1,282,000</u>
Total assets	4,909,269	3,502,432
Liabilities		
Administrative expenses payable	<u>10,430</u>	<u>36,296</u>
Net Assets Available for Benefits	<u><u>\$ 4,898,839</u></u>	<u><u>\$ 3,466,136</u></u>

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Statements of Changes in Net Assets Available for Benefits Years Ended April 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions		
Investment Income		
Net appreciation (depreciation) in fair value of investments	\$ (9,965)	\$ 83,305
Interest and dividends	60,919	3,648
Other income	-	1,264
Net investment income	<u>50,954</u>	<u>88,217</u>
Employer Contributions	<u>1,642,000</u>	<u>1,282,000</u>
Total additions	<u>1,692,954</u>	<u>1,370,217</u>
Deductions		
Benefits paid to participants	70,633	14,321
Administrative expenses	<u>189,618</u>	<u>229,765</u>
Total deductions	<u>260,251</u>	<u>244,086</u>
Net Increase	1,432,703	1,126,131
Net Assets Available for Benefits, Beginning of Year	<u>3,466,136</u>	<u>2,340,005</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 4,898,839</u></u>	<u><u>\$ 3,466,136</u></u>

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

Note 1: Description of the Plan

The following description of Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator. The Plan was established May 1, 2008.

General

The Plan is a non-contributory defined-benefit plan sponsored by Kyklos Bearing International, LLC (Company) for the benefit of its hourly-rate employees who are covered by a collective bargaining agreement and who have at least one year of service and are 21 years of age or older. The collective bargaining agreement must be with the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America. Employees accruing benefits or are being credited with additional years of service with the Delphi Hourly-Rate Employee Pension Plan or the General Motors Hourly-Rate Employees Pension Plan are not eligible to participate. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). A member of Company management serves as the trustee of the Plan. Effective December 23, 2010, Fifth Third Bank serves as the Plan's custodian.

The Plan is a cash balance plan, whereby an individual account is maintained for each participant. Participants' accounts are credited quarterly with regular credits and interest credits. Interest credits are based on the annual interest rate on Thirty (30) Year Treasury Securities in effect for the third month preceding the beginning of the Plan year.

Contributions

Employer contribution credits are 5.4% of the participant's eligible compensation as of the last day of the Plan year or up to the date of separation from employment. Employee and rollover contributions are not permitted. The Company has agreed to voluntarily contribute such additional amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to continue funding the Plan in installments large enough to maintain the Plan's funded percentage, as defined by the Pension Protection Act of 2006 and the Pension Relief Act of 2010. Subsequent to April 30, 2012, the Company has elected the provisions of The Moving Ahead for Progress in the 21st Century law enacted on July 6, 2012, for funding requirements.

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

Pension Benefits

Benefits under the Plan are based on employees' account balance, which consists of the accumulation of credits as noted above. Normal retirement age for Plan benefits is 65. Participants may elect to receive benefits, whether or not they are an employee, upon early retirement at age 60, provided that they have at least ten years of service with the Company or age 55 provided the combined years of age and service totals 85 or more.

Accrued benefits are payable as an annuity over the participant's lifetime or as a qualified joint and one-half survivor annuity. Participants may elect to receive a lump-sum payment.

Death Benefits

The spouse of a participant (to whom participant has been married to for at least one year at the time of death) will receive a monthly annuity, or a lump-sum payment if elected, as defined in the Plan, upon the death of the participant. The surviving spouse's annuity is equal to the participant's monthly benefit. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits.

Vesting

Eligible employees are fully vested upon completion of three years of credited service, attainment of age 65, death or full disability.

Plan Termination

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

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations discussed below.
- c. Vested benefits not insured by the PBGC.
- d. All nonvested benefits.

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Benefits under the Plan are based on employee's account balance. The accumulated plan benefits for active employees are based on years of service to the date the benefit information is presented (the valuation date). Benefits payable under all circumstances — retirement, death, disability and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

Plan Tax Status

The Plan obtained its latest determination letter on June 8, 2012, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. With a few exceptions, the Plan is no longer subject to U.S. federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2008.

Note 3: Investments

The Plan's investments are held by Fifth Third Bank. The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in fair value as follows:

	2012	
	Net Depreciation in Fair Value During Year	Fair Value at End of Year
Mutual funds	\$ (9,965)	\$ 3,239,323
Money market fund	-	27,946
	<u>\$ (9,965)</u>	<u>\$ 3,267,269</u>

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

	2011	
	Net Appreciation in Fair Value During Year	Fair Value at End of Year
Mutual funds	\$ 83,305	\$ 2,064,370
Money market fund	-	156,062
	<u>\$ 83,305</u>	<u>\$ 2,220,432</u>

The fair value of individual investments that represented 5% or more of the Plan's net assets available for benefits were as follows:

	2012	2011
PIMCO Total Return Bond Fund	\$ 990,277	\$ 742,319
American Funds EuroPacific Growth Fund	312,276	352,732
Columbia Mid Cap Index Fund	245,625	203,000
Fifth Third Equity Index Fund	696,655	337,154
Oppenheimer Developing Markets Fund	293,263	-

Interest and dividends realized on the Plan's investments for the years ended 2012 and 2011 was \$60,919 and \$3,648, respectively.

Note 4: Fair Value of Plan Assets

ASC Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds and the money market fund. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. There are no Level 2 securities held by the Plan. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. There are no Level 3 securities held by the Plan.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at April 30, 2012 and 2011:

	Fair Value	2012 Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	\$ 27,946	\$ 27,946	\$ -	\$ -
Mutual Funds				
Bond	1,452,631	1,452,631	-	-
Diversified Emerging Markets	293,263	293,263	-	-
Large Blend	696,655	696,655	-	-
Mid Cap Blend	245,625	245,625	-	-
Small Cap Blend	68,651	68,651	-	-
Real Estate	170,222	170,222	-	-
International	312,276	312,276	-	-
	<u>\$ 3,267,269</u>	<u>\$ 3,267,269</u>	<u>\$ -</u>	<u>\$ -</u>

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

2011 Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	\$ 156,062	\$ 156,062	\$ -	\$ -
Mutual Funds				
Bond	879,433	879,433	-	-
Diversified Emerging Markets	152,861	152,861	-	-
Large Blend	337,154	337,154	-	-
Mid Cap Blend	203,000	203,000	-	-
Small Cap Blend	24,804	24,804	-	-
Real Estate	114,386	114,386	-	-
International	352,732	352,732	-	-
	<u>\$ 2,220,432</u>	<u>\$ 2,220,432</u>	<u>\$ -</u>	<u>\$ -</u>

Note 5: Accumulated Plan Benefits

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

The accumulated plan benefit information as of the beginning of the Plan year was as follows:

	2011	May 1 2010
Actuarial present value of accumulated plan benefits		
Vested benefits		
Active participants	\$ 3,259,824	\$ 1,826,739
Other participants	125,201	33,061
	<u>3,385,025</u>	<u>1,859,800</u>
Nonvested benefits	2,580	249,694
	<u>2,580</u>	<u>249,694</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 3,387,605</u>	<u>\$ 2,109,494</u>

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

Changes in the actuarial present value of accumulated plan benefits were as follows:

	May 1	
	2011	2010
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 2,109,494</u>	<u>\$ 963,075</u>
Increase (decrease) during the year attributable to		
Benefits accumulated, net of actuarial gains	1,229,040	1,207,815
Increase for interest due to the decrease in discount period	149,312	67,415
Benefits paid	(14,321)	-
Assumption changes (change in interest credit rate)	<u>(85,920)</u>	<u>(128,811)</u>
Net increase	<u>1,278,111</u>	<u>1,146,419</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 3,387,605</u></u>	<u><u>\$ 2,109,494</u></u>

Significant assumptions underlying the actuarial computations are:

- Discount rate: 7.00%
- Assumed interest accumulation rate: 2012: 4.30%, 2011: 4.60%
- Mortality basis: Combined RP 2000 blue collar generational male and female mortality tables
- Retirement: 55-61: 10%, 62: 25%, 63-64: 15%, 65-69: 30% and > 70: 100%
- Asset valuation: Market

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 6: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

Notes to Financial Statements April 30, 2012 and 2011

The Plan invests in mutual funds with the Plan custodian, and fees for trust and management services paid to Fifth Third Bank were \$15,058 and \$3,780 for 2012 and 2011, respectively. Actuarial fees paid by the Plan to Mercer were \$144,199 and \$209,912 for 2012 and 2011, respectively. Legal fees paid by the Plan totaled \$4,391 and \$16,073 for 2012 and 2011, respectively. The PBGC premium fees paid by the Plan totaled \$25,970 for 2012.

The Company provides certain administrative services at no cost to the Plan.

Note 7: Risks and Uncertainties

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

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

The current protracted economic decline continues to present pension plans with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan.

Given the volatility of current economic conditions, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Note 8: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Accountants' Report, which is the date the financial statements were available to be issued.

Supplemental Schedules

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

EIN 26-1979555 PN 003

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

April 30, 2012

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Market Value
Fifth Third Bank			
Mutual Funds			
Federated Ultra Short Bond Fund	25,225 shares	\$ 230,777	\$ 231,566
iShares Barclays TIPS Bond Fund	1,110 shares	128,132	132,556
Oppenheimer International Bond Fund	15,397 shares	98,892	98,232
PIMCO Total Return Bond Fund	88,260 shares	968,508	990,277
American Funds EuroPacific Growth Fund	7,950 shares	335,910	312,276
Columbia Mid Cap Index Fund	20,350 shares	229,126	245,625
Columbia Small Cap Index Fund	3,795 shares	65,944	68,651
*Fifth Third Equity Index Fund	27,149 shares	658,552	696,655
Oppenheimer Developing Markets Fund	8,871 shares	293,681	293,263
Vanguard REIT ETF Fund	2,600 shares	154,979	170,222
		3,164,501	3,239,323
Money Market Fund			
*Fifth Third Banksafe Trust Fund	27,946 shares	27,946	27,946
		\$ 3,192,447	\$ 3,267,269

* Party-in-interest

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

EIN 26-1979555 PN 003

Schedule H, Line 4j - Schedule of Reportable Transactions April 30, 2012

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	Fifth Third Banksafe Trust Fund					
	Purchases	\$ 857,501		\$ 857,501	\$ 857,501	
	Sales		\$ 985,617	985,617	985,617	\$ -
Issuer	Fifth Third Equity Index Fund					
	Purchases	331,836		331,836	331,836	
Issuer	PIMCO Total Return Bond Fund					
	Purchases	449,370		449,370	449,370	
	Sales		215,246	213,314	215,246	1,932
Issuer	Columbia Mid Cap Index Fund					
	Purchases	165,081		165,081	165,081	
	Sales		129,820	125,674	129,820	4,146
Issuer	Federated Ultra Short Bond Fund					
	Purchases	230,777		230,777	230,777	

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #6, are included in this valuation.

- **Most recent plan amendments included:** Amendment #6 is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
 - *Active participants:* Suspension of benefits notices are provided to active employees when they reach Normal Retirement Age.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued based on actual cash balance amount earned as of the valuation date with interest credits calculated as the greater of the 30-year treasury rate for the third month preceding the plan year and the first PPA 417(e) segment rate.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan

Schedule SB, Part V — Summary of Plan Provisions

is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Summary of major plan provisions

Effective date and plan year	Original plan: May 1, 2008 Plan year: May 1 through April 30
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None

Definitions

Covered employees	Any person employed by the employer on an hourly basis who is covered by a collective bargaining agreement between the Employer (Kyklos Bearing International, LLC and any Affiliate which adopts this Plan) and the Union (International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America) but excluding any leased employee. An employee who is accruing benefits or is being credited with additional years of credited service with the Delphi Hourly-Rate Employees Pension Plan or the General Motors Hourly-Rate Employees Pension Plan is not eligible to participate until such additional accruals or service crediting stops.
Participation	Eligible for Plan participation if credited with an Hour of Service on or after May 1, 2008, at least age 21, and credited with at least one year of Service (completion of 750 Hours of Service) within the 12 months from date first credited with an Hour of Service on or after date of employment, or from Reemployment Date following a Break in Service, or, if later, in any calendar year. Participation begins on the first of the month after the month in which the Employee satisfies such conditions and Plan only applies to an Employee who is credited with an Hour of Service, terminates employment or becomes disabled on or after May 1, 2008.
Employee contributions	None
Vesting service	A year in which the Employee completes 750 Hours of Service. Includes all service with General Motors or Delphi Corporation prior to May 1, 2008. However, no service is credited for any period of employment prior to the year the Employee attains age 18. Measured on a Plan Year basis.

Schedule SB, Part V — Summary of Plan Provisions

▪ Compensation	For any plan year, base pay, vacation pay, holiday pay, bereavement pay, jury duty pay, plus any applicable COLA. Compensation does not include overtime pay, shift premiums, seven day premiums, performance bonus pay, suggestion awards, or any other special payments, fees or allowances. Pay is limited by the maximum compensation described in code Section 401(a)(17).
▪ Cash Accumulation Account	Initially zero and receives Pay Credits and Interest Credits.
▪ Pay Credits	On the last day of each calendar year a Pay Credit equal to 5.4% of Compensation will be credited to the Cash Accumulation Account. In the year in which the Participant separates from employment, the Participant will be credited with Pay Credits as of the date of separation. In the first year of participation, Pay credits are determined on a pro rata basis, with pro rata Compensation equal to Compensation multiplied by a fraction, the numerator of which is the number of days of Plan participation and the denominator of which is the number of days as an actively working Employee. Effective on or after January 1, 2009, differential wage payments received from the Employer while performing qualified military service in accordance with Code Section 414(u) and regulations thereunder ("USERRA Service") will not be counted as Compensation for purposes of determining Pay Credits under Plan Document Section 4.02.
▪ Interest Credits	Interest is credited to the Cash Accumulation Account as of the end of each calendar year. When a Participant is no longer an active participant, Interest Credits only, are made through the end of the month before the Annuity Starting Date. In the year of distribution, the Interest Credit Factor (i.e. the annual interest rate on 30-year treasury securities in effect for third month preceding the beginning of the Plan Year) is multiplied by a fraction equal to the number of completed months for that year through the end of the month before the Annuity Starting Date over 12. Interest Credits for a year are calculated on the Cash Accumulation Account as of the end of the prior calendar year including Pay Credits and Interest Credits for the prior calendar year.
▪ Accrued benefit	Cash Accumulation Account

Schedule SB, Part V — Summary of Plan Provisions

▪ Actuarial equivalent	Based on applicable interest rate per IRC Section 417(e)(3)(C) for the third month before the first day of the plan year distribution begins and the applicable mortality table prescribed in IRC Section 417(e)(3)(B) which is a mortality table based on the mortality table specified under IRC Section 430(h)(3) without regard to subparagraphs (C) or (D) of such Code Section.
Normal retirement	
▪ Eligibility	First of the month on or after age 65
▪ Benefit	Cash Accumulation Account
Early retirement	
▪ Eligibility	Age 60 with 10 years of Vesting Service or age 55 with age plus Vesting Service at least 85
▪ Benefit	Cash Accumulation Account
Late retirement	
▪ Eligibility	First of the month on or after termination of employment after normal retirement date for any reason other than death.
▪ Benefit	Cash Accumulation Account
Deferred vested	
▪ Eligibility	3 years of Vesting Service or age 65 and working
▪ Benefit	Cash Accumulation Account
Disability	
▪ Eligibility	Prior to age 65 and after earning 10 years of Vesting Service, an Employee with seniority sustains an injury or incurs an illness that prevents the Employee from engaging in his/her regular employment and based on medical evidence is found to be wholly and permanently prevented from engaging in regular employment at the plant where the Employee has seniority.
▪ Benefit	Cash Accumulation Account
Pre-retirement death	
▪ Eligibility	Death prior to Annuity Starting Date. Payable to Spouse or other Beneficiary (or estate if no Spouse or Beneficiary).
▪ Benefit prior to early retirement	Cash Accumulation Account or if married Actuarial Equivalent of the Cash Accumulation Account payable as life annuity to spouse of at least one year

Schedule SB, Part V — Summary of Plan Provisions

▪ Benefit after early but before normal retirement	Cash Accumulation Account or if married Actuarial Equivalent of the Cash Accumulation Account payable as life annuity to spouse of at least one year
▪ Benefit after normal retirement	Cash Accumulation Account or if married Actuarial Equivalent of the Cash Accumulation Account payable as life annuity to spouse of at least one year

Form of benefits

▪ Automatic form for unmarried participants	Single life annuity. If the sum of annuity payments is less than the Cash Accumulation Account when the participant dies, a lump sum equal to the difference of the Cash Accumulation Account and the total annuity payments will be paid to the participant's estate.
▪ Automatic form for married participants	Actuarially reduced 100% qualified joint and survivor annuity. If the sum of annuity payments both to the participant and spouse is less than the Cash Accumulation Account at the point both have died, a lump sum equal to the difference of the Cash Accumulation Account and the total annuity payments will be paid to the estate.
▪ Optional forms	Lump sum of Cash Accumulation Account, life annuity (if married), 50%, 75% or 100% contingent annuitant annuity If the sum of annuity payments both to the participant and spouse is less than the Cash Accumulation Account at the point both have died, a lump sum equal to the difference of the Cash Accumulation Account and the total annuity payments will be paid to the estate. All optional forms are the actuarial equivalent of the single life annuity.

Miscellaneous

▪ Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2011, the limit is \$245,000.
▪ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011, the limit is \$195,000.

Plan provision changes since prior valuation

- Maximum compensation and maximum benefits were updated from 2010 to 2011, but the amounts did not change

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate sponsor elections

▪ Segment rates or full yield curve	Segment
▪ Look-back months	0
▪ First 5 years	2.38%
▪ Next 15 years	5.51%
▪ Over 20 years	6.36%

Mortality sponsor elections

▪ Healthy and disabled participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement based on Scale AA.
-------------------------------------	--

Cash balance plans

▪ Interest accumulation rate	4.30%
▪ Whipsaw calculations	No
▪ Annuity conversion	Not applicable (all take immediate lump sums)

Other economic assumptions

▪ Salary increases	3.00% per year
▪ Inflation	2.00% per year
▪ Expected investment return	0.00% per year for year 2009, 7.00% per year for years 2010 through 2011
▪ Expenses	A load of \$180,000 was added to the target normal cost to reflect a projection of expected administrative expenses for the current year.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Demographic assumptions

Withdrawal

Three year select period with rates as follows:

Service	Percentage	
	Male	Female
0	20.00%	20.00%
1	15.00%*	15.00%*
2	10.00%*	10.00%*

*5.00% at ages 40 and over

Ultimate rates based on 50% of the SOA 2003 Study Small Plan Withdrawal Table. Sample ultimate rates follow:

Attained age	Percentage	
	Male	Female
20	12.15%	12.15%
25	9.75%	9.75%
30	7.75%	7.75%
35	6.05%	6.05%
40	4.70%	4.70%
45	3.65%	3.65%
50	2.80%	2.80%
55	2.10%	2.10%
60	1.50%	1.50%
65	N/A	N/A

Disability incidence

1985 Pension Disability Table, Class 3. Sample rates follow:

Attained age	Percentage	
	Male	Female
30	0.31%	0.25%
40	0.60%	0.55%
50	1.22%	1.20%
60	3.24%	2.33%
69	5.45%	3.33%

Retirement age

Attained age	Percentage	
	Male	Female
55 - 61	10.0%	10.0%
62	25.0%	25.0%
63 - 64	15.0%	15.0%
65 - 69	30.0%	30.0%
70	100.0%	100.0%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Benefit commencement age for			
▪ Future vested deferred	N/A (all take immediate lump sums)		
▪ Current vested deferred	N/A (all take immediate lump sums)		
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
▪ Percentage married	80%	80%	
▪ Spouse age difference	3 years younger	3 years older	
Form of payment	<u>Lump sum</u>	<u>Single life</u>	<u>100% J&S</u>
▪ Active retirements	100%	0%	0%
▪ Future vested deferred	100%	0%	0%
▪ Future disabilities	100%	0%	0%
▪ Future deaths	100%	0%	N/A
▪ Current vested deferred	100%	0%	0%
Other	All non-layoff employees assumed to work 2080 hours per year. All layoff employees assumed to work 0 hours per year.		
Unpredictable contingent event assumptions	Not applicable		

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all plan participants as of the valuation date, but only those employees who have completed the plan's

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

anticipated separation dates.

- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount".

Schedule SB, Line 24 — Change in Actuarial Assumptions

- We updated the interest accumulation rate from 4.60% to 4.30% to better reflect expected future plan experience.
- In addition, we updated the expected investment return from 0.00% per year to 7.00% per year for years 2010 through 2011 to reflect KBI's investment policy.
- Beginning in 2011, the plan will begin paying administrative expenses out of the trust. Therefore, an expense load of \$180,000 will be added to the target normal cost based on a projection of expected administrative expenses.

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2011 Installment
2011	\$	380,430	7	\$ 60,747
Total	\$	380,430		\$ 60,747

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.00%	100,000	10,000	550,000
56	10.00%	90,000	9,000	504,000
57	10.00%	81,000	8,100	461,700
58	10.00%	72,900	7,290	422,820
59	10.00%	65,610	6,561	387,099
60	10.00%	59,049	5,905	354,294
61	10.00%	53,144	5,314	324,179
62	25.00%	47,830	11,957	741,360
63	15.00%	35,872	5,381	338,993
64	15.00%	30,491	4,574	292,718
65	30.00%	25,918	7,775	505,395
66	30.00%	18,142	5,443	359,220
67	30.00%	12,700	3,810	255,264
68	30.00%	8,890	2,667	181,351
69	30.00%	6,223	1,867	128,813
70	100.00%	4,356	4,356	304,919
Total			100,000	6,112,125
Average				61

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up	Total
Under 25		10	5								15
25-29		52	10	1							63
30-34		41	26	16							83
35-39		55	16	22							93
40-44		59	32	17							108
45-49		49	13	14							76
50-54		50	16	12							78
55-59		44	17	7					1		69
60-64		31	12	4				1			48
65-69		3		1							4
70 & Up											
Total		394	147	94				1	1		637

In each cell, the number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

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

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

A Name of plan INDIVIDUAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES OF KYKLOS	B Three-digit plan number (PN) ▶ <u>003</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KYKLOS BEARING INTERNATIONAL, LLC.	D Employer Identification Number (EIN) 26-1979555	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>5</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		3,447,511
b Actuarial value	2b		3,434,243
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	77	125,201
c For active participants:			
(1) Non-vested benefits	3c(1)		2,913
(2) Vested benefits	3c(2)		3,686,559
(3) Total active	3c(3)	637	3,689,472
d Total	3d	714	3,814,673
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.60 %
6 Target normal cost	6		1,434,515

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

SIGN HERE	<u>Lawrence E. Scherer</u> Signature of actuary	<u>2/11/2013</u> Date
	<u>LAWRENCE E. SCHERER</u> Type or print name of actuary	<u>11-06389</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>(216) 830-8000</u> Telephone number (including area code)
	<u>200 PUBLIC SQUARE, SUITE 900</u> Address of the firm	
	<u>CLEVELAND OH 44114-2312</u> Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>5.95</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		9,898
b Interest on (a) using prior year's effective rate of <u>6.46</u> % except as otherwise provided (see instructions).....		639
c Total available at beginning of current plan year to add to prefunding balance.....		10,537
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	90.02 %
15 Adjusted funding target attainment percentage	15	90.02 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.72 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2013	1,642,000				
Totals •			18(b)	1,642,000	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,496,175

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 2.38 %	2nd segment: 5.51 %	3rd segment: 6.36 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1,434,515	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		
a Net shortfall amortization installment	380,430	60,747	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1,495,262	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	1,495,262	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,496,175	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	913	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

EIN 26-1979555 PN 003

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

April 30, 2012

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Market Value
Fifth Third Bank			
Mutual Funds			
Federated Ultra Short Bond Fund	25,225 shares	\$ 230,777	\$ 231,566
iShares Barclays TIPS Bond Fund	1,110 shares	128,132	132,556
Oppenheimer International Bond Fund	15,397 shares	98,892	98,232
PIMCO Total Return Bond Fund	88,260 shares	968,508	990,277
American Funds EuroPacific Growth Fund	7,950 shares	335,910	312,276
Columbia Mid Cap Index Fund	20,350 shares	229,126	245,625
Columbia Small Cap Index Fund	3,795 shares	65,944	68,651
*Fifth Third Equity Index Fund	27,149 shares	658,552	696,655
Oppenheimer Developing Markets Fund	8,871 shares	293,681	293,263
Vanguard REIT ETF Fund	2,600 shares	154,979	170,222
		3,164,501	3,239,323
Money Market Fund			
*Fifth Third Banksafe Trust Fund	27,946 shares	27,946	27,946
		\$ 3,192,447	\$ 3,267,269

* Party-in-interest

Individual Retirement Plan for Hourly-Rate Employees of Kyklos Bearing International, LLC

EIN 26-1979555 PN 003

Schedule H, Line 4j - Schedule of Reportable Transactions April 30, 2012

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	Fifth Third Banksafe Trust Fund					
	Purchases	\$ 857,501		\$ 857,501	\$ 857,501	
	Sales		\$ 985,617	985,617	985,617	\$ -
Issuer	Fifth Third Equity Index Fund					
	Purchases	331,836		331,836	331,836	
Issuer	PIMCO Total Return Bond Fund					
	Purchases	449,370		449,370	449,370	
	Sales		215,246	213,314	215,246	1,932
Issuer	Columbia Mid Cap Index Fund					
	Purchases	165,081		165,081	165,081	
	Sales		129,820	125,674	129,820	4,146
Issuer	Federated Ultra Short Bond Fund					
	Purchases	230,777		230,777	230,777	