

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/1970</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/01/1970</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>KOYO CORPORATION OF U.S.A.</u> <u>29570 CLEMENS ROAD</u> <u>WESTLAKE, OH 44145-1007</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>57-0570962</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>440-835-1000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>57-0570962</u>	2c Sponsor's telephone number <u>440-835-1000</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>57-0570962</u>					
2c Sponsor's telephone number <u>440-835-1000</u>					
2d Business code (see instructions) <u>332900</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/18/2014	SUSAN J. MAHONY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/18/2014	SUSAN J. MAHONY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

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

KOYO CORPORATION OF U.S.A.

29570 CLEMENS ROAD
WESTLAKE, OH 44145-1007**3b** Administrator's EIN

57-0570962

3c Administrator's telephone number

440-835-1000

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**

243

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**

122

b Retired or separated participants receiving benefits.....**6b**

61

c Other retired or separated participants entitled to future benefits.....**6c**

57

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

240

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

2

f Total. Add lines **6d** and **6e**.....**6f**

242

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**

1

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 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. KOYO CORPORATION OF U.S.A.	D Employer Identification Number (EIN) 57-0570962	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	IGI 12826	242	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	472166
5 Current value of plan's interest under this contract in separate accounts at year end	5	14167375

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b Balance at the end of the previous year	7b	926487
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	20717	
(4) Transferred from separate account	7c(4)	79000	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	99717
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d Total of balance and additions (add b and c(6)).	7d	1026204
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	524816	
(2) Administration charge made by carrier	7e(2)	29222	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	554038
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f Balance at the end of the current year (subtract e(5) from d)	7f	472166
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

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

A Name of plan <u>KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KOYO CORPORATION OF U.S.A.</u>	D Employer Identification Number (EIN) <u>57-0570962</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>12884673</u>
b	Actuarial value 2b <u>13494067</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>61</u> <u>4949641</u>
b	For terminated vested participants 3b <u>60</u> <u>1503120</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>88356</u>
(2)	Vested benefits 3c(2) <u>6954126</u>
(3)	Total active 3c(3) <u>122</u> <u>7042482</u>
d	Total 3d <u>243</u> <u>13495243</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.60</u> %
6	Target normal cost 6 <u>644364</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/22/2011</u>
Signature of actuary	Date
<u>ANDREW B. HODGES</u>	<u>11-05048</u>
Type or print name of actuary	Most recent enrollment number
<u>MASSMUTUAL LIFE INSURANCE COMPANY</u>	<u>413-744-4223</u>
Firm name	Telephone number (including area code)
<u>1295 STATE ST.</u> <u>SPRINGFIELD, MA 01111-0001</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	34550	1786457
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	34550	1786457
10	Interest on item 9 using prior year's actual return of <u>17.68</u> %	6108	315846
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		6062
b	Interest on (a) using prior year's effective rate of <u>8.11</u> %		492
c	Total available at beginning of current plan year to add to prefunding balance		6554
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	40658	2102303

Part III Funding percentages			
14	Funding target attainment percentage.....	14	84.11 %
15	Adjusted funding target attainment percentage.....	15	99.99 %
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	97.41 %
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
03/09/2010	200000				
06/10/2010	200000				
09/27/2010	200000				
12/09/2010	200000				
			Totals ►	18(b)	800000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 771313
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	644364
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	644364
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	644364
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	771313
38 Interest-adjusted excess contributions for current year (see instructions).....	38	126949
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KOYO CORPORATION OF U.S.A.		D Employer Identification Number (EIN) 57-0570962

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MASSACHUSETTS MUTUAL

04-1590850

(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?
13	CONTRACT ADMINISTRATOR	29222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 60 63 68 72 99	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CBIZ BENEFITS AND INS SERV INC

31-1582098

(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?
53	SHAREHOLDER SERVICE PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	33551	Yes ☐ No ☒

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation PREM SHORT DURATION BOND BABSON 04-3212057		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO.		
(b) Service Codes (see instructions) 72		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation PREMIER CORE BOND BABSON 04-3277549		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO.		
(b) Service Codes (see instructions) 72		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation SELECT INDEXED EQTY NORTHRN TRUST 04-3410047		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation SELECT SM CAP GR W AND R WELLINGTON 04-3464205		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation SELECT MID CAP GR II TRP FRONTIER 04-3512596		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation SELECT FUNDAMENTAL VAL WELLINGTON 04-3584138		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOTAL RETURN ROYCE	BASIS POINTS * PLAN ASSETS	
13-3742929		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SELECT PIMCO TOTAL RETURN	BASIS POINTS * PLAN ASSETS	
27-2377446		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLOBAL STRATEGIC INCOME OFI	BASIS POINTS * PLAN ASSETS	
84-1120195		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP VALUE PERKINS	BASIS POINTS * PLAN ASSETS	
84-1458637		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH AMERICAN	BASIS POINTS * PLAN ASSETS	
95-6810128		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CBIZ BENEFITS AND INS SERV INC	53	33551
(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.	
MASSACHUSETTS MUTUAL LIFE INS CO	COMMISSIONS AND FEES	
04-1590850		

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KOYO CORPORATION OF U.S.A.</u>	D Employer Identification Number (EIN) <u>57-0570962</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-Y</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-183</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1345622</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-WZ</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-193</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3042763</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-TH</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-352</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1457971</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-TI</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0342299-017</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-G</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-043</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-AF</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-RO</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-368</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>163594</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-O8**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	969671
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-NU**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	816795
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AX**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3197660
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AT**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AE**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-014	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2209370
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AC**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-012	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	169082
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AK**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-175	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	794849
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 KOYO CORPORATION OF U.S.A.	D Employer Identification Number (EIN) 57-0570962	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	280000	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	11687075	14167375
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	926487	472166
(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	12893562	14639541

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12893562	14639541
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	800000	
(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)		800000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	20717	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20717

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1479300
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2300017

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	524816	
(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)		524816
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	29222	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29222
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		554038

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1745979
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: BARNES WENDLING CPAS INC

(2) EIN: 34-1463411

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

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

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

A Name of plan <u>KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOYO CORPORATION OF U.S.A.</u>	D Employer Identification Number (EIN) <u>57-0570962</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**KOYO CORPORATION OF U.S.A.
EMPLOYEES' PENSION PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2010 AND 2009

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

September 23, 2011

To the Pension Committee of the
Koyo Corporation of U.S.A.
Employees' Pension Plan
Westlake, Ohio

We were engaged to audit the financial statements and supplemental schedules of Koyo Corporation of U.S.A. Employees' Pension Plan as of December 31, 2010 and 2009 and for the years then ended as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Mass Mutual Retirement Services, (MMRS) a division of Massachusetts Mutual Life Insurance Company, the custodian, except for comparing information with related information included in the financial statements and supplemental schedules. The plan administrator has informed us that the custodian holds the Plan's assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009 and for the years then ended 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 and supplemental schedules, as of December 31, 2010 and 2009 and for the years then ended, taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Barnes Wendling CPAs, Inc.

-1-

CERTIFIED PUBLIC ACCOUNTANTS / MANAGEMENT CONSULTANTS



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KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2010	2009
ASSETS		
Investments, at fair value:		
Pooled separate accounts	\$ 14,167,375	\$ 11,687,075
Guaranteed investment account	560,069	1,002,459
	<u>14,727,444</u>	<u>12,689,534</u>
Employer contribution receivable	-0-	280,000
	<u>14,727,444</u>	<u>12,969,534</u>
LIABILITIES		
Accrued administrative expenses	<u>8,052</u>	<u>6,937</u>
Net assets available for benefits	<u>\$ 14,719,392</u>	<u>\$ 12,962,597</u>

See Notes to Financial Statements

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2010	2009
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,491,231	\$ 1,950,755
Interest	20,717	29,781
	<u>1,511,948</u>	<u>1,980,536</u>
Contributions:		
Employer	800,000	580,430
Total additions	<u>2,311,948</u>	<u>2,560,966</u>
Deductions from net assets attributed to:		
Benefits paid to participants	524,816	492,201
Administrative expenses	30,337	25,051
	<u>555,153</u>	<u>517,252</u>
Net increase	<u>1,756,795</u>	<u>2,043,714</u>
Net assets available for benefits:		
Beginning of year	<u>12,962,597</u>	<u>10,918,883</u>
End of year	<u>\$ 14,719,392</u>	<u>\$ 12,962,597</u>

See Notes to Financial Statements

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Statement of Accumulated Plan Benefits December 31, 2009

Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 4,434,811	
Terminated vested participants	1,264,459	
Other participants	5,753,273	
Total vested benefits		\$ 11,452,543
Nonvested benefits		
		69,396
Actuarial present value of accumulated plan benefits at December 31, 2009		
		<u>\$ 11,521,939</u>

See Notes to Financial Statements

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2009

Actuarial present value of accumulated plan benefits at December 31, 2008			\$ 10,753,920
Increase (decrease) during the year attributable to:			
Benefits accumulated	\$	494,921	
Benefits paid	(	492,201)	
Increase due to passage of time		880,219	
Other	(	114,920)	
Net increase			<u>768,019</u>
Actuarial present value of accumulated plan benefits at December 31, 2009			<u><u>\$ 11,521,939</u></u>

See Notes to Financial Statements

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Koyo Corporation of U.S.A. Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering substantially all employees of the sales division of the Koyo Corporation of U.S.A. (the Company and Plan Administrator) and was established to provide retirement benefits for eligible employees, after completing one year of service, as defined in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective September 1, 2006 the Plan was amended to freeze participation in the Plan to new employees hired on or after September 1, 2006. Therefore, any employee who is hired by the Company on or after September 1, 2006 will not be eligible to participate in the Plan, will not be credited with service or credited service for the purpose of earning an accrued benefit and will not be credited with earnings and will not accrue a benefit under the Plan.

Pension Benefits

Employees hired before September 1, 2006 with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based upon the number of years of credited service and levels of compensation on the highest five years during the ten years preceding retirement. The Plan permits early retirement to participants who have attained age 55 and have completed ten years of vesting service. The standard retirement benefit is a single life annuity; however, the Plan provides as an option joint and survivor benefits and surviving spouse benefits. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

Death Benefits

If an employee dies with vested benefits, a death benefit is calculated based on the employee's age and the surviving spouse's age and is paid to the employee's spouse over their lifetime in monthly installments. The employee's spouse may elect to have the benefit paid in a lump sum. If unmarried, no benefit is payable.

Funding Policy

Contributions are determined pursuant to the Unit Credit Actuarial Cost Method. The Company contributes an amount at least sufficient to meet the minimum funding requirements of ERISA. Contributions for 2010 and 2009 exceeded those requirements. The minimum required contribution for the year ended December 31, 2010 is \$644,364.

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation

The Plan's investments are recorded at fair value, based upon the last traded or current bid prices in active markets. Where there are no readily available last traded or current bid prices, fair value is determined as discussed in Note E.

Investment Income Recognition

Purchases and sales of securities are recorded on a trade date basis. Gains and losses on securities transactions are determined using the average cost method. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) spouses of employees who have died, and (c) present employees hired before September 1, 2006 or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last ten years of credited service. The accumulated plan benefits for active employees hired before September 1, 2006 are based on their average highest five years of compensation during the last ten years on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Massachusetts Mutual Retirement Services and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

Significant assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Unit Credit Actuarial Cost Method
Interest rate	8% in each year
Normal retirement	65 and 5 years participation
Mortality basis	RP-2000 Generational Table
Salary scale	4.5% increase per year

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.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Company pays certain expenses on behalf of the Plan. Other expenses, such as investment advisory services, incurred by the Plan are paid for directly by the Plan.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Taxes

The Plan received a determination letter from the Internal Revenue Service (IRS) dated February 3, 2005, stating that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. The Plan sponsor believes the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2007.

Subsequent Events

The Company has evaluated subsequent events through September 23, 2011, the date which the financial statements were available to be issued.

NOTE C - PLAN TERMINATION

In the event the Plan is terminated, employees become 100% vested in their accrued plan benefit at the time of termination. The net assets of the Plan will then be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits payable to participants who have retired or are eligible to retire.
- b. Other benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other benefits not insured by the PBGC.
- d. All nonvested benefits

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE C - PLAN TERMINATION (CONTINUED)

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 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, subject to a statutory ceiling on the amount of an individuals' monthly benefit.

Whether all participants receive benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided at all.

NOTE D - INVESTMENTS

The investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2010 and 2009, and net appreciation in the fair value of investments, interest and dividends for the years ended December 31, 2010 and 2009 were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the custodian.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE D - INVESTMENTS (CONTINUED)

The fair values of individual investments that represent five percent or more of the Plan's net assets are as follows:

	December 31,	
	2010	2009
<i>Guaranteed Investment Account:</i>		
Guaranteed Investment Account		\$1,002,459
<i>Pooled Separate Accounts:</i>		
Premier Core Bond	\$2,209,370	2,326,832
Select Fundamental Value	794,849	649,229
Premier Enhanced Index Growth	816,795	802,663
Strategic Income	969,671	642,144
Select Indexed Equity	3,197,658	1,313,719
Total Return (PIMCO)	3,042,763	2,729,309
Premier Inflation-Protected Bond	1,345,622	1,613,522
EuroPacific Growth	1,457,971	1,067,870

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value by \$1,491,231 and \$1,950,755 respectively, as follows:

	Years Ended December 31,	
	2010	2009
Guaranteed investment account	\$ 11,931	\$ 136,274
Pooled separate accounts	<u>1,479,300</u>	<u>1,814,481</u>
	<u>\$1,491,231</u>	<u>\$1,950,755</u>

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE E - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2010 are summarized below:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:			
Blend funds	\$ 4,819,223		\$ 4,819,223
Bond funds	7,567,426		7,567,426
Value funds	794,849		794,849
Growth funds	<u>985,877</u>		<u>985,877</u>
Total pooled separate accounts	14,167,375		14,167,375
Guaranteed investment account		\$ 560,069	560,069
	<u>\$14,167,375</u>	<u>\$ 560,069</u>	<u>\$14,727,444</u>

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investments accounted for at fair value as of December 31, 2009 are summarized below:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:			
Blend funds	\$ 2,509,571		\$ 2,509,571
Bond funds	7,311,807		7,311,807
Value funds	780,372		780,372
Growth funds	<u>1,085,325</u>		<u>1,085,325</u>
Total pooled separate accounts	11,687,075		11,687,075
Guaranteed investment account		<u>\$1,002,459</u>	<u>1,002,459</u>
	<u>\$11,687,075</u>	<u>\$1,002,459</u>	<u>\$12,689,534</u>

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

Pooled separate accounts are valued at the net asset value of shares held by the Plan at year end. Net asset value is based on the quoted market prices of the underlying investments, net of insurance company fees and expenses.

The guaranteed investment account (Note F) is valued at liquidation value, which approximates fair value, based on an actuarial formula. This formula assumes the investment is returned in level annual installments, pays interest annually on the outstanding balance, and is being valued to yield an assumed rate.

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

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010:

	<u>Guaranteed Investment Contract</u>
Fair value, beginning of year	\$1,002,459
Unrealized gains	11,931
Purchases, sales, issuances, and settlements (net)	(454,321)
Fair value, end of year	<u>\$ 560,069</u>

Gains and losses (realized and unrealized) are included in net appreciation in fair value of investments in the statement of changes in net assets available for benefits for the years ended December 31, 2010 and 2009.

NOTE F - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The plan entered into an investment contract with Massachusetts Mutual Life Insurance Company (MassMutual). MassMutual maintains the contributions from the Company in an unallocated fund. The account is credited with earnings on the underlying investments and charges for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value as described in Note E.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were both approximately 3.00% for December 31, 2010 and 2009. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed semi-annually for resetting.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE G - POOLED SEPARATE ACCOUNTS

The Plan has investments in MassMutual pooled separate accounts. There are no restrictions on transfers or withdrawals from these accounts. The investment strategies of the pooled separate accounts of the Plan are as follows:

Select Indexed Equity invests in a mutual fund which seeks to match the performance of the S&P 500 by investing in a representative sample of the stocks in that index.

Total Return (Royce) invests in a mutual fund which seeks long-term growth of capital and current income by investing at least 65% of assets in equity securities of small capitalization companies.

EuroPacific Growth invests in a mutual fund which seeks to provide long-term growth of capital by investing in common stocks of issuers in Europe and the Pacific Basin.

Premier Core Bond invests in a mutual fund which seeks a high total rate of return consistent with prudent investment risk and preservation of capital by investing in fixed income securities which includes U.S. dollar-denominated corporate obligations, securities issued or guaranteed by the U.S. government or its agencies.

Premier Inflation-Protected Bond invests in a mutual fund which seeks high rate of real return on an annual basis consistent with prudent investment risk and preservation of capital by investing in inflation-indexed bonds of varying maturities issued by the U.S. and non-U.S. governments, their agencies or government-sponsored enterprises, and corporations.

Total Return (PIMCO) invests in a mutual fund which seeks maximum total return by investing in a diversified portfolio of fixed-income instruments of varying maturities.

Strategic Income invests in a mutual fund which seeks high current income by investing primarily in debt securities of foreign governments and companies, U.S. Government securities, and lower-rated, high yield securities of U.S. and foreign companies.

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE G - POOLED SEPARATE ACCOUNTS (CONTINUED)

Select Fundamental Value invests in a mutual fund which seeks long-term total return by investing in equity securities of companies with large capitalizations.

Select Small Cap Growth invests in a mutual fund which seeks long-term capital appreciation by investing in the securities of small companies whose market capitalizations at the time of purchase, fall within the range of companies in the Russell 2000 Index or the S&P SmallCap 600 Index.

Premier Enhanced Index Growth invests in a mutual fund invests in common stocks included in the Russell 1000 Growth Index (Index) and seeks to outperform the Index, while maintaining risk characteristics similar to those of the Index.

NOTE H - RISKS AND UNCERTAINTIES

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

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

NOTE I - TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan's investments are held by Mass Mutual Retirement Services (MMRS), a division of the Custodian, and therefore, transactions with MMRS qualify as party-in-interest transactions. Such transactions are exempt from being prohibited transactions.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2010	2009
Net assets available for benefits per the financial statements	\$14,719,392	\$12,962,597
Adjustment of guaranteed investment account from fair value to contract value	(87,903)	(75,972)
Accrued administrative expenses	<u>8,052</u>	<u>6,937</u>
Net assets available for benefits per the Form 5500	<u>\$14,639,541</u>	<u>\$12,893,562</u>

The following is a reconciliation of net appreciation in fair value of investments and administrative expenses accrued by the plan per the financial statements to the Form 5500 for the year ended December 31, 2010:

Net appreciation in fair value of investments per the financial statements	\$ 1,491,231
Adjustment of guaranteed investment account from fair value to contract value	(<u>11,931</u>)
Net investment gain from pooled separate accounts per the Form 5500	<u>\$ 1,479,300</u>
Administrative expenses per the financial statements	\$ 30,337
Add: Administrative expenses accrued at December 31, 2009	6,937
Less: Administrative expenses accrued at December 31, 2010	(<u>8,052</u>)
Administrative expenses per the Form 5500	<u>\$ 29,222</u>

The Form 5500 presents expenses on a cash basis and therefore does not reflect accrued administrative expenses as of December 31. The guaranteed investment account is reported at contract value on the Form 5500, and at fair value in the financial statements.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

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

December 31, 2010

EIN - 57-0570962

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	MassMutual	Guaranteed Investment Account	\$ 472,166	\$ 472,166
<u>Pooled Separate Accounts</u>				
*	MassMutual	Select Small Cap Growth	125,000	169,082
*	MassMutual	Premier Core Bond	1,832,437	2,209,370
*	MassMutual	Premier Enhanced Index Growth	575,007	816,795
*	MassMutual	Select Fundamental Value	664,110	794,849
*	MassMutual	Select Indexed Equity	2,582,507	3,197,658
*	MassMutual	Strategic Income	715,471	969,671
*	MassMutual	Total Return (Royce)	123,000	163,594
*	MassMutual	EuroPacific Growth	1,242,892	1,457,971
*	MassMutual	Total Return (PIMCO)	2,595,075	3,042,763
*	MassMutual	Premier Inflation-Protected Bond	1,166,053	1,345,622
				<u>14,167,375</u>
				<u>\$ 14,639,541</u>

* Represents a party-in-interest to the Plan.

**KOYO CORPORATION OF U.S.A.
EMPLOYEES' PENSION PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2010
EIN - 57-0570962
Plan Number - 001

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category 3								
* MassMutual	Select Indexed Equity	\$ 1,413,046	\$ -0-	N/A	\$ -0-	\$ 1,413,046	\$ 1,413,046	\$ -0-
* MassMutual	EuroPacific Growth	-0-	775,000	N/A	-0-	761,358	775,000	13,642
* MassMutual	EuroPacific Growth	847,000	-0-	N/A	-0-	847,000	847,000	-0-
* MassMutual	Total Return (PIMCO)	-0-	781,000	N/A	-0-	661,161	781,000	119,839

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5% of the plan market value as of December 31, 2009.
* Represents a party-in-interest to the Plan.

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 12/31/10**Plan Sponsor: IG1 012826-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	Guaranteed Interest Account	472,166	472,166
*	MassMutual	(Select Sm Cap Gr)	125,000	169,082
*	MassMutual	(Premier Core Bond)	1,832,437	2,209,370
*	MassMutual	(Prem Short-Duration Bond)	0	0
*	MassMutual	(Select Fundamental Val)	664,110	794,849
*	MassMutual	(Select Mid Cap Growth II)	0	0
*	MassMutual	(Select Indexed Eqty)	2,582,507	3,197,660
*	MassMutual	(Premier Money Market)	0	0
*	MassMutual	(Premier Enh Index Growth)	575,007	816,795
*	MassMutual	(Premier Strategic Income)	715,471	969,671
*	MassMutual	(Total Return)	123,000	163,594
*	MassMutual	(EuroPacific Growth)	1,242,892	1,457,971
*	MassMutual	(Advisor Mid Cap Value)	0	0
*	MassMutual	(Total Return)	2,595,075	3,042,763
*	MassMutual	(Prem Inflat-Protect Bond)	1,166,053	1,345,622

Schedule H, line 4j - Schedule of Reportable Transactions: 12/31/10

Plan Sponsor: IG1 012826-01

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with trans	Cost of asset	Current Value of asset on transaction date	Net gain or loss
MassMutual	(Select Indexed Eqty)	1,413,046	0	N/A	0	1,413,046	1,413,046	0
MassMutual	(Premier Money Market)	0	680,000	N/A	0	680,000	680,000	0
MassMutual	(EuroPacific Growth)	0	775,000	N/A	0	761,358	775,000	13,642
MassMutual	(EuroPacific Growth)	847,000	0	N/A	0	847,000	847,000	0
MassMutual	(Total Return)	0	781,000	N/A	0	661,161	781,000	119,839

* This schedule was completed considering assets held under a MassMutual group annuity contract only

A Name of Plan	Koyo Corporation of U.S.A. Employees' Pension Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500	Koyo Corporation of U.S.A.	D Employer Identification Number	570570962

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Funds	956810128		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-TH).
American Funds	956810128		MassMutual provided the plan with the required written disclosure for Other Fees received by American Funds with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-TH).
Janus	841458637		MassMutual provided the Plan with the required written disclosure for Management Fees received by Janus with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Janus	841458637		MassMutual provided the plan with the required written disclosure for Other Fees received by Janus with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Premier Enh Index Growth (Babson) separate acct (SIA-NU).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Select Fundamental Val (Wilgtn) separate acct (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Select Mid Cap Gr II (TRP/Fntr) separate acct (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan the required written disclosure for soft dollar compensation received by MassMutual & any affiliates (if applicable) with respect to the mutual fund underlying the Select Sm Cap Gr (W&RWellingtn) separate acct (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-TH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Indexed Eqty (Northrn Trust) separate account (SIA-AX).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr II

Massachusetts Mutual Life Insurance Company	041590850	(TRP/Frontier) separate account (SIA-AT). MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select PIMCO Total Return (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Total Return (Royce) separate account (SIA-RO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Enh Index Growth (Babson) separate account (SIA-NU).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Indexed Eqty (Northern Trust) separate account (SIA-AX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr II (TRP/Frontier) separate account (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select PIMCO Total Return (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Prem Short-Duration Bond (Babson) separate account (SIA-AF).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (13 basis points * plan assets) with respect to the mutual fund underlying the Select Indexed Eqty (Northern Trust) separate account (SIA-AX).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (26 basis points * plan assets) with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-AK).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (27 basis points * plan assets) with respect to the mutual fund underlying the Select Mid Cap Gr II (TRP/Frontier) separate account (SIA-AT).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (31 basis points * plan assets) with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-AC).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (6 basis points * plan assets) with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-AE).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (7 basis points * plan assets) with respect to the mutual fund underlying the Select PIMCO Total Return (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-TH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Total Return (Royce) separate account (SIA-RO).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the mutual fund underlying the Global Strategic Income (OFI) separate account (SIA-O8).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Supplemental Fees of (14 basis points * plan assets) with respect to the mutual fund underlying the Global Strategic Income (OFI) separate account (SIA-O8).
OppenheimerFunds	841120195	MassMutual provided the Plan with the required written disclosure for Management Fees received by OppenheimerFunds with respect to the mutual fund underlying the Global Strategic Income (OFI) separate account (SIA-O8).
OppenheimerFunds	841120195	MassMutual provided the plan with the required written disclosure for Other Fees received by OppenheimerFunds with respect to the mutual fund underlying the Global Strategic Income (OFI) separate account (SIA-O8).
Royce	133742929	MassMutual provided the Plan with the required written disclosure for Management Fees received by Royce with respect to the mutual fund underlying the Total Return (Royce) separate account (SIA-RO).
Royce	133742929	MassMutual provided the plan with the required written disclosure for Other Fees received by Royce with respect to the mutual fund underlying the Total Return (Royce) separate account (SIA-RO).

**KOYO CORPORATION OF U.S.A.
EMPLOYEES' PENSION PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2010 AND 2009

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

September 23, 2011

To the Pension Committee of the
Koyo Corporation of U.S.A.
Employees' Pension Plan
Westlake, Ohio

We were engaged to audit the financial statements and supplemental schedules of Koyo Corporation of U.S.A. Employees' Pension Plan as of December 31, 2010 and 2009 and for the years then ended as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Mass Mutual Retirement Services, (MMRS) a division of Massachusetts Mutual Life Insurance Company, the custodian, except for comparing information with related information included in the financial statements and supplemental schedules. The plan administrator has informed us that the custodian holds the Plan's assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009 and for the years then ended 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 and supplemental schedules, as of December 31, 2010 and 2009 and for the years then ended, taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Barnes Wendling CPAs, Inc.

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KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2010	2009
ASSETS		
Investments, at fair value:		
Pooled separate accounts	\$ 14,167,375	\$ 11,687,075
Guaranteed investment account	560,069	1,002,459
	<u>14,727,444</u>	<u>12,689,534</u>
Employer contribution receivable	-0-	280,000
	<u>14,727,444</u>	<u>12,969,534</u>
LIABILITIES		
Accrued administrative expenses	<u>8,052</u>	<u>6,937</u>
Net assets available for benefits	<u>\$ 14,719,392</u>	<u>\$ 12,962,597</u>

See Notes to Financial Statements

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2010	2009
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,491,231	\$ 1,950,755
Interest	20,717	29,781
	<u>1,511,948</u>	<u>1,980,536</u>
Contributions:		
Employer	800,000	580,430
Total additions	<u>2,311,948</u>	<u>2,560,966</u>
Deductions from net assets attributed to:		
Benefits paid to participants	524,816	492,201
Administrative expenses	<u>30,337</u>	<u>25,051</u>
	<u>555,153</u>	<u>517,252</u>
Net increase	<u>1,756,795</u>	<u>2,043,714</u>
Net assets available for benefits:		
Beginning of year	<u>12,962,597</u>	<u>10,918,883</u>
End of year	<u><u>\$ 14,719,392</u></u>	<u><u>\$ 12,962,597</u></u>

See Notes to Financial Statements

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Statement of Accumulated Plan Benefits December 31, 2009

Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 4,434,811	
Terminated vested participants	1,264,459	
Other participants	5,753,273	
Total vested benefits		\$ 11,452,543
Nonvested benefits		<u>69,396</u>
Actuarial present value of accumulated plan benefits at December 31, 2009		<u><u>\$ 11,521,939</u></u>

See Notes to Financial Statements

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2009

Actuarial present value of accumulated plan benefits at December 31, 2008			\$ 10,753,920
Increase (decrease) during the year attributable to:			
Benefits accumulated	\$	494,921	
Benefits paid	(	492,201)	
Increase due to passage of time		880,219	
Other	(	114,920)	
Net increase			<u>768,019</u>
Actuarial present value of accumulated plan benefits at December 31, 2009			<u><u>\$ 11,521,939</u></u>

See Notes to Financial Statements

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Koyo Corporation of U.S.A. Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering substantially all employees of the sales division of the Koyo Corporation of U.S.A. (the Company and Plan Administrator) and was established to provide retirement benefits for eligible employees, after completing one year of service, as defined in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective September 1, 2006 the Plan was amended to freeze participation in the Plan to new employees hired on or after September 1, 2006. Therefore, any employee who is hired by the Company on or after September 1, 2006 will not be eligible to participate in the Plan, will not be credited with service or credited service for the purpose of earning an accrued benefit and will not be credited with earnings and will not accrue a benefit under the Plan.

Pension Benefits

Employees hired before September 1, 2006 with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based upon the number of years of credited service and levels of compensation on the highest five years during the ten years preceding retirement. The Plan permits early retirement to participants who have attained age 55 and have completed ten years of vesting service. The standard retirement benefit is a single life annuity; however, the Plan provides as an option joint and survivor benefits and surviving spouse benefits. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

Death Benefits

If an employee dies with vested benefits, a death benefit is calculated based on the employee's age and the surviving spouse's age and is paid to the employee's spouse over their lifetime in monthly installments. The employee's spouse may elect to have the benefit paid in a lump sum. If unmarried, no benefit is payable.

Funding Policy

Contributions are determined pursuant to the Unit Credit Actuarial Cost Method. The Company contributes an amount at least sufficient to meet the minimum funding requirements of ERISA. Contributions for 2010 and 2009 exceeded those requirements. The minimum required contribution for the year ended December 31, 2010 is \$644,364.

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation

The Plan's investments are recorded at fair value, based upon the last traded or current bid prices in active markets. Where there are no readily available last traded or current bid prices, fair value is determined as discussed in Note E.

Investment Income Recognition

Purchases and sales of securities are recorded on a trade date basis. Gains and losses on securities transactions are determined using the average cost method. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) spouses of employees who have died, and (c) present employees hired before September 1, 2006 or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last ten years of credited service. The accumulated plan benefits for active employees hired before September 1, 2006 are based on their average highest five years of compensation during the last ten years on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Massachusetts Mutual Retirement Services and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

Significant assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Unit Credit Actuarial Cost Method
Interest rate	8% in each year
Normal retirement	65 and 5 years participation
Mortality basis	RP-2000 Generational Table
Salary scale	4.5% increase per year

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.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Company pays certain expenses on behalf of the Plan. Other expenses, such as investment advisory services, incurred by the Plan are paid for directly by the Plan.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Taxes

The Plan received a determination letter from the Internal Revenue Service (IRS) dated February 3, 2005, stating that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. The Plan sponsor believes the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2007.

Subsequent Events

The Company has evaluated subsequent events through September 23, 2011, the date which the financial statements were available to be issued.

NOTE C - PLAN TERMINATION

In the event the Plan is terminated, employees become 100% vested in their accrued plan benefit at the time of termination. The net assets of the Plan will then be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits payable to participants who have retired or are eligible to retire.
- b. Other benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other benefits not insured by the PBGC.
- d. All nonvested benefits

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE C - PLAN TERMINATION (CONTINUED)

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 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, subject to a statutory ceiling on the amount of an individuals' monthly benefit.

Whether all participants receive benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided at all.

NOTE D - INVESTMENTS

The investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2010 and 2009, and net appreciation in the fair value of investments, interest and dividends for the years ended December 31, 2010 and 2009 were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the custodian.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE D - INVESTMENTS (CONTINUED)

The fair values of individual investments that represent five percent or more of the Plan's net assets are as follows:

	December 31,	
	2010	2009
<i>Guaranteed Investment Account:</i>		
Guaranteed Investment Account		\$1,002,459
<i>Pooled Separate Accounts:</i>		
Premier Core Bond	\$2,209,370	2,326,832
Select Fundamental Value	794,849	649,229
Premier Enhanced Index Growth	816,795	802,663
Strategic Income	969,671	642,144
Select Indexed Equity	3,197,658	1,313,719
Total Return (PIMCO)	3,042,763	2,729,309
Premier Inflation-Protected Bond	1,345,622	1,613,522
EuroPacific Growth	1,457,971	1,067,870

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value by \$1,491,231 and \$1,950,755 respectively, as follows:

	Years Ended December 31,	
	2010	2009
Guaranteed investment account	\$ 11,931	\$ 136,274
Pooled separate accounts	<u>1,479,300</u>	<u>1,814,481</u>
	<u>\$1,491,231</u>	<u>\$1,950,755</u>

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE E - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2010 are summarized below:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:			
Blend funds	\$ 4,819,223		\$ 4,819,223
Bond funds	7,567,426		7,567,426
Value funds	794,849		794,849
Growth funds	<u>985,877</u>		<u>985,877</u>
Total pooled separate accounts	14,167,375		14,167,375
Guaranteed investment account		\$ 560,069	560,069
	<u>\$14,167,375</u>	<u>\$ 560,069</u>	<u>\$14,727,444</u>

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investments accounted for at fair value as of December 31, 2009 are summarized below:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:			
Blend funds	\$ 2,509,571		\$ 2,509,571
Bond funds	7,311,807		7,311,807
Value funds	780,372		780,372
Growth funds	<u>1,085,325</u>		<u>1,085,325</u>
Total pooled separate accounts	11,687,075		11,687,075
Guaranteed investment account		<u>\$1,002,459</u>	<u>1,002,459</u>
	<u>\$11,687,075</u>	<u>\$1,002,459</u>	<u>\$12,689,534</u>

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

Pooled separate accounts are valued at the net asset value of shares held by the Plan at year end. Net asset value is based on the quoted market prices of the underlying investments, net of insurance company fees and expenses.

The guaranteed investment account (Note F) is valued at liquidation value, which approximates fair value, based on an actuarial formula. This formula assumes the investment is returned in level annual installments, pays interest annually on the outstanding balance, and is being valued to yield an assumed rate.

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

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010:

	<u>Guaranteed Investment Contract</u>
Fair value, beginning of year	\$1,002,459
Unrealized gains	11,931
Purchases, sales, issuances, and settlements (net)	(454,321)
Fair value, end of year	<u>\$ 560,069</u>

Gains and losses (realized and unrealized) are included in net appreciation in fair value of investments in the statement of changes in net assets available for benefits for the years ended December 31, 2010 and 2009.

NOTE F - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The plan entered into an investment contract with Massachusetts Mutual Life Insurance Company (MassMutual). MassMutual maintains the contributions from the Company in an unallocated fund. The account is credited with earnings on the underlying investments and charges for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value as described in Note E.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were both approximately 3.00% for December 31, 2010 and 2009. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed semi-annually for resetting.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE G - POOLED SEPARATE ACCOUNTS

The Plan has investments in MassMutual pooled separate accounts. There are no restrictions on transfers or withdrawals from these accounts. The investment strategies of the pooled separate accounts of the Plan are as follows:

Select Indexed Equity invests in a mutual fund which seeks to match the performance of the S&P 500 by investing in a representative sample of the stocks in that index.

Total Return (Royce) invests in a mutual fund which seeks long-term growth of capital and current income by investing at least 65% of assets in equity securities of small capitalization companies.

EuroPacific Growth invests in a mutual fund which seeks to provide long-term growth of capital by investing in common stocks of issuers in Europe and the Pacific Basin.

Premier Core Bond invests in a mutual fund which seeks a high total rate of return consistent with prudent investment risk and preservation of capital by investing in fixed income securities which includes U.S. dollar-denominated corporate obligations, securities issued or guaranteed by the U.S. government or its agencies.

Premier Inflation-Protected Bond invests in a mutual fund which seeks high rate of real return on an annual basis consistent with prudent investment risk and preservation of capital by investing in inflation-indexed bonds of varying maturities issued by the U.S. and non-U.S. governments, their agencies or government-sponsored enterprises, and corporations.

Total Return (PIMCO) invests in a mutual fund which seeks maximum total return by investing in a diversified portfolio of fixed-income instruments of varying maturities.

Strategic Income invests in a mutual fund which seeks high current income by investing primarily in debt securities of foreign governments and companies, U.S. Government securities, and lower-rated, high yield securities of U.S. and foreign companies.

KOYO CORPORATION OF U.S.A.

EMPLOYEES' PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2010 and 2009

NOTE G - POOLED SEPARATE ACCOUNTS (CONTINUED)

Select Fundamental Value invests in a mutual fund which seeks long-term total return by investing in equity securities of companies with large capitalizations.

Select Small Cap Growth invests in a mutual fund which seeks long-term capital appreciation by investing in the securities of small companies whose market capitalizations at the time of purchase, fall within the range of companies in the Russell 2000 Index or the S&P SmallCap 600 Index.

Premier Enhanced Index Growth invests in a mutual fund invests in common stocks included in the Russell 1000 Growth Index (Index) and seeks to outperform the Index, while maintaining risk characteristics similar to those of the Index.

NOTE H - RISKS AND UNCERTAINTIES

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

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

NOTE I - TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan's investments are held by Mass Mutual Retirement Services (MMRS), a division of the Custodian, and therefore, transactions with MMRS qualify as party-in-interest transactions. Such transactions are exempt from being prohibited transactions.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

Notes to Financial Statements Years Ended December 31, 2010 and 2009

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2010	2009
Net assets available for benefits per the financial statements	\$14,719,392	\$12,962,597
Adjustment of guaranteed investment account from fair value to contract value	(87,903)	(75,972)
Accrued administrative expenses	<u>8,052</u>	<u>6,937</u>
Net assets available for benefits per the Form 5500	<u>\$14,639,541</u>	<u>\$12,893,562</u>

The following is a reconciliation of net appreciation in fair value of investments and administrative expenses accrued by the plan per the financial statements to the Form 5500 for the year ended December 31, 2010:

Net appreciation in fair value of investments per the financial statements	\$ 1,491,231
Adjustment of guaranteed investment account from fair value to contract value	(<u>11,931</u>)
Net investment gain from pooled separate accounts per the Form 5500	<u>\$ 1,479,300</u>
Administrative expenses per the financial statements	\$ 30,337
Add: Administrative expenses accrued at December 31, 2009	6,937
Less: Administrative expenses accrued at December 31, 2010	(<u>8,052</u>)
Administrative expenses per the Form 5500	<u>\$ 29,222</u>

The Form 5500 presents expenses on a cash basis and therefore does not reflect accrued administrative expenses as of December 31. The guaranteed investment account is reported at contract value on the Form 5500, and at fair value in the financial statements.

KOYO CORPORATION OF U.S.A. EMPLOYEES' PENSION PLAN

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

December 31, 2010

EIN - 57-0570962

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	MassMutual	Guaranteed Investment Account	\$ 472,166	\$ 472,166
<u>Pooled Separate Accounts</u>				
*	MassMutual	Select Small Cap Growth	125,000	169,082
*	MassMutual	Premier Core Bond	1,832,437	2,209,370
*	MassMutual	Premier Enhanced Index Growth	575,007	816,795
*	MassMutual	Select Fundamental Value	664,110	794,849
*	MassMutual	Select Indexed Equity	2,582,507	3,197,658
*	MassMutual	Strategic Income	715,471	969,671
*	MassMutual	Total Return (Royce)	123,000	163,594
*	MassMutual	EuroPacific Growth	1,242,892	1,457,971
*	MassMutual	Total Return (PIMCO)	2,595,075	3,042,763
*	MassMutual	Premier Inflation-Protected Bond	1,166,053	1,345,622
				<u>14,167,375</u>
				<u>\$ 14,639,541</u>

* Represents a party-in-interest to the Plan.

**KOYO CORPORATION OF U.S.A.
EMPLOYEES' PENSION PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2010
EIN - 57-0570962
Plan Number - 001

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category 3								
* MassMutual	Select Indexed Equity	\$ 1,413,046	\$ -0-	N/A	\$ -0-	\$ 1,413,046	\$ 1,413,046	\$ -0-
* MassMutual	EuroPacific Growth	-0-	775,000	N/A	-0-	761,358	775,000	13,642
* MassMutual	EuroPacific Growth	847,000	-0-	N/A	-0-	847,000	847,000	-0-
* MassMutual	Total Return (PIMCO)	-0-	781,000	N/A	-0-	661,161	781,000	119,839

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5% of the plan market value as of December 31, 2009.
* Represents a party-in-interest to the Plan.

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

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

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

A Name of plan KOYO CORPORATION OF U.S.A. EES' PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KOYO CORPORATION OF U.S.A.	D Employer Identification Number (EIN) 57-0570962	
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>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		12,884,673
b Actuarial value.....	2b		13,494,067
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	61	4,949,641
b For terminated vested participants.....	3b	60	1,503,120
c For active participants:			
(1) Non-vested benefits.....	3c(1)		88,356
(2) Vested benefits.....	3c(2)		6,954,126
(3) Total active.....	3c(3)	122	7,042,482
d Total.....	3d	243	13,495,243
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.60 %	
6 Target normal cost.....	6	644,364	

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 Andrew B. Hodges Type or print name of actuary MassMutual Life Insurance Company Firm name 1295 State St. Springfield MA 01111-0001 Address of the firm	<u>09.22.11</u> Date 11-05048 Most recent enrollment number (413) 744-4223 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	34,550	1,786,457
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	34,550	1,786,457
10 Interest on item 9 using prior year's actual return of <u>17.68</u> %	6,108	315,846
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		6,062
b Interest on (a) using prior year's effective rate of <u>8.11</u> %		492
c Total available at beginning of current plan year to add to prefunding balance		6,554
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	40,658	2,102,303

Part III Funding percentages

14 Funding target attainment percentage.....	14	84.11 %
15 Adjusted funding target attainment percentage.....	15	99.99 %
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	97.41 %
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
03/09/2010	200,000				
06/10/2010	200,000				
09/27/2010	200,000				
12/09/2010	200,000				
Totals ►			18(b)	800,000	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 contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	771,313

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	644,364
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	644,364
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	644,364
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	771,313
38 Interest-adjusted excess contributions for current year (see instructions)	38	126,949
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: January 1, 2010

Plan Effective Rate: 6.60%

Date	Amount Paid in Cash	Plan Year	Value as of January 1, 2010
03/09/10	200,000	2010	197,667
06/10/10	200,000	2010	194,474
09/27/10	200,000	2010	190,798
12/09/10	200,000	2010	188,374
Total	\$ 800,000		\$ 771,313

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

The weighted average retirement age is equal to the normal retirement age of 65

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

Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Actuarial Assumptions

Interest:	January IRS Segmented Yield Curve
Preretirement Mortality:	IRC Sec 430 2010 Static Non-Annuitant Tables
Postretirement Mortality:	IRC Sec 430 2010 Static Annuitant Tables
Retirement Age:	65
Termination:	Tabular (see rates below)
Incidence of Disability:	1974-1978 SOA
Salary Scale:	4.50%
Asset Smoothing Rate	6.00% but no greater than the appropriate third segment rate for each year as described in Treasury Regulation 430(h) and associated guidance.
Marriage:	It is assumed that 80% of participants are married and that a male is 3 years older than his female spouse.
Expenses:	Administrative expenses that are expected to be paid from plan funds.
Optional Forms:	Liabilities include no load to account for the value of optional annuity forms.

Termination (sample rates)

<u>Age</u>	<u>Rate</u>
20	15.00%
25	15.00%
30	10.00%
35	7.50%
40	5.00%
45	3.00%
50	1.50%
55	0.00%

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service and salary increase in the current plan year plus administrative expenses expected to be paid out of plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

Schedule SB, Part V - Summary of Plan Provisions

Summary

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Koyo Corporation of U.S.A. Employees' Pension Plan

Employer Identification Number/Plan Number: 57-0570962/001

Effective Date: December 1, 1970

Plan Year: January 1 – December 31

Employer: Koyo Corporation of U.S.A.

Employee: Any person who is employed by the Employer at the Sales Division of the Employer other than the following:

- a) Any employee who is a citizen of Japan
- b) Any employee who is a salary level 8 as of January 1, 1989
- c) Any employee who is a Regional sales manager as of January 1, 1989

An individual who performs services for the Employer pursuant to an agreement between the Employer and an employee leasing organization shall not be considered to be an Employee.

Participation: An Employee will be eligible for participation on the first of month consecutive with or next following date on which he has completed 1000 hours of service in a 12 month period. No employee will become a participant after September 30, 2006.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: A Plan Year during which a Participant has at least 1,000 hours of service.

Credited Service: The sum of the Plan Years in which the Employee has been credited with at least 2,000 hours of service. For years with less than 2000 hours, credited service is computed according to the following table:

Schedule SB, Part V - Summary of Plan Provisions

Hours of Service	Years of Credited Service
Less than 1,000	0
1,000 but less than 1,200	0.5
1,200 but less than 1,400	0.6
1,400 but less than 1,600	0.7
1,600 but less than 1,800	0.8
1,800 but less than 2,000	0.9

Normal Retirement Date: The first day of the calendar month coincident with or next following the later of age 65 and 5th anniversary of Date of Participation.

Early Retirement Date: Any Participant who has attained age 55 and has 10 years of Service.

Earnings: Earnings as defined in Code Section 3401(a) and all other payments made under Code Section 6041(and 6051(a)(3) (commonly referred to W-2 earnings). Please refer to Plan Document for more details.

Average Annual Earnings: The average of a Participant's greatest five consecutive Annual Earnings during the last ten Annual Earnings immediately preceding the date of determination.

Normal Retirement Benefit: A monthly benefit equal to 1/12th the sum of:

- a) 1.2% of Average Annual Earnings multiplied by Credited Service, limited to 35 years;
- b) .65% of Average Annual Earnings in excess of Covered Compensation multiplied by Credited Service, limited to 35 years.

All benefit accruals for Employees who transferred to Koyo Steering Systems of USA, Inc. after January 31, 2000 shall cease as the earlier of the Participant's date of termination, retirement or death, or December 31, 2007.

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Accrued benefit reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months his Annuity Starting Date precedes his Normal Retirement Date.

Normal Form: Annuity payable for life.

Optional Forms: Joint and Survivor Annuity, Life Annuity with guaranteed payments for 5, 10 or 15 years, Full Cash Refund Life Annuity.

Schedule SB, Part V - Summary of Plan Provisions

Death Benefits:

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Line 25 - Change in Method

Describe any changes in non-prescribed actuarial assumptions and justify any such change:

The following changes were made to better reflect expected plan experience:

The interest rate assumption for valuing the Funding Target was changed from the October full yield curve to the January segmented yield curve.

The mortality assumption has been changed from the prescribed tables for 2009 to the prescribed tables for use in 2010.

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		0		0		0		0	
25 to 29	0		0		4		0		0	
30 to 34	0		1		2		0		0	
35 to 39	0		4		5		6		0	
40 to 44	0		1		7		12		4	
45 to 49	0		1		12		3		5	
50 to 54	0		3		0		5		1	
55 to 59	0		2		8		3		1	
60 to 64	0		0		1		0		2	
65 to 69	0		0		1		0		1	
70 & up	0		0		0		0		0	

Attained Age	Years of Credited Service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	0		0		0		0		0	
40 to 44	2		0		0		0		0	
45 to 49	1		2		0		0		0	
50 to 54	2		2		2		0		0	
55 to 59	0		0		5		0		0	
60 to 64	1		3		3		2		0	
65 to 69	1		0		0		1		0	
70 & up	0		0		0		0		0	