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

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INGERSOLL MACHINE TOOLS, INC. 401 (K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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

707 FULTON AVE.
ROCKFORD, IL 61103

2b Employer Identification Number (EIN) 20-0198155

2c Sponsor's telephone number 815-987-6118

2d Business code (see instructions) 333510

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.	09/27/2011	TINO OLDANI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

707 FULTON AVE.
ROCKFORD, IL 61103

3b Administrator's EIN
20-0198155

3c Administrator's telephone number
815-987-6118

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**	298
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**	153
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	162
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	315
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	317
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	316
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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:
2E 2G 2J 2T

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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

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

A Name of plan
INGERSOLL MACHINE TOOLS, INC. 401 (K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
INGERSOLL MACHINE TOOLS, INC.

D Employer Identification Number (EIN)
20-0198155

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.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA 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
13-1614399	88668	016045-C	317	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	957

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
CHRISTOPHER CONWAY
4 WESTBROOK CORPORATE CTR STE 240
WESTCHESTER, IL 60154-5736

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	499	COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ELLEN M CORDELL
4 WESTBROOK CORP CTR. SUITE 240
WESTCHESTER, IL 60154-5736

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	210	COMPENSATION	3

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

TIMOTHY STASIEK
4 WESTBROOK CORPORATE CTR STE 240
WESTCHESTER, IL 60154-5736

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	175	COMPENSATION	3

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

KATHLEEN KINNIS
FOUR WESTBROOK CORP CTR. SUITE 240
WESTCHESTER, IL 60154-5736

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	44	COMPENSATION	3

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

ANTHONY PERRIN
FOUR WESTBROOK CORP CTR. SUITE 240
WESTCHESTER, IL 60154-5736

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	29	COMPENSATION	3

(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	644592
5	Current value of plan's interest under this contract in separate accounts at year end	5	6557709

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 ▶ THRIFT

b	Balance at the end of the previous year			7b	633568
c	Additions: (1) Contributions deposited during the year	7c(1)	45939		
	(2) Dividends and credits	7c(2)	13922		
	(3) Interest credited during the year	7c(3)	827		
	(4) Transferred from separate account	7c(4)	13291		
	(5) Other (specify below) ▶ LOAN PAYMENTS AND FORFEITURES	7c(5)	26630		
	(6) Total additions			7c(6)	100609
d	Total of balance and additions (add **b** and **c(6)**)			7d	734177
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	85299		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ FORFEITURES	7e(4)	4286		
	(5) Total deductions			7e(5)	89585
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	644592

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

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

A Name of plan
INGERSOLL MACHINE TOOLS, INC. 401 (K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INGERSOLL MACHINE TOOLS, INC.

D Employer Identification Number (EIN)
20-0198155

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

FIDELITY MANAGEMENT & RESEARCH COMP
82 DEVONSHIRE ST.
BOSTON, MA 02109

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

THE VANGUARD GROUP
P.O. BOX 2600
VALLEY FORGE, PA 18482

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

DEUTSCHE ASSET MANAGEMENT
222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

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

OPPENHEIMER FUNDS, INC.
P.O. BOX 5270
DENVER, CO 80217-5270

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

AMERICAN CENTURY INVT MGMT, INC.

P.O. BOX 419786
KANSAS CITY, MO 64141

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

CALVERT ASSET MGMT CO., INC.

4550 MONTGOMERY AVE., SUITE 1000N
BETHESDA, MD 20814

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

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

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

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

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

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

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

MUTUAL OF AMERICA LIFE INS. COMPANY
320 PARK AVE.
NEW YORK, NY 10022

(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	NONE	2084	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.

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

A Name of plan
INGERSOLL MACHINE TOOLS, INC. 401 (K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INGERSOLL MACHINE TOOLS, INC.

D Employer Identification Number (EIN)
20-0198155

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

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)
13-1614399-000	P	238856

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL AMERICA FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

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)
13-1614399-000	P	319534

a Name of MTIA, CCT, PSA, or 103-12 IE: BOND FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

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)
13-1614399-000	P	406497

a Name of MTIA, CCT, PSA, or 103-12 IE: COMPOSITE FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

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)
13-1614399-000	P	402707

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-TERM BOND FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO.

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)
13-1614399-000	P	267930

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP EQUITY INDEX

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO.

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)
13-1614399-000	P	274461

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO.

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)
13-1614399-000	P	510590

a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE ALLOCATION

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17048

a Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE ALLOCATION

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304190

a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE ALLOCATION

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190987

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18347

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 277165

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196470

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614339-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46920

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT INCOME FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 783

a Name of MTIA, CCT, PSA, or 103-12 IE: 2010 RETIREMENT FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 735

a Name of MTIA, CCT, PSA, or 103-12 IE: 2015 RETIREMENT FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO.

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 293

a Name of MTIA, CCT, PSA, or 103-12 IE: 2020 RETIREMENT FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72864

a Name of MTIA, CCT, PSA, or 103-12 IE: 2025 RETIREMENT FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32607

a Name of MTIA, CCT, PSA, or 103-12 IE: 2030 RETIREMENT FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49127

a Name of MTIA, CCT, PSA, or 103-12 IE: 2035 RETIREMENT FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21929

a Name of MTIA, CCT, PSA, or 103-12 IE: 2040 RETIREMENT FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7575

a Name of MTIA, CCT, PSA, or 103-12 IE: 2045 RETIREMENT FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11697

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS BOND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115842

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS CAPITAL GROWTH

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178166

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS INTERNATIONAL

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162647

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VP CAPITAL APPRECI

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 528470

a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT SOCIAL BALANCED FUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11579

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INVESTMENTS VIP ASSET MANA

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189484

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INCOME

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 329464

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 596474

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 441050

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VIF DIVERSIFIED VALUE

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57881

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VIF INTERNATIONAL

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267245

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET VA

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE CO

c EIN-PN 13-1614399-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10095

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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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
INGERSOLL MACHINE TOOLS, INC. 401 (K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INGERSOLL MACHINE TOOLS, INC.

D Employer Identification Number (EIN)
20-0198155

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	48030	0
(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)	83566	96039
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5324108	6557709
(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)	633568	644592
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6089272	7298340
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6089272	7298340

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	199580	
	(B) Participants	2a(1)(B)	527557	
	(C) Others (including rollovers)	2a(1)(C)	311687	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1038824
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)	3804	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3804
	(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)		
	(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)		854851
(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		16938
d Total income. Add all **income** amounts in column (b) and enter total	2d		1914417
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	703265	
(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)		703265
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)	2084	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2084
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		705349
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1209068
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: MCGLADREY & PULLEN, LLP (2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		301533
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

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
INGERSOLL MACHINE TOOLS, INC. 401 (K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INGERSOLL MACHINE TOOLS, INC.

D Employer Identification Number (EIN)
20-0198155

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** 0

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): 13-1614399

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

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

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

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

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

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

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

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

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

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):

Ingersoll Machine Tools, Inc.
401(k) Profit Sharing Plan

Financial Report
December 31, 2010

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McGladrey & Pullen, LLP
Certified Public Accountants

McGladrey

Independent Auditor's Report

To the Trustees and Participants
Ingersoll Machine Tools, Inc. 401(k) Profit Sharing Plan
Rockford, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of Ingersoll Machine Tools, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Mutual of America Life Insurance Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2010 and as of December 31, 2009.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 2, the Plan adopted Financial Accounting Standards Board Accounting Standards Update 2010-25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, as of December 31, 2010, which clarified how loans to participants should be classified and measured by defined contribution pension plans. This Update was retrospectively applied to December 31, 2009.

McGladrey & Pullen, LLP

Rockford, Illinois
September 22, 2011

McGladrey is the brand under which RSM McGladrey, Inc. and McGladrey & Pullen, LLP serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure.

Member of RSM International network, a network of independent accounting, tax and consulting firms.

Ingersoll Machine Tools, Inc.
401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009 (As Revised)
Assets		
Investments, at fair value:		
Group annuity contract:		
Pooled separate accounts	**$ 6,557,709**	$ 5,324,108
General account	**644,592**	633,568
Total investments	**7,202,301**	5,957,676
Receivables:		
Notes receivable from participants	**96,039**	83,566
Company contributions	**-**	48,030
Total receivables	**96,039**	131,596
Total assets	**7,298,340**	6,089,272
Liabilities	**-**	-
Net assets available for benefits	**$ 7,298,340**	$ 6,089,272

See Notes to Financial Statements.

Ingersoll Machine Tools, Inc.
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2010

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 854,158
Interest	17,631
	871,789
Interest income on notes receivable from participants	3,804
Contributions:	
Participants	527,557
Employer	199,580
Rollovers	311,687
	1,038,824
Total additions	1,914,417
Deductions from net assets attributed to:	
Benefits paid to participants	703,265
Administrative expenses	2,084
Total deductions	705,349
Net increase	1,209,068
Net assets available for benefits:	
Beginning of year	6,089,272
End of year	$ 7,298,340

See Notes to Financial Statements.

Note 1. Plan Description

The following description of Ingersoll Machine Tools, Inc. 401(k) Profit Sharing 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 was formed January 1, 1994. The Plan is a defined contribution plan covering substantially all employees of Ingersoll Machine Tools, Inc. (the Company), except for those that are non-resident aliens with no United States source income, independent contractors, or leased employees. Employees are eligible to enroll in the Plan on the first day of each month following the completion of 30 days of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Participant contributions are limited to the lesser of 100% of eligible compensation or the maximum contribution dollar amount allowed by the Internal Revenue Service. Participants who attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. If participant contributions cause the Plan to exceed the 401(k) discrimination limits, excess contributions will be refunded to participants. The employer provides a fixed matching contribution of 100% of a participant's salary reduction contribution capped at $2,000 per year to all employees that have completed 30 days of service and are employed on the last day of the plan year.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participant contributions, including rollover contributions, and earnings thereon vest immediately. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited services.

Payment of benefits: Upon termination of service for any reason, participants may elect to receive their vested account balance in a lump-sum distribution or in installments based on various annuities. A lump-sum distribution is mandatory if their vested account balance is $5,000 or less. In-service withdrawals at age 59½ and hardship withdrawals are permitted.

Investment options: Participants are allowed to invest in a variety of investment choices as more fully described in the Plan's literature. Participants may elect to change their investment options on a daily basis.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from 1 to 5 years, however, when the note is for the purchase of a primary residence, the note term may extend to 10 years. The notes are collateralized by the balance in the participants' account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The interest rates on outstanding notes range from 3.25% to 8.25%. Principal and interest are paid ratably through payroll deductions or direct payment.

Note 1. Plan Description (Continued)

Forfeited accounts: At December 31, 2010 and 2009, forfeited nonvested accounts totaled approximately $50 and $500, respectively. These accounts will be used to reduce future employer contributions or Plan expenses. During 2010, employer contributions were reduced by approximately $15,600 from forfeited nonvested accounts.

Administrative expenses: Administrative expenses of the Plan can be paid by either the employer or the Plan.

Note 2. Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

Subsequent events: Plan management has evaluated subsequent events through September 22, 2011, the date on which the financial statements were available to be issued.

Note 2. Significant Accounting Policies (Continued)

New accounting pronouncements: In January 2010, the Financial Accounting Standards Board (FASB) issued an amendment *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements* which requires new disclosures about transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these changes. With respect to matters other than Level 3 measurements, the amendment was effective and adopted for periods beginning on or after December 15, 2009. There were no transfers between Level 1 and 2 investments. See Note 5 for the disclosures for each class of assets. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010 and has not yet been adopted. The Plan's management is currently evaluating the impact of the guidance related to the financial statement disclosures.

In September 2010, FASB issued an amendment, *Plan Accounting – Defined Contribution Pension Plans: Reporting Loans to Participants by Defined Contribution Pension Plans*, which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment is effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented. This amendment was adopted for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of this new amendment. The adoption resulted in a reclassification of participant loans totaling $96,039 and $83,566 from investments to notes receivable as of December 31, 2010 and 2009, respectively.

In May 2011, the FASB issued Accounting Standards Update, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs.* The update amended *Fair Value Measurements and Disclosures,* to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in *Fair Value Measurements and Disclosures.* In addition, the update requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of the update will have on the Plan's financial statements.

Note 3. Information Certified or Provided by Mutual of American Life Insurance Company, the Plan Custodian

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	December 31,	
	2010	2009
Investments:		
General Annuity Contract:		
Pooled separate accounts, at fair value	$ 6,557,709	$5,324,108
General Account:		
Interest accumulation account, at contract value	647,816	636,111

Mutual of America Life Insurance Company also certified to the completeness and accuracy of $854,851 of net appreciation in fair value of investments and $17,631 of interest related to the aforementioned assets for the year ended December 31, 2010.

Note 4. Investments

The following table presents the fair value of the investments that represent 5% or more of the Plan's net assets at December 31, 2010 and 2009:

	2010	2009
Investments at estimated fair value:		
Mutual of America Life Insurance Company		
Pooled Separate Accounts:		
American Century VP Capital Appreciation	$ 528,470	$ 562,399
Bond Fund	406,497	*
Composite Fund	402,707	339,772
Equity Index Fund	510,590	460,751
Fidelity VIP Contrafund	596,484	462,396
Fidelity VIP Mid Cap Fund	441,050	*
General Account:		
Interest Accumulation Account	644,592	633,096

*Does not exceed 5% of Plan net assets.

Note 4. Investments (Continued)

During 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated/(depreciated) in value by $854,158 as follows:

General account	$	(693)
Pooled separate accounts		854,851
	$	854,158

Note 5. Fair Value Measurements

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification (ASC) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under the Fair Value Measurements and Disclosures Topic of the FASB ASC are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

General account: The Plan's investments in the insurance company general account are stated at fair value based on discounted cash flows using a discount rate for comparable investments.

Pooled separate accounts: The Plan's investments in the insurance company's pooled separate accounts are reported at fair value as determined by the insurance company, which represents the fair value of the underlying investments held in the pooled separate accounts.

Note 5. Fair Value Measurements (Continued)

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

The following tables present the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31, 2010 and 2009:

	2010			
	Assets Measured at Fair Value			
Description	Total	Level 1	Level 2	Level 3
Pooled separate accounts:				
Aggressive Allocation	$ 190,987	$ -	$ 190,987	$ -
Conservative Allocation	17,048	-	17,048	-
Foreign Stocks	476,812	-	476,812	-
Intermediate Term Bond	383,772	-	383,772	-
Investment Grade Bond	406,497	-	406,497	-
Large Cap Blend	1,436,703	-	1,436,703	-
Large Cap Growth	178,166	-	178,166	-
Large Cap Value	329,464	-	329,464	-
Mid Cap Blend	274,461	-	274,461	-
Mid Cap Growth	969,520	-	969,520	-
Mid Cap Value	76,228	-	76,228	-
Moderate Allocation	907,960	-	907,960	-
Money Market	238,856	-	238,856	-
Small Cap Growth	277,165	-	277,165	-
Small Cap Value	196,470	-	196,470	-
Target Retirement Date	197,600	-	197,600	-
General account:				
Interest Accumulation	644,592	-	-	644,592
	$ 7,202,301	$ -	$ 6,557,709	$ 644,592

	2009			
	Assets Measured at Fair Value			
Description	Total	Level 1	Level 2	Level 3
Pooled separate accounts	$ 5,324,108	$ -	$5,324,108	$ -
General account	633,568	-	-	633,568
	$ 5,957,676	$ -	$ 5,324,108	$ 633,568

Note 5. Fair Value Measurements (Continued)

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

	General Account
Balance, beginning of year	$ 633,568
Unrealized losses relating to investments still held at the reporting date	(681)
Purchases, sales, issuances and settlements, net	11,705
Balance, end of year	$ 644,592
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ (681)

The following tables set forth additional disclosures of the Plan's investments whose fair value is estimated using the net asset value per share as of December 31, 2010 and 2009:

	2010			
	Fair Value Estimated Using Net Asset Value per Share			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Asset category:				
Insurance Company Pooled Separate Accounts:				
Aggressive Allocation (a)	$ 190,987	$ -	Immediate	30 days
Conservative Allocation (b)	17,048	-	Immediate	30 days
Foreign Stocks (c)	476,812	-	Immediate	30 days
Intermediate Term Bond (d)	383,772	-	Immediate	30 days
Investment Grade Bond (e)	406,497	-	Immediate	30 days
Large Cap Blend (f)	1,436,703	-	Immediate	30 days
Large Cap Growth (g)	178,166	-	Immediate	30 days
Large Cap Value (h)	329,464	-	Immediate	30 days
Mid Cap Blend (i)	274,461	-	Immediate	30 days
Mid Cap Growth (j)	969,520	-	Immediate	30 days
Mid Cap Value (k)	76,228	-	Immediate	30 days
Moderate Allocation (l)	907,960	-	Immediate	30 days
Money Market (m)	238,856	-	Immediate	30 days
Small Cap Growth (n)	277,165	-	Immediate	30 days
Small Cap Value (o)	196,470	-	Immediate	30 days
Target Retirement Date (p)	197,600	-	Immediate	30 days
	$ 6,557,709	$ -		

Note 5. Fair Value Measurements (Continued)

	2009			
	Fair Value Estimated Using Net Asset Value per Share			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Asset category:				
Insurance Company Pooled Separate Accounts:				
Aggressive Allocation (a)	$ 162,842	$ -	Immediate	30 days
Conservative Allocation (b)	11,649	-	Immediate	30 days
Intermediate Term Bond (d)	349,469	-	Immediate	30 days
Investment Grade Bond (e)	155,410	-	Immediate	30 days
Large Cap Blend (f)	1,227,572	-	Immediate	30 days
Large Cap Growth (g)	156,645	-	Immediate	30 days
Large Cap Value (h)	289,600	-	Immediate	30 days
Mid Cap Blend (i)	277,851	-	Immediate	30 days
Mid Cap Growth (j)	697,483	-	Immediate	30 days
Mid Cap Value (k)	61,236	-	Immediate	30 days
Moderate Allocation (l)	809,928	-	Immediate	30 days
Money Market (m)	226,696	-	Immediate	30 days
Small Cap Blend (n)	162,791	-	Immediate	30 days
Small Cap Growth (n)	163,811	-	Immediate	30 days
Small Cap Value (o)	435,686	-	Immediate	30 days
Target Retirement Date (p)	135,439	-	Immediate	30 days
	$ 5,324,108	$ -		

(a) Aggressive Allocation - seeks capital appreciation and, to a lesser extent, current income.
(b) Conservative Allocation Fund - seeks current income and, to a lesser extent, capital appreciation.
(c) Foreign Stocks - seeks capital appreciation, by investing directly and/or indirectly in stocks of companies located outside of the United State
(d) Intermediate Term Bond - seeks current income, with a secondary objective of preservation of capital.
(e) Investment Grade Bond - seeks current income, with a secondary objective of preservation of capital. The average maturity for the funds will be longer than the average maturity of the debt securities held by the intermediate term bond.
(f) Large Cap Blend - seeks long-term capital appreciation from large companies.
(g) Large Cap Growth - seeks to maximize long-term capital growth through a broad and flexible investment program.
(h) Large Cap Value - seeks to achieve a yield which exceeds the composite yield on securities comprising the S&P 500 Index.
(i) Mid Cap Blend - seeks to provide investment results that correspond to the performance of the S&P MidCap 400 Index.
(j) Mid Cap Growth - seeks capital growth over time by investing in companies whose earnings and revenues are growing at accelerating rates.

Note 5. Fair Value Measurements (Continued)

(k) Mid Cap Value - seeks capital appreciation and, to a lesser extent, current income from medium-sized companies.
(l) Moderate Allocation - seeks current income and capital appreciation.
(m) Money Market - seeks the realization of current income to the extent consistent with the maintenance of liquidity, investment quality and stability of capital.
(n) Small Cap Growth - seeks capital appreciation from small companies.
(o) Small Cap Value - seeks capital appreciation. The Fund seeks to achieve its objective by investing in value stocks issued by companies with small-sized market capitalizations believed to be undervalued in the marketplace.
(p) Target Retirement Date Funds - mutual funds in the hybrid category that automatically resets the asset mix (stocks, bonds, cash equivalents) in its portfolio according to a selected time frame that is appropriate for a particular investor.

Note 6. Insurance Contract

The insurance contract is a group annuity contract with Mutual of America whereby the Plan receives an annually adjusted guaranteed interest rate. The rate was 2.5% and 3% for 2010 and 2009, respectively. There is no fixed maturity date.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants become 100% vested in their accounts.

Note 8. Related Party Transactions

The Plan's investments are managed by Mutual of America Life Insurance Company, the custodian, as defined by the Plan. Therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for administrative services to Mutual of America Life Insurance Company totaled approximately $2,100.

Certain administrative functions are performed by officers or employees of the Company for which no compensation is received from the Plan.

Note 9. Income Tax Status

The Plan has filed for a determination letter from the Internal Revenue Service regarding the Plan's qualification under Section 401(a) and the related trust's tax-exempt status under the provisions of Section 501(a) of the Code. The Plan Administrator believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. The Plan Administrator will make any changes deemed necessary to ensure that the Plan is granted tax-exempt status.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S. federal, state, or local tax authorities for years before 2007.

Note 10. Prohibited Transactions

As a result of a DOL examination, the DOL determined that the Company failed to timely deposit approximately $301,500 of participant deferrals and loan repayments for the years 2004 and 2003. To correct the DOL's findings, the Company deposited lost earnings into the Plan and paid the applicable excise tax under the DOL's Voluntary Fiduciary Compliance Program in 2010.

Note 11. Partial Plan Termination

During the period of December 2008 through July 2009 the Company reduced its workforce resulting in a partial plan termination. This affected 152 participants, 51 of whom had already taken distributions from the Plan. Approximately $48,000 was paid or payable to affected participants during the year ended December 31, 2010. All participants affected by the partial plan termination were 100% vested in their accounts prior to distributions being taken.

Note 12. 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	$ 7,298,340	$ 6,089,272
Adjustments for:		
Investments	96,039	83,566
Notes receivable from participants	(96,039)	(83,566)
Net assets available for benefits per for Form 5500	$ 7,298,340	$ 6,089,272

Ingersoll Machine Tools, Inc.
401(k) Profit Sharing Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2010

Participant contributions	Total that constitutes prohibited non-exempt transactions
$ 301,533	$ 301,533

☑ Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside of VFCP	Contributions corrected or pending correction in VFCP	Total pending and fully corrected under VFCP and PTE 2002-51
2004	$ -	$ -	$ 209,909	$ -
2003	-	-	91,624	-

Ingersoll Machine Tools, Inc.
401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b) Identity of Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Insurance Company Pooled Separate Accounts:		
*	Mutual of America Life Insurance Co.	Aggressive Allocation Fund	**	$ 190,987
*	Mutual of America Life Insurance Co.	All America Fund	**	319,534
*	Mutual of America Life Insurance Co.	American Century VP Capital Appreciation	**	528,470
*	Mutual of America Life Insurance Co.	Bond Fund	**	406,497
*	Mutual of America Life Insurance Co.	Calvert Social Balanced Fund	**	11,579
*	Mutual of America Life Insurance Co.	Composite Fund	**	402,707
*	Mutual of America Life Insurance Co.	Conservative Allocation Fund	**	17,048
*	Mutual of America Life Insurance Co.	DWS Bond Fund	**	115,842
*	Mutual of America Life Insurance Co.	DWS Capital Growth Fund	**	178,166
*	Mutual of America Life Insurance Co.	DWS International Fund	**	162,647
*	Mutual of America Life Insurance Co.	Equity Index Fund	**	510,590
*	Mutual of America Life Insurance Co.	Fidelity VIP Asset Manager Fund	**	189,484
*	Mutual of America Life Insurance Co.	Fidelity VIP Contrafund	**	596,484
*	Mutual of America Life Insurance Co.	Fidelity VIP Equity-Income Fund	**	329,464
*	Mutual of America Life Insurance Co.	Fidelity VIP Mid Cap Fund	**	441,050
*	Mutual of America Life Insurance Co.	International Fund	**	46,920
*	Mutual of America Life Insurance Co.	Mid-Cap Equity Index Fund	**	274,461
*	Mutual of America Life Insurance Co.	Mid-Cap Value Fund	**	18,347
*	Mutual of America Life Insurance Co.	Mid-Term Bond Fund	**	267,930
*	Mutual of America Life Insurance Co.	Moderate Allocation Fund	**	304,190
*	Mutual of America Life Insurance Co.	Money Market Fund	**	238,856
*	Mutual of America Life Insurance Co.	Oppenheimer Main Street VA Fund	**	10,095
*	Mutual of America Life Insurance Co.	2010 Retirement Date Fund	**	735
*	Mutual of America Life Insurance Co.	2015 Retirement Date Fund	**	293
*	Mutual of America Life Insurance Co.	2020 Retirement Date Fund	**	72,854
*	Mutual of America Life Insurance Co.	2025 Retirement Date Fund	**	32,607
*	Mutual of America Life Insurance Co.	2030 Retirement Date Fund	**	49,127
*	Mutual of America Life Insurance Co.	2035 Retirement Date Fund	**	21,929
*	Mutual of America Life Insurance Co.	2040 Retirement Date Fund	**	7,575
*	Mutual of America Life Insurance Co.	2045 Retirement Date Fund	**	11,697
*	Mutual of America Life Insurance Co.	Retirement Income Fund	**	783
*	Mutual of America Life Insurance Co.	Small Cap Growth Fund	**	277,165
*	Mutual of America Life Insurance Co.	Small Cap Value Fund	**	196,470
*	Mutual of America Life Insurance Co.	Vanguard VIF Diversified Value Fund	**	57,881
*	Mutual of America Life Insurance Co.	Vanguard VIF International Fund	**	267,245
				6,557,709
		Insurance Company General Account:		
*	Mutual of America Life Insurance Co.	Interest accumulation account, 2.5%	**	644,592
*	Participants	Notes receivable from participants, rates from 3.25% to 8.25%, maturing from January 2011 to September 2015	**	96,039
				$ 7,298,340

* Indicates a party-in-interest as defined by ERISA.
**Not applicable for participant-directed investments.

The above information has been certified by Mutual of America Life Insurance Company, the custodian, as complete and accurate, except for notes receivable from participants and the fair value of the General Account. Mutual of America Life Insurance Company certified to the completeness and accuracy of the contract value of $647,816 on the General Account.

Ingersoll Machine Tools, Inc.
401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

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Ingersoll Machine Tools, Inc.
401(k) Profit Sharing Plan

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