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
TOMKINS AUTOMOTIVE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1988

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
TOMKINS AUTOMOTIVE HOLDING CO.

THE GATES GROUP

1551 WEWATTA STREET 9N-C3
DENVER, CO 80202

2b Employer Identification Number (EIN)
26-3004076

2c Sponsor's telephone number
303-744-5042

2d Business code (see instructions)
336300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2011	JOHN BARKER
	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")
TOMKINS NORTH AMERICA RETIREMENT BOARD

1551 WEWATTA STREET 2S-A6
DENVER, CO 80202

3b Administrator's EIN
68-0592934

3c Administrator's telephone number
303-744-5042

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**	890
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**	212
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	418
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	630
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	630
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	625
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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	**B** Three-digit plan number (PN) ▶	
TOMKINS AUTOMOTIVE 401(K) PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TOMKINS AUTOMOTIVE HOLDING CO.	26-3004076

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

CHARLES SCHWAB INVESTMENT MGT INC.

94-3106735

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

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

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

SCHWAB RETIREMENT PLAN SERVICES CO.

74-2279754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	TPA	35468	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANTON COLLINS MITCHELL, LLP

01-0724563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITING	32934	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK CONSULTANTS, LLC

13-3954297

(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?
27 50	INVT ADVISORY	9100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 59 71	BROKER DEALER	0	Yes [X] No [ ]	Yes [ ] No [X]	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 [ ]

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
CHARLES SCHWAB & CO., INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT	

(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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
TOMKINS AUTOMOTIVE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOMKINS AUTOMOTIVE HOLDING CO.

D Employer Identification Number (EIN)
26-3004076

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: TOMKINS DC RETIREMENT SAVINGS MT

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

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)
36-7045729-001	M	31496858

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)

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)

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)

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)

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)

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)

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)

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
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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
TOMKINS AUTOMOTIVE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOMKINS AUTOMOTIVE HOLDING CO.

D Employer Identification Number (EIN)
26-3004076

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)	4905	6173
(2) Participant contributions	1b(2)		6871
(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)	271803	284536
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	32713291	31496858
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	32989999	31794438
Liabilities			
g Benefit claims payable	1g	1643	
h Operating payables	1h		37729
i Acquisition indebtedness	1i		
j Other liabilities	1j	40108	
k Total liabilities (add all amounts in lines 1g through1j)	1k	41751	37729
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32948248	31756709

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)	535338	
(B) Participants	2a(1)(B)	598491	
(C) Others (including rollovers)	2a(1)(C)	8013	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1141842
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)	14485	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14485
(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)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3440205
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4596532
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5704476	
(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)		5704476
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)	37902	
(2) Contract administrator fees	2i(2)	36593	
(3) Investment advisory and management fees	2i(3)	9100	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		83595
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5788071
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1191539
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: ANTON COLLINS MITCHELL LLP (2) EIN: 01-0724563

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	
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
TOMKINS AUTOMOTIVE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOMKINS AUTOMOTIVE HOLDING CO.

D Employer Identification Number (EIN)
26-3004076

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): 42-1558009

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):

Tomkins Automotive 401(k) Plan

Financial Statements and Supplemental Schedule

As of December 31, 2010 and 2009
and for the Year Ended December 31, 2010

ACM
Anton Collins Mitchell LLP
Accountants & Consultants

An Independent Member Of
BDO SEIDMAN ALLIANCE

Tomkins Automotive 401(k) Plan

Financial Statements and Supplemental Schedule

As of December 31, 2010 and 2009
and for the Year Ended December 31, 2010

Tomkins Automotive 401(k) Plan

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Supplemental Schedule:

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010 22

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

ACM
Anton Collins Mitchell LLP
Accountants & Consultants

Independent Auditors' Report

To the Plan Administrator of
Tomkins Automotive 401(k) Plan:

We have audited the accompanying statements of net assets available for benefits of Tomkins Automotive 401(k) 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. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010 and 2009, and the changes in net assets available for benefits for the year ended December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

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

Anton Collins Mitchell LLP

Denver, Colorado
September 28, 2011

Financial Statements

Tomkins Automotive 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	**2010**	2009
Assets:		
Investments, at fair value (Notes 2, 3, and 4):		
Plan's interest in Tomkins Defined Contribution Master Retirement Savings Trust (Note 3)	**$ 31,496,858**	$ 32,713,291
Total investments, at fair value	**31,496,858**	32,713,291
Receivables:		
Participant contributions	**6,871**	-
Employer contributions	**6,173**	4,905
Notes receivable from participants	**284,536**	271,803
Total receivables	**297,580**	276,708
Total assets	**31,794,438**	32,989,999
Liabilities:		
Accrued administrative expenses	**(37,729)**	(40,108)
Net assets available for benefits, at fair value	**31,756,709**	32,949,891
Adjustment from fair value to contract value for interest of the Stable Value Fund held in the Master Trust relating to fully benefit-responsive investment contracts (Note 2)	**(270,721)**	1,191
Net assets available for benefits	**$ 31,485,988**	$ 32,951,082

See accompanying notes to financial statements.

Tomkins Automotive 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31,	**2010**
Additions to (deductions from) net assets attributed to:	
Interest earned on notes receivable from participants	**$ 14,485**
Investment income -	
Plan's interest in Tomkins Defined Contribution Master Retirement Savings Trust net investment income (Note 3)	**3,168,293**
Net investment income and interest earned on notes receivable from participants	**3,182,778**
Contributions:	
Participants	**598,491**
Employer, net of forfeitures	**535,338**
Rollovers	**8,013**
Total contributions	**1,141,842**
Benefits paid to participants	**(5,706,119)**
Administrative expenses	**(83,595)**
Total deductions	**(5,789,714)**
Net decrease in net assets	**(1,465,094)**
Net assets available for benefits:	
Beginning of year	**32,951,082**
End of year	**$ 31,485,988**

See accompanying notes to financial statements.

Tomkins Automotive 401(k) Plan

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN

The following description of the Tomkins Automotive 401(k) Plan (the "Plan"), (formerly known as Stant 401(k) Plan prior to June 18, 2008), provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan, which was established April 1, 1988, is a defined contribution plan covering the U.S. employees of Tomkins Automotive Holding Company, the plan sponsor, and its wholly owned subsidiaries (collectively, the "Company"): Tomkins Automotive Manufacturing Inc., and Epicor Industries, Inc.

On September 24, 2010, Tomkins Acquisitions Limited (formerly Pinafore Acquisitions Limited), acquired the entire issued ordinary share capital of Tomkins plc, the parent company of the Company. Tomkins plc was re-registered as a private company and its name was changed to Tomkins Limited. No changes have been made to the Plan as a result of the acquisition.

The Tomkins North America Retirement Board ("Retirement Board") administers the Plan. The Retirement Board has full power, authority and responsibility to control and manage the operations and administration of the Plan. Charles Schwab Trust Company ("Charles Schwab") was appointed by the Retirement Board as trustee for certain qualified defined contribution plans for the Company and Tomkins Industries, Inc. ("Tomkins"). The Charles Schwab Retirement Plan Service Company serves as the recordkeeper of the Plan. The Northern Trust Company ("Northern Trust") acts as a sub-custodian of the Stable Value fund.

A single trust agreement, the Tomkins Defined Contribution Master Retirement Savings Trust ("Master Trust") Agreement governs the assets of the plans of Tomkins, the Company and their affiliates (collectively, the "Participating Plans"). The Plan's notes receivable from participants are held outside the Master Trust.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended, ("ERISA"). Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Eligibility

Employees are eligible to participate in the Plan immediately upon hire, with the exception of temporary employees who are eligible to participate in the Plan after completing one year of employment and at least 1,000 hours of service. Leased employees, independent contractors, non-resident aliens and collectively bargained employees of a unit not covered by the Plan, are not eligible to participate in the Plan.

Contributions

Participants may elect to defer 50% of their annual eligible compensation as pre-tax and after-tax contributions, subject to certain Internal Revenue Code ("IRC") limitations ($16,500 for 2010). Participants who have attained or will attain the age of 50 by the last day of the plan year may elect to make catch-up contributions, as defined by the Plan, subject to IRC limitations ($5,500 for 2010). Participants may increase or decrease their deferral percentages on the first day of any pay period.

Each pay period, the Company makes a basic contribution of 3% of compensation, as defined, for all eligible noncollectively bargained employees, regardless of whether they are contributing to the Plan. The Company also makes a matching contribution, on behalf of each contributing participant for whom pre-tax contributions are being made, of an amount equal to 50% of the first 4% of pre-tax contributions made during the plan year for noncollectively bargained participants.

The Company may make additional discretionary contributions at its election, which are allocated to eligible participants who are employed by the Company on the last day of the plan year. These discretionary contributions will be allocated in the ratio that a participant's annual total compensation bears to the compensation paid to all eligible participants for the plan year. No annual discretionary contributions were made for the plan year ended December 31, 2010.

A true-up match contribution process is in place that reviews each participant's employer match quarterly to ensure that they received the maximum employer match based on annual compensation and employee pre-tax contributions.

Rollover contributions transferred from other qualified retirement plans or Individual Retirement Accounts ("IRA") are accepted as permitted by the Plan Document.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Participants' Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contributions, the employer basic and matching contributions, and allocations of employer discretionary profit sharing contributions, if any; charged with withdrawals, plan administrative expenses and allocated their share of plan earnings or losses. 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 portion of their account.

Vesting

Participants who are in active employment with the Company on or after January 1, 2002 are immediately 100% vested in all contributions at all times.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited non-vested accounts totaled $96,537 and $124,815, respectively. These accounts can be used to reduce future employer contributions or pay plan administrative expenses. During the year ended December 31, 2010, forfeitures in the amount of $31,844 were used to pay plan administrative expenses and $2,020 of forfeitures were used to reduce employer contributions.

Investment Options

Participants may direct their contributions into various investment options offered by the Plan as authorized by the Retirement Board, which may include equity funds, international equity funds, fixed income funds, stable value funds, and other funds. Participants may change their investment directions and allocations at any time.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. In general, note terms cannot exceed four and one half years. Notes are secured by the participant's account and bear interest at a rate of 1% above the lowest prime rate used by the trustee and are fixed for the term of the note. Principal and interest are paid ratably through payroll deductions or in a lump sum payment by check. Only one note may be outstanding at a time.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits

A participant's vested interest in the Plan is payable upon termination of employment for any reason or upon death. Upon termination of service, the participant may elect to receive the distribution in a lump sum or to receive annual, semi-annual, quarterly or monthly installments over any period designated by the participant, not to exceed the life expectancy of the participant or their beneficiary, to roll over their account balance to another qualified plan or IRA, or to leave the account in the Plan up to age 70½, at which time one of the above distribution options must be selected if no longer employed.

If a participant dies before benefits have begun, the vested portion of the account is paid to the beneficiary in a lump sum. If the participant had elected distribution in installments, the remainder of the installments is paid to the beneficiary in a lump sum. If the participant dies before payment of the account begins, and if the beneficiary is the surviving spouse, the surviving spouse may elect to defer distribution until the participant would have reached the age of 70½. However, if the beneficiary is other than the surviving spouse, the beneficiary may defer distribution until five years following the anniversary of the participant's death.

Terminated participants, whose account value does not exceed $1,000, will receive a lump-sum payment within 90 days of termination. Terminated participants may elect to withdraw any portion of their accounts at any time after they terminate, provided the minimum amount requested is at least $5,000; or the total account balance if at that time is less than $5,000.

Actively employed members can begin drawing their employer matching contribution account along with their pre-tax, after-tax and rollover balances without penalty at age 59½. In service hardship distributions are allowed if certain criteria are met. Effective January 1, 2010, a beneficiary may elect to rollover any portion of a distribution that would constitute an eligible rollover distribution if it were made by a member, surviving spouse or alternate payee.

Administrative Expenses

The Plan may pay for investment management, investment review, recordkeeping fees, trustee fees, eligible legal expenses and audit expenses as provided by the Plan Document. A fee of $50 is charged to the participant for initiation and processing of a participant loan from their accounts. A fee is charged to the participant for external legal expense of the review and qualification of a Qualified Domestic Relations Order. The Plan allows for a flat fee to be charged to each participant's account each month to cover certain plan administrative expenses. Expenses of $83,595 were paid by the Plan for the year ended December 31, 2010. All costs not paid by the Plan are paid by the Company.

1. DESCRIPTION OF THE PLAN (CONTINUED)

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. Upon termination of the Plan, amounts credited to the individual participant's accounts would become 100% vested.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of 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

The investment in the Master Trust in the accompanying financial statements represents the Plan's share of the Master Trust's net assets, which are stated at fair value, as further described in Note 4 - *Fair Value Measurements and Disclosures*. 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. The Plan's share of the income, net appreciation in fair value of investments and expenses of the Master Trust represents the Plan's allocation of these items from the Master Trust.

The change in net appreciation (depreciation) consists of both realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded as earned daily.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

In addition, as a result of the Master Trust's participation in certain Guaranteed Investment Contracts ("GICs") within the Stable Value Fund, common/collective trusts and registered investment companies, these investment funds may be invested from time to time in derivative financial instruments. These financial instruments are generally used to guarantee the fully benefit-responsive stable book value of the contracts. Financial exposure to the Master Trust is limited to its proportional interest in these investments. At December 31, 2010 and 2009, the financial exposure to the Master Trust was not material.

Stable Value Funds

Investment contracts held by a defined contribution plan are required to be reported at fair value. This applies even when the contracts are not held directly by the Plan but are underlying assets in master trust investments held by the Plan. However, contract value is the relevant measurement of net assets available for benefits in a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required, the Statements of Net Assets Available for Benefits presents the Plan's interest in the fair value of the fully benefit-responsive investment contracts held by the Master Trust with an adjustment to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. For purposes of the Statements of Net Assets Available for Benefits, the Plan's interest in the Master Trust related to fully benefit-responsive investment contracts are stated at fair value with an adjustment back to contract value. Contract value represents contributions made, plus earnings, less participant withdrawals, losses and administrative expenses.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan Document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Concentrations, Risks and Uncertainties

The Plan invests in various investment securities through the Master Trust. Investment securities are exposed to various risks such as interest rate, market and credit risks. Additionally, the value, liquidity and related income of the investment securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits. See Note 3 – *Investments in Master Trust* for a listing of investments at fair value, which individually are greater than 5% of net assets held by the Master Trust.

Payment of Benefits

Benefit payments to participants are recorded when paid. As of December 31, 2010 and 2009 there were $0 and $1,643 in pending distributions, respectively.

Contributions

Participant contributions and related employer contributions are recognized in the period during which the Company makes payroll deductions from the participant's compensation.

New Accounting Pronouncements

In September 2010, the Financial Accounting Standards Board ("FASB") issued guidance clarifying the classification and measurement of participant loans of defined contribution pension plans. The guidance requires that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance, plus any accrued but unpaid interest (previously classified as investments and measured at fair value). This guidance is effective for fiscal years ending after December 15, 2010, and must be applied retrospectively with early adoption permitted. The Plan adopted this new guidance as required for its December 31, 2010 financial statements and reclassified participant loans of $271,803 as of December 31, 2009 from investments to notes receivable from participants. Net assets of the Plan were not affected by the adoption of the new guidance.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

In January 2010, the FASB issued additional guidance related to fair value measurements to clarify existing disclosure requirements and require additional disclosure about fair value measurements. The guidance clarifies existing fair value disclosures about the level of disaggregation presented and about inputs and valuation techniques used to measure fair value for measurements that fall in either Level 2 or Level 3 of the fair value hierarchy. The additional disclosure requirements include disclosure regarding the amounts and reasons for the significant transfers in and out of Level 1 and Level 2 of the fair value hierarchy and separate presentation of purchases, sales, issuances and settlements of items within Level 3 of the fair value hierarchy. The guidance is effective for periods beginning after December 15, 2009 except for the disclosures about Level 3 activity of purchases, sales, issuances and settlements, which is effective for interim and annual reporting periods beginning after December 15, 2010. Effective January 1, 2010, the Plan adopted the provisions of the additional guidance required to be adopted during 2010. Those provisions required to be adopted after December 15, 2010 are not expected to have a material impact on the Plan's financial statements. These disclosures are required to be provided only on a prospective basis.

Subsequent Events

The Plan Administrator has evaluated subsequent events through September 28, 2011, which is the date the financial statements were available to be issued. No events or transactions discovered during this evaluation require recognition or disclosure in the financial statements, other than the events noted in Note 8 – *Subsequent Events*.

3. INVESTMENTS IN MASTER TRUST (UNAUDITED)

The Plan's investments are held in the Master Trust, at Charles Schwab, and consist of an individual interest in the Master Trust established and administered by the Retirement Board. All investments are managed in accordance with the applicable fund prospectus by which the investment managers have been given the authority to make individual investment decisions which is consistent with the Tomkins Master Trust Statement of Investment Policy. The Plan's investment in the Master Trust is presented at fair value, which is determined based on the fair value of the underlying investments of the Master Trust. Each Plan's interest is represented by a record of proportionate dollar interest, as maintained by the recordkeeper and is based on investment direction by the participants. Use of the Master Trust permits the commingling of the trust assets of a number of plans administered by the Retirement Board for investment and administrative purposes. At December 31, 2010 and 2009, the Plan's interest in net assets of the Master Trust was approximately 4.0% and 4.4%, respectively. Such interests are included in the accompanying Statements of Net Assets Available for Benefits. In

3. INVESTMENTS IN MASTER TRUST (UNAUDITED) (CONTINUED)

compliance with the Department of Labor's reporting requirements, the net change in value from participation in the Master Trust is reported as a single line item in the accompanying Statement of Changes in Net Assets Available for Benefits.

The net assets at December 31, 2010 and 2009 of the Master Trust are summarized as follows:

December 31,	**2010**	2009
Investments, at fair value as further described below and in Note 4:		
Registered investment companies	**$ 510,606,743**	$ 464,588,733
Cash and cash equivalents	**1,145,847**	578,447
Stable value fund:		
Portfoilios supporting Synthetic GICs [(a)]	**256,818,824**	267,206,404
Traditional GICs	**1,568,550**	1,956,866
Short-term investment fund	**7,737,303**	11,287,459
Wrapper contracts	**752,229**	94,675
Common stock	**-**	1,359,386
Total investments at fair value	**778,629,496**	747,071,970
Receivables:		
Accrued interest receivable and other assets	**367,447**	651,871
Liabilities:		
Accrued liabilities and pending trades	**(1,266,463)**	(521,666)
Master Trust total net assets, at fair value	**777,730,480**	747,202,175
Adjustment from fair value to contract value for interest of Stable Value Fund held in the Master Trust relating to fully benefit-responsive investment contracts	**(7,805,024)**	32,894
Master Trust total net assets, after contract value adjustment	**$ 769,925,456**	$ 747,235,069

(a) Guaranteed investment contracts ("GICs")

3. INVESTMENTS IN MASTER TRUST (UNAUDITED) (CONTINUED)

Net investment income of the Master Trust for the period January 1, 2010 to December 31, 2010, is as follows:

Dividend and interest income	**$ 21,557,413**
Net appreciation in value of investments:	
Registered investment companies	**51,826,508**
Common stock	**787,556**
Net investment income of Master Trust, at contract value	**$ 74,171,477**

See Note 7 for reconciliation of investment income from contract value to fair value for Form 5500 purposes.

Certain investments exceeded 5% of the Master Trust net assets as of December 31, 2010 and 2009 as follows:

	2010	2009
MFO[(a)] Pimco Total Return Institutional Fund	**$ 82,219,674**	$ 76,259,491
GIC Monumental Life Insurance Company Separate Account	**77,742,463**	90,878,282
MFO American Funds New Perspective Fund	**75,138,392**	72,088,396
MFO Vanguard Institutional Index Fund	**74,908,919**	70,944,487
GIC JP Morgan Chase Bank	**70,271,400**	72,040,359
GIC Natixis Financial Products, Inc.	**67,535,064**	69,334,021
MFO Dodge & Cox Balanced Fund	**57,825,579**	53,557,213
MFO Fundamental Investors Fund	**52,433,067**	48,139,905
Other investments less than 5%	**211,850,898**	193,992,915
Master Trust total net assets, after contract value adjustment	**$ 769,925,456**	$ 747,235,069

(a) Mutual Fund Option ("MFO")

The stable value fund is invested in short-term investment funds, traditional GICs, and synthetic GICs, which are backed by fixed income assets. The weighted average yield based on the interest rate credited to the stable value fund based on the interest rate credited to participants was 3.36% for the year ended December 31, 2010 and 3.22% for the year ended December 31, 2009. The weighted average yield of the stable value fund based on the actual earnings of underlying assets in the stable value fund was 2.52% for the year ended December 31, 2010 and 3.26% for the year ended December 31, 2009. There were no valuation reserves recorded to adjust contract amounts during the plan years. Crediting rate resets are applied to specific investment contracts, as determined at the

3. INVESTMENTS IN MASTER TRUST (UNAUDITED) (CONTINUED)

time of purchase and are generally reset quarterly. Crediting rates cannot be less than 0%. The reset values for security-backed investment rates are a function of contract value, market value, yield, and duration. General account investment rates are based on a pre-determined index rate of return plus a fixed-basis point spread.

Synthetic GICs, backed by underlying assets, provide for a guaranteed return on principal and accrue interest over a specified period of time (i.e., period of time before the crediting rate reset) through benefit-responsive wrapper contracts issued by a third party, assuming that the underlying assets meet the requirements of the GIC. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value for plan permitted benefit payments. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include, but are not limited to, the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

3. INVESTMENTS IN MASTER TRUST (UNAUDITED) (CONTINUED)

The investment contracts in the stable value fund held by the Master Trust at December 31, 2010 and 2009 are summarized as follows:

	December 31,			
	2010		2009	
Issuer -	**Contract Value**	**Fair Value**	Contract Value	Fair Value
Synthetic GICs:				
Monumental Life Insurance Co. (including wrap contract)	**$ 77,742,463**	**$ 79,120,229**	$ 90,878,282	$ 90,801,868
JP Morgan Chase Bank	**70,271,400**	**73,170,660**	72,040,359	72,034,601
Natixis Financial Products, Inc. (including wrap contract)	**67,535,064**	**69,706,976**	69,334,021	69,225,244
Monumental Life Insurance Co. (including wrap contract)	**34,298,819**	**35,573,188**	35,152,290	35,239,366
Traditional GICs -				
Jackson National Life Insurance Company	**1,486,833**	**1,568,550**	1,885,887	1,956,866
Short-term investment fund -				
Northern Trust Short-term Investment Fund	**7,737,303**	**7,737,303**	11,287,459	11,287,459
Total stable value fund investments	**$ 259,071,882**	**$ 266,876,906**	$ 280,578,298	$ 280,545,404

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES

FASB Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. This hierarchy consists of three broad levels that prioritize the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market 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 the fair value hierarchy under ASC 820 are described as follows:

- Level 1-Inputs to the valuation based upon quoted prices (unadjusted) for identical assets or liabilities in active markets that are accessible as of the measurement date.
- Level 2-Inputs to the valuation include quoted prices in either markets that are not active, or in active markets for similar assets or liabilities, observable inputs other than quoted prices, and inputs that are derived principally from or corroborated by observable market data.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

- Level 3-Inputs to the valuation that are unobservable reflecting the Plan's own assumptions about the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk.

The asset 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.

The 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.

Registered Investment Companies

The Master Trust is invested in shares of several registered investment companies that are registered with the Securities and Exchange Commission. Prices of these funds are based on net asset value ("NAV") calculated by the funds and are publicly reported on national exchanges. Although the prices are listed on national exchanges, exiting the investment is generally only accomplished through redemption with the fund itself. Thus, redemption with the fund is the principal market in which the Plan could exit the investments. The funds redeem shares at the NAV with few restrictions and redemption with the funds is within an active market. The Plan measures fair value of these investments using the NAV provided by the fund managers to Charles Schwab. These investments are classified as Level 1 in the fair value hierarchy.

Common Stock

Common stock is valued at the closing price reported in the active market in which the individual security is traded. These investments were classified as Level 1 in the fair value hierarchy; however, the Plan no longer invests directly in common stock.

Cash and Cash Equivalents

Cash and cash equivalents represent funds on deposit in a Charles Schwab Trust account. The fair value is determined by obtaining the deposit balance from Charles Schwab. Cash and cash equivalents are classified as Level 1 in the fair value hierarchy.

Stable Value Fund

The stable value fund with Deutsche Bank consists of several different types of investments held in a separate account for the Master Trust. The types of investments are short-term investments, traditional GICs, and synthetic GICs and the underlying portfolio of fixed income investments supporting the synthetic GICs.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

Short-term investments: Short-term investments consist of 100% U.S. Treasury money market funds managed by Northern Trust and are valued at the NAV which is calculated at a unit price that is not quoted on an active market, and attempts to maintain a $1 unit price. The unit price is based on the fair value of the underlying investments, which in general are traded on an active market with observable inputs. Northern Trust determines the unit value. It is classified as Level 1 in the fair value hierarchy.

Traditional and synthetic GICs: Traditional GICs are issued by insurance companies and are backed by the general account of the issuer. The Master Trust deposits a lump sum with the issuer and receives a guaranteed interest rate over the life of the contract with a repayment of principal at maturity. Interest is accrued on either a simple interest or fully compounded basis and paid either periodically or at the end of the contract term. The issuer guarantees that all qualified participant withdrawals will occur at contract value (principal plus accrued interest). GICs generally do not permit issuers to terminate the agreement prior to the scheduled maturity date. The fair value of the GICs is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

A synthetic GIC is similar to a traditional GIC but has unbundled the insurance and investment components. A synthetic GIC is an investment contract issued by an insurance company or bank, and is constructed by combining a stable value insurance wrapper and a fixed income portfolio owned by the Master Trust. These assets underlying the wrapper contracts are maintained separate from the contract issuer's general assets, usually by a third party custodian. The wrapper contracts are obligated to provide an interest rate not less than zero. These contracts typically provide that realized and unrealized gains and losses on the underlying assets are not reflected immediately in the assets of the Master Trust, but rather are amortized, usually over the time to maturity or the duration of the underlying investments, through adjustments to the future interest crediting rate. The issuer guarantees that all qualified participant withdrawals will occur at contract value. At December 31, 2010 and 2009, the synthetic GICs were comprised of intermediate fixed income funds; asset backed, mortgage backed and government securities (mainly U.S. backed); corporate bonds and cash and cash equivalents. The intermediate fixed income fund is valued at NAV, which is determined by the fund manager. These funds generally stand ready to redeem at NAV. The asset backed, mortgage backed, government securities and corporate bonds are valued by Deutche Bank generally with the assistance of a third-party pricing vendor utilizing evaluated pricing models that vary by asset class and incorporate available market data. Pricing models rely on observable standard market inputs such as benchmark yields, reported trades, broker/dealer quotas. The fair value of synthetic GICs is determined using the market price of the underlying securities and the value of the investment contract ("wrapper"). The traditional and synthetic GICs are classified as Level 2 in the fair value hierarchy.

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

Wrapper contracts: There is no market in which the Master Trust could exit the wrapper contracts associated with the GICs. Additionally, reliable quotes are not available from issuers. Therefore, Deutsche Bank estimates the fair value of the wrapper contracts using a pricing matrix that incorporates unobservable inputs such as internal estimates of the average pricing used by issuers at December 31, 2010 and 2009. The wrapper contracts are classified as Level 3 in the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 set forth by level, within the fair value hierarchy, the Master Trust's investments measured on a recurring basis:

As of December 31, 2010	Level 1	Level 2	Level 3	Total
Investments:				
Cash and cash equivalents	**$ 1,145,847**	**$ -**	**$ -**	**$ 1,145,847**
Registered investment companies:				
Fixed income funds	**82,939,775**	**-**	**-**	**82,939,775**
Balanced funds	**57,825,579**	**-**	**-**	**57,825,579**
U.S. equity funds	**267,815,857**	**-**	**-**	**267,815,857**
International equity funds	**102,025,532**	**-**	**-**	**102,025,532**
Stable value fund:				
Short-term investment fund	**7,737,303**	**-**	**-**	**7,737,303**
Traditional GICs – fixed income	**-**	**1,568,550**	**-**	**1,568,550**
Synthetic GICs –				
Intermediate fixed income funds	**-**	**177,803,579**	**-**	**177,803,579**
Asset backed securities	**-**	**4,975,125**	**-**	**4,975,125**
Cash equivalents	**-**	**2,109,646**	**-**	**2,109,646**
Mortgage backed securities	**-**	**19,401,907**	**-**	**19,401,907**
Government securities	**-**	**31,801,386**	**-**	**31,801,386**
Corporate bonds	**-**	**20,727,181**	**-**	**20,727,181**
Wrapper contracts	**-**	**-**	**752,229**	**752,229**
Total investments of the Master Trust	**$ 519,489,893**	**$ 258,387,374**	**$ 752,229**	**$ 778,629,496**

4. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

As of December 31, 2009	Level 1	Level 2	Level 3	Total
Investments:				
Cash and cash equivalents	$ 578,447	$ -	$ -	$ 578,447
Registered investment companies:				
Fixed income funds	76,259,491	-	-	76,259,491
Balanced funds	53,557,215	-	-	53,557,215
U.S. equity funds	237,014,388	-	-	237,014,388
International equity funds	97,757,639	-	-	97,757,639
Common stock	1,359,386	-	-	1,359,386
Stable value fund:				
Short-term investment fund	11,287,459	-	-	11,287,459
Traditional GICs – fixed income	-	1,956,866	-	1,956,866
Synthetic GICs –				
Intermediate fixed income funds	-	176,461,427*	-	176,461,427
Asset backed securities	-	8,961,325*	-	8,961,325
Cash equivalents	-	5,542,665*	-	5,542,665
Mortgage backed securities	-	23,030,844*	-	23,030,844
Government securities	-	26,068,824*	-	26,068,824
Corporate bonds	-	27,141,319*	-	27,141,319
Wrapper contracts	-	-	94,675	94,675
Total investments of the Master Trust	$ 477,814,025	$ 269,163,270	$ 94,675	$ 747,071,970

* Certain amounts in the prior year were broken out further by category to conform to the current year presentation.

The following table sets forth a summary of changes in the fair value of the Master Trust Level 3 investments for the year ended December 31, 2010:

	Stable Value Fund Wrapper Contracts
Beginning balance January 1, 2010	$ 94,675
Total gains or losses (realized or unrealized):	
Unrealized gains and losses [1]	657,554
Realized gains and losses	-
Purchases, sales, issuances and settlements, net	-
Transfers in (out) of the Master Trust, net	-
Ending balance December 31, 2010	$ 752,229

[1] Does not impact the Statement of Changes in Net Assets Available for Benefits due to the adjustment from fair value to contract value.

5. INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated October 20, 2008, that the Plan was designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter; however, the Company and plan administrator believe the Plan is currently being operated in compliance with the applicable requirements of the IRC and the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been included in the accompanying financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Master Trust investments are units of a short-term investment fund managed by Northern Trust. Northern Trust is the former trustee and current custodian of the stable value fund. Certain Master Trust investments are shares of a Schwab U.S. Treasury Money Fund. Charles Schwab is the trustee of the Plan. The Plan also pays certain expenses for audit, recordkeeping and investment management services from plan assets. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

December 31,	**2010**	2009
Net assets available for benefits per the accompanying financial statements	**$ 31,485,988**	$ 32,951,082
Amounts allocated to withdrawing participants	**-**	(1,643)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts (Note 2)	**270,721**	(1,191)
Net assets available for benefits per Form 5500 (unaudited)	**$ 31,756,709**	$ 32,948,248

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of the Plan's interest in the Master Trust net investment income per the accompanying financial statements for the year ended December 31, 2010 to Form 5500:

Plan's interest in the Tomkins Defined Contribution Master Retirement Savings Trust net investment income included in the accompanying financial statements	**$ 3,168,293**
Net change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	**271,912**
Plan's interest in the Tomkins Defined Contribution Master Retirement Savings Trust net investment income per the Form 5500 (unaudited)	**$ 3,440,205**

The following is a reconciliation of benefits paid to participants per the accompanying financial statements for the year ended December 31, 2010 to the Form 5500:

Benefits paid to participants per the accompanying financial statement	**$ 5,706,119**
Amounts allocated to withdrawing participants as of December 31, 2010	**-**
Amounts allocated to withdrawing participants as of December 31, 2009	**(1,643)**
Benefits paid to participants per Form 5500 (unaudited)	**$ 5,704,476**

Benefits are recorded when paid in the accompanying financial statements as required by current authoritative guidance. The above reconciliation relates to participant benefit payments that were authorized and approved for payment prior to year-end but not paid as of year-end. These amounts are recorded as liabilities for Form 5500 purposes.

Participant loans are reported as notes receivable from participants in the accompanying financial statements as required by current authoritative guidance; however, for Form 5500 purposes and reporting on the supplemental Schedule of Assets (Held at End of Year) they are shown as investments, as required.

8. SUBSEQUENT EVENTS

Effective April 20, 2011 the Company sold Plews/Edelman, a participating company in the Plan. In connection with the corporate transaction, certain employees of the Plews/Edelman operation became employees of the buyer and thus ceased to be eligible in the Plan. The buyer agreed to set up a new 401(k) Plan and the Company approved the spin off and merger of the assets attributable to the affected employees on August 15, 2011. Approximately $6,025,000 in assets are expected to transfer to the new plan.

Effective January 1, 2011, the participant elective deferral limit was increased from 50% to 75%.

Supplemental Schedule

Tomkins Automotive 401(k) Plan

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010

EIN: 26-3004076
December 31, 2010 Plan Number: 001

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*Notes receivable from participants (loans)	Interest rates ranging from 4.25% to 9.25%; various maturity dates from 2011 to 2018.	$ -	$ 284,536

* Represents a party-in-interest as defined by ERISA.

Note: Master Trust investments are not required to be included in this schedule and, therefore, have been omitted, and cost is not required for participant-directed investments.

See accompanying independent auditors' report.

Tomkins Automotive 401(k) Plan
Schedule C, Part 1, Line 3 -- Service Provider Indirect Compensation Information
EIN: 26-3004076 Plan Number: 001 December 31, 2010

Received by Charles Schwab & Co., Inc.	94-1737782	
(d) Name of Source of Indirect Compensation	EIN	(e) Formula of Indirect Compensation
American Beacon	75-2401150	Rate of 0.10% of average daily balance of asset(s)
Artisan	39-1811840	Rate of 0.40% of average daily balance of asset(s)
Columbia	93-0577450	Rate of 0.40% of average daily balance of asset(s)
Dodge & Cox	94-1441976	Rate of 0.10% of average daily balance of asset(s)
Harbor	04-2679462	Rate of 0.10% of average daily balance of asset(s)
Royce	52-2343049	Rate of 0.05% of average daily balance of asset(s)
Schwab US Treasury Money Fund	Not Available	Rate of 0.25% of average daily balance of asset(s)

Tomkins Automotive 401(k) Plan
EIN: 26-3004076 Plan Number: 001
Form 5500, Schedule H, Part IV, Line 4i-Schedule of Assets Held for Investment
Plan Year Ended: 12/31/2010

	(b) Identity of Issuer	(c) Description of Asset	(e) Current Value
	Tomkins Defined Contribution Master Retirement Savings Trust	Master Trust	31,496,858
*	Participants or beneficiaries	Participant loans made to participants or beneficiaries under the plan. Interest rates vary from 4.25% to 9.25%, various maturity dates.	284,536

* Party-in-interest

Note: Column (d) cost is not required to be presented for participant directed investments.