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;
- [X] 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
AIRTECH INTERNATIONAL, INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/31/1973

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

5700 SKYLAB RD
HUNTINGTON BEACH, CA 92647

2b Employer Identification Number (EIN)
95-2802248

2c Sponsor's telephone number
714-899-8100

2d Business code (see instructions)
336410

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.	10/11/2011	DENNIS WATERKOTTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2011	DENNIS WATERKOTTE
	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")
AIRTECH INTERNATIONAL, INC

5700 SKYLAB RD
HUNTINGTON BEACH, CA 92647

3b Administrator's EIN
95-2802248

3c Administrator's telephone number
714-899-8100

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**	235
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**	214
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	244
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	244
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	230
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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) ▶	
AIRTECH INTERNATIONAL, INC 401(K) PROFIT SHARING PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
AIRTECH INTERNATIONAL, INC	95-2802248	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

HARTFORD RETIREMENT SERVICES LLC

26-1589907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 49 50 64 65 99	N/A	160	Yes [X] No [ ]	Yes [X] No [ ]	27350	Yes [ ] No [X]

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

RELIANCE TRUST COMPANY

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 99	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	1213	Yes [ ] No [X]

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

BANK OF AMERICA CORPORATION

94-1687665

(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?
18 51 52 56 59 60 63 71 72	N/A	8	Yes [X] No [ ]	Yes [ ] No [X]	70066	Yes [ ] No [X]

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

GPC SECURITIES, INC

58-1517899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 65	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	4853	Yes [ ] No [X]

(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
HARTFORD RETIREMENT SERICES, LLC	15	27350

(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.
BANK OF AMERICA CORPORATION 94-1687665	SEE ATTACHED FEE & DISCLOSURE REPORT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 99	1213

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD RETIREMENT SERVICES, LLC 26-1589907	SEE ATTACHED FEE & DISCLOSURE REPORT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BANK OF AMERICA CORPORATION	18 51 52 56 59 60 63 71 72	70066

(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.
BANK OF AMERICA CORPORATION 94-1687665	SEE ATTACHED FEE & DISCLOSURE REPORT

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GPC SECURITIES, INC	15 64 65	4853

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD RETIREMENT SERVICES, LLC 26-1589907	SEE ATTACHED FEE & DISCLOSRE REPORT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
AIRTECH INTERNATIONAL, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AIRTECH INTERNATIONAL, INC

D Employer Identification Number (EIN)
95-2802248

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: STABLE ASSET FUND

b Name of sponsor of entity listed in (a): BANK OF AMERICA NA

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)
22-6459529-001	C	7660

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

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

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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
AIRTECH INTERNATIONAL, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AIRTECH INTERNATIONAL, INC

D Employer Identification Number (EIN)
95-2802248

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)	1080221	1781145
(2) Participant contributions	1b(2)	24129	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		3962
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5644	7660
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21478354	24253272
(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	22588348	26046039
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	96524	
k Total liabilities (add all amounts in lines 1g through1j)	1k	96524	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	22491824	26046039

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)	1787505	
(B) Participants	2a(1)(B)	34326	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1821831
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	726789	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		726789
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1340052
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3888672
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	334289	
(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)		334289
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	168	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		168
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		334457
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3554215
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: SOREN MCADAM CHRISTENSON, LLP (2) EIN: 77-0549163

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		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
AIRTECH INTERNATIONAL, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AIRTECH INTERNATIONAL, INC

D Employer Identification Number (EIN)
95-2802248

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148

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):

Airtech International 401(k)
Profit Sharing Plan

Financial Statements

and

Supplemental Schedules

with

Independent Auditors' Report

For the Years Ended
December 31, 2010 and 2009

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Soren McAdam Christenson LLP
Certified Public Accountants and Business Advisors

Independent Auditors' Report

To the Administrative Committee of the
Airtech International 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedules of Airtech International 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan's administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan's administrator has obtained certifications from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan's administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Soren McAdam Christenson LLP

Redlands, California
October 10, 2011

2068 Orange Tree Lane, Suite 100 P.O. Box 8010 Redlands, CA 92375-1210 (909) 798-2222 (909) 798-9772 fax smc@smc-cpas.com
Members of PKF North American Network and of PKF International, an association of legally independent firms
and American Institute of Certified Public Accountants

Airtech International 401(k) Profit Sharing Plan

Statements of Net Assets Available for Plan Benefits

	December 31, 2010	December 31, 2009
ASSETS		
Investments		
Money market fund	$ 3,962	$ 4,043
Mutual funds	24,253,272	21,474,311
Common collective trust	7,660	5,644
	24,264,894	21,483,998
Receivables		
Employer contributions receivable	1,781,145	1,080,221
Participant contributions receivable	–	24,129
Total receivables	1,781,145	1,104,350
Total assets	26,046,039	22,588,348
LIABILITIES		
Refunds of excess contributions due to participants	–	96,524
Net assets available for benefits	$ 26,046,039	$ 22,491,824

See accompanying notes to financial statements.

Airtech International 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2010

Additions	
Investment income	
Interest and dividend income on investments	$ 726,789
Net appreciation in fair value of investments	1,340,052
	2,066,841
Contributions	
Employer	1,787,505
Participants	34,326
	1,821,831
Total additions	3,888,672
Deductions	
Benefits paid to participants	334,289
Administrative expenses	168
Total deductions	334,457
Net increase	3,554,215
Net assets available for benefits	
Balance, December 31, 2009	22,491,824
Balance, December 31, 2010	$ 26,046,039

See accompanying notes to financial statements.

Airtech International 401(k) Profit Sharing Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Airtech International 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan's document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan providing benefits to all employees of Airtech International, Inc. (the Company) who have completed one year of service with 1,000 hours, are not governed by a collective-bargaining agreement, and are not non-resident aliens.

Contributions

Under the provisions of the Plan through March 12, 2010, each active participant could enter into a written salary deferral agreement with the Company, deferring up to the maximum allowable amount as determined yearly by the Internal Revenue Service. As of March 13, 2010, the Company restated its Plan to no longer allow elective deferrals.

Eligible employees receive discretionary profit-sharing contributions which are calculated by multiplying the eligible employee's wages for the year by a percentage decided by management. Participants, with the approval of the Plan Administrator, may also roll over amounts representing distributions from other qualified defined-benefit or contribution plans.

Participant Account

An account is maintained for each participant. The participant's account is credited with the participant's contribution, employer's profit sharing contribution, and participant's plan earnings and losses.

Vesting

Participants are immediately vested in their contributions plus earnings thereon. Vesting in the remainder of the account is based on years of service. A year of service is given for each Plan year in which a participant performs 1,000 or more hours of service. After one year of service, a participant becomes 20 percent vested. Each service year thereafter will increase the participant's vesting by 20 percent, with 100 percent vesting after five years.

Investment Options

Participants direct their employee contributions to their accounts in a number of investment options offered by the Plan. These investment options are comprised of a money market fund, mutual funds, and a common collective trust. The Company directs the employer profit-sharing contributions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. A participant who terminates employment shall receive the value of the vested interest in his or her account as a lump-sum distribution if the vested balance is $5,000 or less.

Airtech International 401(k) Profit Sharing Plan

Notes to Financial Statements

1. Description of the Plan (Continued)

Forfeited Accounts

At December 31, 2010 and 2009, forfeited nonvested accounts totaled $2,610 and $31,387, respectively. These forfeitures will be added to any employer contribution. Forfeitures reallocated to participants' accounts in 2010 amounted to $33,800.

2. Summary of Accounting Policies

The preparation of these financial statements requires management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets, liabilities, revenues, and expenses, as well as the disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Management has considered events occurring through October 10, 2011 in its evaluation of the conditions on which estimates were based or for changes in conditions subsequent to the balance sheet date which should be disclosed. The financial statements were available to be issued at this date. Management also determines the accounting principles to be used in the preparation of financial statements. A description of the significant accounting policies employed in the preparation of these financial statements follows:

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

Investments are stated at fair value. See Note 4 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a confirmation-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Airtech International 401(k) Profit Sharing Plan

Notes to Financial Statements

3. Information Certified by the Trustee (Unaudited)

At December 31, 2010 and 2009, the Plan's investments were held by Reliance Trust Company (the trustee). The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

	2010	2009
Investments		
Money market fund	$ 3,962	$ 4,043
Mutual funds	24,253,272	21,474,311
Common collective trust	7,660	5,644
	$ 24,264,894	$ 21,483,998
Investment income		
Dividend income	$ 726,789	
Net appreciation in fair value of investments	1,340,052	
	$ 2,066,841	

The fair values of individual investments that represent five percent or more of the Plan's net assets as of December 31 are as follows:

	2010	2009
Dreyfus Bond Market Index Fund Class Investor	$ 10,573,498	$ 9,581,216
Columbia Large Cap Enhanced Core Fund Z	5,435,312	5,275,573
Delaware Limited-Term Diversified Income Fund Class R	2,334,609	–
Templeton Global Bond Fund Advisor Class	1,914,669	–
American Funds Europacific Growth Fund Class R-4	1,522,093	1,302,313
Columbia U.S. Treasury Index Fund Class Z	35,596	4,272,442

During 2010, the Plan's mutual fund investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $1,340,052.

4. Fair-Value Measurements

Accounting Standards Codification Topic 820 for Fair Value Measurements and Disclosures (ASC Topic 820) establishes a framework for measuring fair value. The framework provides a fair-value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair-value hierarchy under ASC Topic 820 are described below:

4. Fair-Value Measurements (Continued)

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair-value measurement.

The asset's or liability's fair-value measurement level within the fair-value hierarchy is based on the lowest level of any input that is significant to the fair-value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There were no significant transfers between Levels 1 and 2 for the year ended December 31, 2010.

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market fund: Valued based on historical cost, which represents fair value.

Mutual funds: Valued at the net asset value of shares held by the fund at year end.

Common Collective Trust: Valued based on the market value of each unit held, which is derived from the market value of the underlying net assets disclosed in the audited financial statements of the trust.

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

4. Fair-Value Measurements (Continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 3,962	$ –	$ –	$ 3,962
Mutual funds				
Domestic equity	6,993,604	–	–	6,993,604
Balanced	208	–	–	208
Foreign equity	1,541,793	–	–	1,541,793
Domestic bonds	13,802,998	–	–	13,802,998
Foreign bonds	1,914,669	–	–	1,914,669
Total mutual funds	24,253,272	–	–	24,253,272
Common collective trusts	–	7,660	–	7,660
Total investments at fair value	$ 24,257,234	$ 7,660	$ –	$ 24,264,894

The following table sets forth, by level within the fair-value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Index funds	$ 19,157,032	$ –	$ –	$ 19,157,032
Balanced funds	69,315	–	–	69,315
Growth funds	2,247,964	–	–	2,247,964
Fixed income funds	4,043	–	–	4,043
Total mutual funds	21,478,354	–	–	21,478,354
Common collective trust	–	5,644	–	5,644
Total investments at fair value	$ 21,478,354	$ 5,644	$ –	$ 21,483,998

5. Nonparticipant-Directed Investments

An analysis of mutual fund investments which were nonparticipant-directed for the year ended December 31, 2010 follows:

Balance, December 31, 2009	$ 21,143,076
Contributions	1,123,689
Dividends	713,613
Net appreciation	1,306,044
Benefits paid to participants	(368,063)
Balance, December 31, 2010	$ 23,918,359

6. Related-Party and Party-in-Interest Transactions

The Plan has not considered Company contributions to the Plan, or benefits accrued or paid by the Plan for participants, as party-in-interest transactions.

The Company provides certain services, such as accounting and auditing, to the Plan without compensation.

The Plan invests in shares of a money market fund and mutual funds managed by an affiliate of Bank of America. Reliance Trust Company acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

7. Tax Status

The Plan obtained a determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's trustee and management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. Plan Termination

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

Supplemental Schedules

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

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

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost **	(e) Current Value
	Money market account			
*	Bank of America	BofA Treasury Reserves Capital		$ 3,962
	Mutual Funds			
	Dreyfus Funds	Dreyfus Bond Market Index Fund Investor Class		10,573,498
	Columbia Funds	Columbia Large Cap Enhanced Core Fund Z		5,435,312
	Delaware Investments	Delaware Limited-Term Diversified Income Fund Class R		2,334,609
	Franklin Templeton Investment Investment Funds	Templeton Global Bond Fund Advisor Class		1,914,669
	American Funds	American Funds Europacific Growth Fund Class R-4		1,522,093
	Columbia Acorn Funds	Columbia Acorn Fund Z		516,011
	Victory Funds	Victory Established Value Fund A		515,805
	Blackrock	Blackrock Inflation Protected Bond Portfolio Investor A		473,745
	Prudential Investments	Prudential Jennison Natural Resources Fund, Inc. Class A		387,392
	PIMCO Funds	PIMCO Commodity Real Return Strategy Fund Class A		385,550
	American Funds	American Funds The Growth Fund of America Class R4		53,038
	T. Rowe Price	T. Rowe Price Retirement 2030 Fund-Advisor Class		35,848
	Columbia Funds	Columbia U.S. Treasury Index Fund Class Z		35,596
	Janus Capital Group	Janus Overseas Fund Class S		19,700
	T. Rowe Price	T. Rowe Price Retirement 2020 Fund-Advisor Class		17,865
	T. Rowe Price	T. Rowe Price Retirement 2040 Fund-Advisor Class		17,639

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

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

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
	Goldman Sachs Mutual Funds	Goldman Sachs Small Cap Value Fund Institutional		$ 13,891
	Eaton Vance	Eaton Vance Large Cap Value Fund A		342
	Columbia Funds	Columbia Small Cap Growth Fund I Class Z		252
	T. Rowe Price	T. Rowe Price Retirement 2050 Fund-Advisor Class		209
	T. Rowe Price	T. Rowe Price Retirement Income Fund-Advisor Class		194
	T. Rowe Price	T. Rowe Price Retirement 2010 Fund-Advisor Class		14
	Subtotal – Mutual Funds			24,253,272
	Common Collective Trust			
*	Bank of America	Stable Asset Fund for Employee Benefit Plans crediting rate of 2.96%		7,660
				$ 24,264,894

* A party-in-interest as defined by ERISA

** Information not available

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

Schedule H, Line 4j – Schedule of Reportable Transactions

For the Year Ended December 31, 2010

(a) Identity	(b) Description of Asset	(c) Aggregate Purchase Price	(d) Aggregate Sale Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Gain/ (Loss)
Single transactions in excess of 5% of net assets						
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	$ –	$ 2,910,320	$ *	$ 2,910,320	$ *
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	–	1,576,604	*	1,576,604	*
Templeton Global Bond Fund Advisor Class	Mutual Fund Shares	1,186,645	n/a	1,186,645	1,186,645	–
Delaware Limited-Term Diversified Income Class R	Mutual Fund Shares	1,483,237	n/a	1,483,237	1,483,237	–
Aggregate transactions involving securities of the same issue in excess of 5% of net assets						
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	–	4,487,204	*	4,487,204	*
Columbia Large Cap Enhanced Core Fund Z	Mutual Fund Shares	–	1,152,841	*	1,152,841	*
Templeton Global Bond Fund Advisor Class	Mutual Fund Shares	1,849,504	n/a	1,849,504	1,849,504	–
Delaware Limited-Term Diversified Income Class R	Mutual Fund Shares	2,372,488	n/a	2,372,488	2,372,488	–

* Information not available.

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan's product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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

AIRTECH INTERNATIONAL, INC.PLAN (060086)
PLAN YEAR END: 12/31

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

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

Service Codes: 15, 37, 38, 49, 64, 65, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **$168.11**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the 2010 calendar year. Of this amount, our records indicate that Hartford Retirement Services, LLC received **$160.00**. Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

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

2. Indirect Compensation

Recordkeeping Service Fees Payor: Bank of America Corporation EIN: 94-1687665 **$27,349.78**

Recipient: Reliance Trust Company EIN: 58-7428634

Indirect Compensation

Custodial/Trust service fee **$1,213.24**

Service Codes: 19, 99, 25 (if Reliance Trust Company is acting as directed trustee)

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

Recipient: Bank of America Corporation EIN: 94-1687665

Direct/Indirect Compensation

Bank of America Corporation issue their own fee, expense, and revenue-sharing disclosures directly to Plan Sponsors. Please refer to these disclosures for more detail about indirect and direct fees charged by, or paid to, Bank of America Corporation.

Recipient: GPC Securities EIN: Inc. 58-1517899

Service Codes: 15, 64, 65

Indirect Compensation

Transaction Processing Services Payor: Hartford Retirement Services, LLC EIN: 26-1589907 **$4,852.98**

Airtech International 401(k)
Profit Sharing Plan

Financial Statements

and

Supplemental Schedules

with

Independent Auditors' Report

For the Years Ended
December 31, 2010 and 2009

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Soren McAdam Christenson LLP
Certified Public Accountants and Business Advisors

Independent Auditors' Report

To the Administrative Committee of the
Airtech International 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedules of Airtech International 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan's administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan's administrator has obtained certifications from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan's administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Soren McAdam Christenson LLP

Redlands, California
October 10, 2011

2068 Orange Tree Lane, Suite 100 P.O. Box 8010 Redlands, CA 92375-1210 (909) 798-2222 (909) 798-9772 fax smc@smc-cpas.com
Members of PKF North American Network and of PKF International, an association of legally independent firms
and American Institute of Certified Public Accountants

Airtech International 401(k) Profit Sharing Plan

Statements of Net Assets Available for Plan Benefits

	December 31, 2010	December 31, 2009
ASSETS		
Investments		
Money market fund	$ 3,962	$ 4,043
Mutual funds	24,253,272	21,474,311
Common collective trust	7,660	5,644
	24,264,894	21,483,998
Receivables		
Employer contributions receivable	1,781,145	1,080,221
Participant contributions receivable	–	24,129
Total receivables	1,781,145	1,104,350
Total assets	26,046,039	22,588,348
LIABILITIES		
Refunds of excess contributions due to participants	–	96,524
Net assets available for benefits	$ 26,046,039	$ 22,491,824

See accompanying notes to financial statements.

Airtech International 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2010

Additions	
Investment income	
Interest and dividend income on investments	$ 726,789
Net appreciation in fair value of investments	1,340,052
	2,066,841
Contributions	
Employer	1,787,505
Participants	34,326
	1,821,831
Total additions	3,888,672
Deductions	
Benefits paid to participants	334,289
Administrative expenses	168
Total deductions	334,457
Net increase	3,554,215
Net assets available for benefits	
Balance, December 31, 2009	22,491,824
Balance, December 31, 2010	$ 26,046,039

See accompanying notes to financial statements.

Airtech International 401(k) Profit Sharing Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Airtech International 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan's document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan providing benefits to all employees of Airtech International, Inc. (the Company) who have completed one year of service with 1,000 hours, are not governed by a collective-bargaining agreement, and are not non-resident aliens.

Contributions

Under the provisions of the Plan through March 12, 2010, each active participant could enter into a written salary deferral agreement with the Company, deferring up to the maximum allowable amount as determined yearly by the Internal Revenue Service. As of March 13, 2010, the Company restated its Plan to no longer allow elective deferrals.

Eligible employees receive discretionary profit-sharing contributions which are calculated by multiplying the eligible employee's wages for the year by a percentage decided by management. Participants, with the approval of the Plan Administrator, may also roll over amounts representing distributions from other qualified defined-benefit or contribution plans.

Participant Account

An account is maintained for each participant. The participant's account is credited with the participant's contribution, employer's profit sharing contribution, and participant's plan earnings and losses.

Vesting

Participants are immediately vested in their contributions plus earnings thereon. Vesting in the remainder of the account is based on years of service. A year of service is given for each Plan year in which a participant performs 1,000 or more hours of service. After one year of service, a participant becomes 20 percent vested. Each service year thereafter will increase the participant's vesting by 20 percent, with 100 percent vesting after five years.

Investment Options

Participants direct their employee contributions to their accounts in a number of investment options offered by the Plan. These investment options are comprised of a money market fund, mutual funds, and a common collective trust. The Company directs the employer profit-sharing contributions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. A participant who terminates employment shall receive the value of the vested interest in his or her account as a lump-sum distribution if the vested balance is $5,000 or less.

Airtech International 401(k) Profit Sharing Plan

Notes to Financial Statements

1. Description of the Plan (Continued)

Forfeited Accounts

At December 31, 2010 and 2009, forfeited nonvested accounts totaled $2,610 and $31,387, respectively. These forfeitures will be added to any employer contribution. Forfeitures reallocated to participants' accounts in 2010 amounted to $33,800.

2. Summary of Accounting Policies

The preparation of these financial statements requires management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets, liabilities, revenues, and expenses, as well as the disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Management has considered events occurring through October 10, 2011 in its evaluation of the conditions on which estimates were based or for changes in conditions subsequent to the balance sheet date which should be disclosed. The financial statements were available to be issued at this date. Management also determines the accounting principles to be used in the preparation of financial statements. A description of the significant accounting policies employed in the preparation of these financial statements follows:

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

Investments are stated at fair value. See Note 4 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a confirmation-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Airtech International 401(k) Profit Sharing Plan

Notes to Financial Statements

3. Information Certified by the Trustee (Unaudited)

At December 31, 2010 and 2009, the Plan's investments were held by Reliance Trust Company (the trustee). The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

	2010	2009
Investments		
Money market fund	$ 3,962	$ 4,043
Mutual funds	24,253,272	21,474,311
Common collective trust	7,660	5,644
	$ 24,264,894	$ 21,483,998
Investment income		
Dividend income	$ 726,789	
Net appreciation in fair value of investments	1,340,052	
	$ 2,066,841	

The fair values of individual investments that represent five percent or more of the Plan's net assets as of December 31 are as follows:

	2010	2009
Dreyfus Bond Market Index Fund Class Investor	$ 10,573,498	$ 9,581,216
Columbia Large Cap Enhanced Core Fund Z	5,435,312	5,275,573
Delaware Limited-Term Diversified Income Fund Class R	2,334,609	–
Templeton Global Bond Fund Advisor Class	1,914,669	–
American Funds Europacific Growth Fund Class R-4	1,522,093	1,302,313
Columbia U.S. Treasury Index Fund Class Z	35,596	4,272,442

During 2010, the Plan's mutual fund investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $1,340,052.

4. Fair-Value Measurements

Accounting Standards Codification Topic 820 for Fair Value Measurements and Disclosures (ASC Topic 820) establishes a framework for measuring fair value. The framework provides a fair-value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair-value hierarchy under ASC Topic 820 are described below:

4. Fair-Value Measurements (Continued)

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair-value measurement.

The asset's or liability's fair-value measurement level within the fair-value hierarchy is based on the lowest level of any input that is significant to the fair-value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There were no significant transfers between Levels 1 and 2 for the year ended December 31, 2010.

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market fund: Valued based on historical cost, which represents fair value.

Mutual funds: Valued at the net asset value of shares held by the fund at year end.

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

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	Level 1	Level 2	Level 3	Total
Money market fund	$ 3,962	$ –	$ –	$ 3,962
Mutual funds				
Domestic equity	6,993,604	–	–	6,993,604
Balanced	208	–	–	208
Foreign equity	1,541,793	–	–	1,541,793
Domestic bonds	13,802,998	–	–	13,802,998
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Common collective trusts	–	7,660	–	7,660
Total investments at fair value	$ 24,257,234	$ 7,660	$ –	$ 24,264,894

The following table sets forth, by level within the fair-value hierarchy, the Plan's assets at fair value as of December 31, 2009:

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Index funds	$ 19,157,032	$ –	$ –	$ 19,157,032
Balanced funds	69,315	–	–	69,315
Growth funds	2,247,964	–	–	2,247,964
Fixed income funds	4,043	–	–	4,043
Total mutual funds	21,478,354	–	–	21,478,354
Common collective trust	–	5,644	–	5,644
Total investments at fair value	$ 21,478,354	$ 5,644	$ –	$ 21,483,998

5. Nonparticipant-Directed Investments

An analysis of mutual fund investments which were nonparticipant-directed for the year ended December 31, 2010 follows:

Balance, December 31, 2009	$ 21,143,076
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Supplemental Schedules

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

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

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost **	(e) Current Value
	Money market account			
*	Bank of America	BofA Treasury Reserves Capital		$ 3,962
	Mutual Funds			
	Dreyfus Funds	Dreyfus Bond Market Index Fund Investor Class		10,573,498
	Columbia Funds	Columbia Large Cap Enhanced Core Fund Z		5,435,312
	Delaware Investments	Delaware Limited-Term Diversified Income Fund Class R		2,334,609
	Franklin Templeton Investment Investment Funds	Templeton Global Bond Fund Advisor Class		1,914,669
	American Funds	American Funds Europacific Growth Fund Class R-4		1,522,093
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	Victory Funds	Victory Established Value Fund A		515,805
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	Prudential Investments	Prudential Jennison Natural Resources Fund, Inc. Class A		387,392
	PIMCO Funds	PIMCO Commodity Real Return Strategy Fund Class A		385,550
	American Funds	American Funds The Growth Fund of America Class R4		53,038
	T. Rowe Price	T. Rowe Price Retirement 2030 Fund-Advisor Class		35,848
	Columbia Funds	Columbia U.S. Treasury Index Fund Class Z		35,596
	Janus Capital Group	Janus Overseas Fund Class S		19,700
	T. Rowe Price	T. Rowe Price Retirement 2020 Fund-Advisor Class		17,865
	T. Rowe Price	T. Rowe Price Retirement 2040 Fund-Advisor Class		17,639

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

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

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
	Goldman Sachs Mutual Funds	Goldman Sachs Small Cap Value Fund Institutional		$ 13,891
	Eaton Vance	Eaton Vance Large Cap Value Fund A		342
	Columbia Funds	Columbia Small Cap Growth Fund I Class Z		252
	T. Rowe Price	T. Rowe Price Retirement 2050 Fund-Advisor Class		209
	T. Rowe Price	T. Rowe Price Retirement Income Fund-Advisor Class		194
	T. Rowe Price	T. Rowe Price Retirement 2010 Fund-Advisor Class		14
	Subtotal – Mutual Funds			24,253,272
	Common Collective Trust			
*	Bank of America	Stable Asset Fund for Employee Benefit Plans crediting rate of 2.96%		7,660
				$ 24,264,894

* A party-in-interest as defined by ERISA

** Information not available

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

Schedule H, Line 4j – Schedule of Reportable Transactions

For the Year Ended December 31, 2010

(a) Identity	(b) Description of Asset	(c) Aggregate Purchase Price	(d) Aggregate Sale Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Gain/ (Loss)
Single transactions in excess of 5% of net assets						
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	$ –	$ 2,910,320	$ *	$ 2,910,320	$ *
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	–	1,576,604	*	1,576,604	*
Templeton Global Bond Fund Advisor Class	Mutual Fund Shares	1,186,645	n/a	1,186,645	1,186,645	–
Delaware Limited-Term Diversified Income Class R	Mutual Fund Shares	1,483,237	n/a	1,483,237	1,483,237	–
Aggregate transactions involving securities of the same issue in excess of 5% of net assets						
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	–	4,487,204	*	4,487,204	*
Columbia Large Cap Enhanced Core Fund Z	Mutual Fund Shares	–	1,152,841	*	1,152,841	*
Templeton Global Bond Fund Advisor Class	Mutual Fund Shares	1,849,504	n/a	1,849,504	1,849,504	–
Delaware Limited-Term Diversified Income Class R	Mutual Fund Shares	2,372,488	n/a	2,372,488	2,372,488	–

* Information not available.

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

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

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost **	(e) Current Value
	Money market account			
*	Bank of America	BofA Treasury Reserves Capital		$ 3,962
	Mutual Funds			
	Dreyfus Funds	Dreyfus Bond Market Index Fund Investor Class		10,573,498
	Columbia Funds	Columbia Large Cap Enhanced Core Fund Z		5,435,312
	Delaware Investments	Delaware Limited-Term Diversified Income Fund Class R		2,334,609
	Franklin Templeton Investment Investment Funds	Templeton Global Bond Fund Advisor Class		1,914,669
	American Funds	American Funds Europacific Growth Fund Class R-4		1,522,093
	Columbia Acorn Funds	Columbia Acorn Fund Z		516,011
	Victory Funds	Victory Established Value Fund A		515,805
	Blackrock	Blackrock Inflation Protected Bond Portfolio Investor A		473,745
	Prudential Investments	Prudential Jennison Natural Resources Fund, Inc. Class A		387,392
	PIMCO Funds	PIMCO Commodity Real Return Strategy Fund Class A		385,550
	American Funds	American Funds The Growth Fund of America Class R4		53,038
	T. Rowe Price	T. Rowe Price Retirement 2030 Fund-Advisor Class		35,848
	Columbia Funds	Columbia U.S. Treasury Index Fund Class Z		35,596
	Janus Capital Group	Janus Overseas Fund Class S		19,700
	T. Rowe Price	T. Rowe Price Retirement 2020 Fund-Advisor Class		17,865
	T. Rowe Price	T. Rowe Price Retirement 2040 Fund-Advisor Class		17,639

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

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

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
	Goldman Sachs Mutual Funds	Goldman Sachs Small Cap Value Fund Institutional		$ 13,891
	Eaton Vance	Eaton Vance Large Cap Value Fund A		342
	Columbia Funds	Columbia Small Cap Growth Fund I Class Z		252
	T. Rowe Price	T. Rowe Price Retirement 2050 Fund-Advisor Class		209
	T. Rowe Price	T. Rowe Price Retirement Income Fund-Advisor Class		194
	T. Rowe Price	T. Rowe Price Retirement 2010 Fund-Advisor Class		14
	Subtotal – Mutual Funds			24,253,272
	Common Collective Trust			
*	Bank of America	Stable Asset Fund for Employee Benefit Plans crediting rate of 2.96%		7,660
				$ 24,264,894

* A party-in-interest as defined by ERISA

** Information not available

Airtech International 401(k) Profit Sharing Plan

EIN # 95-2802248 Plan 002

Schedule H, Line 4j – Schedule of Reportable Transactions

For the Year Ended December 31, 2010

(a) Identity	(b) Description of Asset	(c) Aggregate Purchase Price	(d) Aggregate Sale Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Gain/ (Loss)
Single transactions in excess of 5% of net assets						
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	$ –	$ 2,910,320	$ *	$ 2,910,320	$ *
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	–	1,576,604	*	1,576,604	*
Templeton Global Bond Fund Advisor Class	Mutual Fund Shares	1,186,645	n/a	1,186,645	1,186,645	–
Delaware Limited-Term Diversified Income Class R	Mutual Fund Shares	1,483,237	n/a	1,483,237	1,483,237	–
Aggregate transactions involving securities of the same issue in excess of 5% of net assets						
Columbia U.S. Treasury Index Fund Class Z	Mutual Fund Shares	–	4,487,204	*	4,487,204	*
Columbia Large Cap Enhanced Core Fund Z	Mutual Fund Shares	–	1,152,841	*	1,152,841	*
Templeton Global Bond Fund Advisor Class	Mutual Fund Shares	1,849,504	n/a	1,849,504	1,849,504	–
Delaware Limited-Term Diversified Income Class R	Mutual Fund Shares	2,372,488	n/a	2,372,488	2,372,488	–

* Information not available.

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) ▶	
Airtech International, Inc 401(k) Profit Sharing Plan		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
Airtech International, Inc	95-2802248	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

HARTFORD RETIREMENT SERVICES, LLC
26-1589907

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

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

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

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

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

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

BANK OF AMERICA, NA
94-1687665

(b) Service Code(s) 15 19 25 28 37 50 52 59 60 62 63 64

(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?
None		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation: