Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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
LAU (INDIANAPOLIS) HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 01/07/1978

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

TOMKINS INDUSTRIES, INC.

1551 WEWATTA STREET
DENVER, CO 80202

2b Employer Identification Number (EIN) 31-0596713

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

2d Business code (see instructions) 339900

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.	10/03/2012	JOHN BARKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

1551 WEWATTA STREET
DENVER, CO 80202

3b Administrator's EIN
68-0592934

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	222
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**	0
b	Retired or separated participants receiving benefits	**6b**	99
c	Other retired or separated participants entitled to future benefits	**6c**	112
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	211
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	8
f	Total. Add lines **6d** and **6e**	**6f**	219
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 3H 1I

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)	X	**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)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan
LAU (INDIANAPOLIS) HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TOMKINS INDUSTRIES, INC.

D Employer Identification Number (EIN)
31-0596713

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2011			
2	Assets:			
a	Market value	**2a**		4242546
b	Actuarial value	**2b**		3952019
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	99	2523204
b	For terminated vested participants	**3b**	123	1612021
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
d	Total	**3d**	222	4135225
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	[ ]		
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.27 %
6	Target normal cost	**6**		33969

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/28/2012
Date

JOHN R. GRANGE
Type or print name of actuary

11-05450
Most recent enrollment number

TOWERS WATSON DELAWARE INC.
Firm name

303-298-7878
Telephone number (including area code)

950 17TH STREET, SUITE 1400
DENVER, CO 80202
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	767416	38143
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	767416	38143
10	Interest on line 9 using prior year's actual return of 21.17%	162462	8075
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		8
b	Interest on (a) using prior year's effective rate of 6.67% except as otherwise provided (see instructions)		1
c	Total available at beginning of current plan year to add to prefunding balance		9
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	332257	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	597621	46218

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.04 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2011	8038	0			
07/14/2011	8038	0			
10/13/2011	8038	0			
			Totals ► 18(b)	24114	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	23342

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.78%	6.31%	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22**

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)..... **31a** 33969

b Excess assets, if applicable, but not greater than 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	827045	136073
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)... **34** 170042

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	146700	0	146700

36 Additional cash requirement (line 34 minus line 35)..... **36** 23342

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 23342

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

SCHEDULE C (Form 5500)	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
LAU (INDIANAPOLIS) HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
TOMKINS INDUSTRIES, INC.

D Employer Identification Number (EIN)
31-0596713

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)

TOWERS WATSON

950 SEVENTEENTH STREET
DENVER, CO 80202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	24649	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANTON COLLINS MITCHELL LLP

303 EAST 17TH AVENUE
DENVER, CO 80203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12259	Yes [ ] No [X]	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
LAU (INDIANAPOLIS) HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

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

D Employer Identification Number (EIN)
31-0596713

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TOMKINS DEFINED BENFIT MASTER TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
36-7045730-001	M	4889393

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)

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
LAU (INDIANAPOLIS) HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
TOMKINS INDUSTRIES, INC.

D Employer Identification Number (EIN)
31-0596713

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)	6941	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1146	1146
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	4235906	4889393
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4243993	4890539
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	13633	19195
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	13633	19195
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4230360	4871344

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)	24114	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		24114
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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		908538
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		932652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	237591	
(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)		237591
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)	38930	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	7368	
(4) Other	2i(4)	7779	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		54077
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		291668
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		640984
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: ANTON COLLINS MITCHELL LLP **(2)** EIN: 01-0724563

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		423036
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			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **Amount:**

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
LAU (INDIANAPOLIS) HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
TOMKINS INDUSTRIES, INC.

D Employer Identification Number (EIN)
31-0596713

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 36-1561860

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** 0

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Lau (Indianapolis) Hourly Employees' Pension Plan

Financial Statements

As of and for the Years Ended December 31, 2011 and 2010

ACM
Anton Collins Mitchell LLP
Accountants & Consultants

An Independent Member Of
BDO SEIDMAN ALLIANCE

Lau (Indianapolis) Hourly Employees' Pension Plan

Financial Statements

As of and for the Years Ended December 31, 2011 and 2010

Lau (Indianapolis) Hourly Employees' Pension Plan

Contents

Independent Auditors' Report 1

Financial Statements:

Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010 2

Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2011 and 2010 3

Notes to Financial Statements 4

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

ACM
Anton Collins Mitchell LLP
Accountants & Consultants

Independent Auditors' Report

To the Plan Administrator of
Lau (Indianapolis) Hourly Employees' Pension Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Lau (Indianapolis) Hourly Employees' Pension Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2011 and 2010, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, 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.

Anton Collins Mitchell LLP

Denver, Colorado
September 14, 2012

Financial Statements

Lau (Indianapolis) Hourly Employees' Pension Plan

Statements of Net Assets Available for Benefits

December 31,	**2011**	2010
Assets:		
Investment in Tomkins US Master Trust	**$ 4,889,393**	$ 4,235,906
Employer contribution receivable	**-**	6,941
Due from other plans	**1,146**	1,146
Total assets	**4,890,539**	4,243,993
Liabilities:		
Accrued administrative expenses	**(19,195)**	(13,633)
Total liabilities	**(19,195)**	(13,633)
Net assets available for benefits	**$ 4,871,344**	$ 4,230,360

See accompanying independent auditors' report and notes to financial statements.

Lau (Indianapolis) Hourly Employees' Pension Plan

Statements of Changes in Net Assets Available For Benefits

Years Ended December 31,	**2011**	2010
Additions to (deductions from) net assets attributed to:		
Plan's interest in net investment income of the Tomkins US Master Trust	**$ 908,538**	$ 770,613
Employer contributions	**24,114**	33,141
Benefits paid to participants	**(237,591)**	(230,577)
Administrative expenses and investment management fees	**(54,077)**	(38,502)
Net increase	**640,984**	534,675
Net assets available for benefits:		
Beginning of year	**4,230,360**	3,695,685
End of year	**$ 4,871,344**	$ 4,230,360

See accompanying independent auditors' report and notes to financial statements.

Lau (Indianapolis) Hourly Employees' Pension Plan

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN

The following description of the Lau (Indianapolis) Hourly Employees' Pension Plan (the "Plan") is provided for general information purposes only. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all hourly employees who are members of the collective bargaining unit at the Indianapolis, Indiana plant of Lau Industries, a wholly owned subsidiary of Tomkins Industries, Inc. (the "Company" or "Tomkins"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was frozen effective July 1, 2002 upon the closure of the Indianapolis, Indiana plant. All accrued benefits became vested as of July 1, 2002, and there are no future benefit accruals for service.

On September 24, 2010, Tomkins Acquisitions Limited (formerly Pinafore Acquisitions Limited), acquired the entire issued ordinary share capital of Tomkins plc, the parent company of the Company. Tomkins plc was re-registered as a private company and its name was changed to Tomkins Limited.

Trustee and Administration of the Plan

A single trust agreement, The Tomkins US Master Trust for Defined Benefit Plans ("Master Trust") Agreement, governs the assets of the plans from Tomkins and their affiliates (collectively, the "Participating Plans").

The Tomkins North American Retirement Board (the "Plan Administrator") administers the Plan. The Plan Administrator has full power, authority and responsibility to control and manage the operations and administration of the Plan. The Northern Trust Company ("Northern Trust" or "Trustee") was appointed by the Plan Administrator as trustee for certain qualified defined benefit pension plans for Tomkins.

Eligibility

Each employee, as described above, was eligible to enter the Plan upon meeting the eligibility requirements of 1 full year of service with at least 1,000 hours in a plan year, and at least 12 months have passed since their first hour of service.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Full vesting occurred when a participant had five years of credited service, attained age 65, retired as a result of disability, or died. All participants terminated after July 1, 2002, are 100% vested.

Pension Benefits

After five years of continuous service, participants are entitled to monthly payments for life beginning at the normal retirement age of 65. After attaining age 55 and 20 years of service, participants may also elect early retirement. Participants may elect to receive their benefit in the form of a 5-year or a 10-year certain benefit, or one of four joint-and-survivor annuity options.

Monthly life annuity benefits under the Plan are based on an employee's years of credit service multiplied by an amount stipulated in the collective bargaining agreement as follows:

Date of Retirement or Termination	Benefit Rate
Certain other rates applied prior to September 27, 1998	
September 27, 1998 – September 25, 1999	$ 12.75
September 26, 1999 – September 30, 2000	13.00
October 1, 2000 – September 29, 2001	13.25
September 30, 2001 – September 29, 2002	15.00
September 30, 2002 – Forward	16.00

Internal Revenue Service ("IRS") regulations allow qualified plans to distribute to previously terminated participants, without their consent, the present value of any accrued benefit up to $1,000. With a participant's consent, the present value of any accrued benefit of up to $5,000 can be distributed.

Death and Disability Benefits

In the event of a participant's death after five years of continuous service, beneficiaries of the participant will receive the survivor portion of the joint-and-survivor benefit. This would provide the beneficiary with a percentage of the participant's earned monthly benefit depending on the option selected.

Participants who have attained 15 or more years of service are eligible for retirement benefits if they become permanently disabled while they are employed.

1. DESCRIPTION OF THE PLAN (CONTINUED)

Tax Status

The IRS has determined and informed the Company by a letter dated May 18, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since the receipt of this letter; however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America ("GAAP") requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the accompanying financial statements and notes to financial statements. The most significant of these estimates relates to the determination of the accumulated plan benefits and the funded status of the Plan. Actual results could differ from those estimates and such differences could be material.

In addition, the Master Trust includes certain investments whose fair values have been estimated by the Trustee and Plan management in absence of readily determinable values. The information used to value these assets was the most current at the time of the valuation, and differences from the estimated value will be reported in future periods. See Note 6, *Interest in Tomkins US Master Trust* and Note 7, *Fair Value Measurements and Disclosures*, for further disclosure regarding investment valuation and fair value measurements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation

The investment in the Master Trust in the accompanying financial statements represents the Plan's share of the Master Trust's net assets, which are valued at fair value, as further described in Note 7, *Fair Value Measurements and Disclosures*. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. As further described in Note 6, *Interest in Tomkins US Master Trust*, the Plan's share of the income (loss), net appreciation (depreciation) in fair value of investments and expenses of the Master Trust represents the Plan's allocation of these items from the Master Trust.

Concentration of Investments and Risks and Uncertainties

The Plan provides for various investments through the Master Trust. Investment securities, in general, are subject to various risks, such as interest rate, credit and overall market volatility risk. Additionally, the value, liquidity and related income of the investment securities are sensitive to changes in the economic conditions, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Certain investments (such as the insurance company pooled separate accounts and some common/collective trusts) may be less liquid and include restrictions on their sale. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of such investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the funded status of the Plan.

As of December 31, 2011 and 2010, approximately 59% and 66%, respectively of the Master Trust net assets were invested in the NTGI Collective Daily Russell 3000 Fund – Non-Lending ("Russell 3000"). Fluctuations in the market value of the Russell 3000 would affect the Master Trust net assets. See Note 7, *Fair Value Measurements and Disclosures*, for a brief description of the underlying assets of the Russell 3000.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The Pension Protection Act of 2006, as amended by the Worker, Retiree and Employer Recovery Act of 2008, imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. Collectively bargained plans have a delayed effective date for application of the benefit restriction rules, which is generally the earlier of (i) the end of an agreement ratified before January 1, 2008 and (ii) January 1, 2010. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The 2011 AFTAP for the Plan is 80%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Administrative Expenses and Investment Management Fees

The Plan's operating, investment and administrative expenses are generally paid as provided for in the Plan document. Expenses for trustee fees and investment management fees are generally allocated; however, other fees such as actuarial, auditing and legal fees are specifically identified and charged to the Participating Plans. Other administrative functions are performed by employees of the Company or its subsidiaries at no cost to the Plan. All other costs not paid by the Plan are paid by the Company.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan Administrator has evaluated subsequent events through September 14, 2012, which is the date the financial statements were available to be issued. No events or transactions discovered during this evaluation require recognition or disclosure in the financial statements, other than the events disclosed in Note 10, *Subsequent Events*.

3. FUNDING POLICY

The Company's policy is to make contributions to meet the minimum funding requirements under IRC 412. The Company elected to use certain funding balances to offset the minimum required contributions as allowable under the IRC and ERISA for the 2011 plan year. The contributions for 2011 and 2010, as detailed in the actuary's valuation reports, met the minimum funding requirements of ERISA and the IRC.

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to employees or their beneficiaries upon retirement, death, disability, or termination. Benefits payable under all circumstances noted above are included in the computation of the actuarial present value of accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the freeze date or valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of benefit payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of any Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The significant actuarial assumptions used in the actuarial valuation as of December 31, 2010 are as follows:

Mortality	UP94 Mortality Table for males and females projected eight years
Discount rate	7.75% per annum, compounded annually
Form of payment	Straight-life annuity
Retirement age	Age 65 with 5 years of service, or attained age if later, or Age 55 with 20 years of service

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

4. ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated plan benefits as determined by the actuary as of December 31, 2010 is as follows:

Vested benefits:	
Participants currently receiving benefits	**$ 2,158,035**
Other participants	**1,289,902**
Actuarial present value of accumulated plan benefits	**$ 3,447,937**

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2010, are as follows:

Actuarial present value of accumulated plan benefits – January 1, 2010	**$ 3,506,633**
Increase (decrease) during the year attributed to:	
Actual benefits paid	**(230,577)**
Decrease in the discount period	**262,829**
Actuarial gain	**(90,948)**
Net decrease	**(58,696)**
Actuarial present value of accumulated plan benefits – December 31, 2010	**$ 3,447,937**

5. INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election and as requested by the Plan Administrator, the following information has been certified by the Trustee and was not subjected to any auditing procedures performed by the Plan's independent auditors, except for comparing such information to the related investment information included in the financial statements:

- Investment in Tomkins US Master Trust as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010
- Plan's interest in net investment income of the Tomkins US Master Trust as shown in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2011 and 2010
- Investment information included in Notes 6 and 7

6. INTEREST IN TOMKINS US MASTER TRUST (UNAUDITED)

The Plan Administrator implemented the Tomkins Master Trust Statement of Investment Policy (the "Investment Policy"), a single investment policy that applies to all Participating Plans. Investments are managed under agreements by which the investment managers have been given the authority to make individual investment decisions within the guidelines stated in the Investment Policy. Therefore, the Plan's portion of the net income (loss), net appreciation (depreciation) in fair value of investments and expenses of the Master Trust are determined on a pro-rata basis and measured monthly. Use of the Master Trust permits the commingling of the trust assets of a number of plans administered by the Retirement Board for investment and administrative purposes. At December 31, 2011 and 2010, the Plan's interest in net assets of the Master Trust was approximately 0.82% and 0.83%, respectively. Such interests are included in the accompanying Statements of Net Assets Available for Benefits. In compliance with the Department of Labor's reporting requirements, the net change in value from participation in the Master Trust is reported as a single line item in the accompanying Statements of Changes in Net Assets Available for Benefits.

The investments of the Master Trust at December 31, 2011 and 2010 are summarized as follows:

	2011	2010
Investments – at fair value as further described below and Note 7:		
U.S. Government securities	**$ 221,564,642**	$ 157,967,165
Insurance company pooled separate accounts	**10,175,351**	10,137,144
Common/collective trusts	**354,373,218**	340,259,611
Insurance company general accounts	**2,467,194**	2,534,589
Interest rate swap contracts – unrealized gain	**4,587,405**	2,883,686
Interest rate swap contracts – unrealized loss	**(1,147,863)**	(4,477,807)
Total investments	**592,019,947**	509,304,388
Receivables:		
Pending trade sales	**1,968,079**	2,263,601
Accrued interest receivable	**1,217,313**	1,266,947
Total receivables	**3,185,392**	3,530,548
Liabilities:		
Pending trade purchases	**(2,298,742)**	(2,876,807)
Other liabilities	**(57,106)**	(14,901)
Total liabilities	**(2,355,848)**	(2,891,708)
Total net assets of the Master Trust	**$ 592,849,491**	$ 509,943,228

6. INTEREST IN TOMKINS US MASTER TRUST (UNAUDITED) (CONTINUED)

Master Trust income and net appreciation in fair value of investments allocated to the Participating Plans for the years ended December 31, 2011 and 2010 are as follows:

	2011	2010
Net appreciation in fair value of investments:		
U.S. Government securities	**$ 61,411,854**	$ 9,940,125
Insurance company pooled separate accounts	**421,607**	528,663
Common/collective trusts	**6,799,067**	49,308,972
Insurance company general accounts	**-**	1,198
Other	**13,364**	56,093
Interest rate swap contracts	**33,950,258**	26,492,888
Interest income	**5,553,471**	5,315,986
Net investment income of Master Trust	**$ 108,149,621**	$ 91,643,925

Certain investments exceeded 5% of net Master Trust assets as of December 31, 2011 and 2010 as follows:

	2011	2010
NTGI Collective Daily Russell 3000 Fund – Non-Lending	**$ 351,646,791**	$ 335,597,724

Master Trust Valuation of Investments and Income Recognition

All Master Trust investments are recorded at fair value as further described in Note 7, *Fair Value Measurements and Disclosures*, and include U.S. Government securities, insurance company pooled separate accounts, common/collective trusts, insurance company general accounts, and interest rate swap contracts. Net appreciation (depreciation) consists of both realized and unrealized gains and losses. Dividends are recorded on the ex-dividend date and interest income is accrued as earned. All security transactions are recorded on the trade date.

Derivative Financial Instruments, Interest Rate Swaps and Other

The Master Trust's fixed income manager uses derivative financial instruments in the normal course of its investing activities to hedge against adverse changes in interest rates and to achieve overall investment portfolio objectives. These financial instruments include fixed income interest rate swaps. Swap agreements involve the exchange by the Master Trust with a counter-party of their respective commitments to pay or receive interest (e.g., an exchange of fixed rate payments for floating rate payments) with respect to a notional amount of principal. The Master Trust carries the fair value of the swap as an asset or liability in the Master Trust's net assets. Market risk of loss is limited to the

6. INTEREST IN TOMKINS US MASTER TRUST (UNAUDITED) (CONTINUED)

changes in fair value from December 31 of each year presented, through the applicable expiration date. The investment objective is to manage interest rate risk by matching, as closely as possible, the duration of the assets and liabilities. Swap agreements involve elements of credit, market risk or risk if the counter-party is unable to meet the terms of the contracts. Due to the nature of the Master Trust's investments, the Company does not believe credit risk is significant.

The following table provides a quantitative summary of derivative activity as of and for the years ended December 31, 2011 and 2010:

Derivative Instruments	Plan Year	Notional/ Contractual Amount[(a)]	Assets[(b)]	Liabilities[(b)]
Interest rate swaps	2011	$ 429,050,000	$ 4,587,405	$ (1,147,863)
Interest rate swaps	2010	$ 282,200,000	$ 2,883,686	$ (4,477,807)

(a) Notional amounts do not quantify risk or represent assets or liabilities of the Master Trust or Plan, but are used in the calculation of cash settlements under the contract.

(b) Reported in investments at fair value held in the Master Trust as included in the investment in the Tomkins US Master Trust on the Statements of Net Assets Available for Benefits.

The Effect of Derivative Instruments[(c)]	For the Years Ended December 31,	
	2011	2010
Interest rate swaps	**$ 33,950,258**	$ 26,492,888

(c) Reported in net appreciation in fair value of Master Trust investments, which is included in the Plan's interest in net investment income of the Tomkins US Master Trust on the Statements of Changes in Net Assets Available for Benefits.

In addition, as a result of the Master Trust's participation in insurance company pooled separate accounts, those accounts may be invested from time to time in derivative financial instruments as defined and allowed by the bylaws of each of the respective accounts. Financial exposure to the Master Trust is limited to its proportional interest in these accounts.

The Master Trust has investments in insurance company pooled separate accounts and insurance company general accounts pursuant to certain guaranteed annuity contracts with various insurance companies. These contracts contain certain minimum balance requirements and certain restrictions on termination of the contracts. The minimum balance requirements were met as of December 31, 2011 and 2010. The Company does not intend to terminate these contracts at this time.

7. FAIR VALUE MEASUREMENTS AND DISCLOSURES

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs are the highest priority and consist of unadjusted quoted prices in active markets the Plan has the ability to access for identical assets and liabilities. Level 2 inputs are inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly (quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant value drivers are observable). Level 3 inputs are the lowest priority and are unobservable and significant to the fair value measurement of an asset or liability.

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

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

U.S. Government Securities: U.S. Government securities are stated at fair value based on multiple pricing services, based on a bid evaluation process using observable, market-based inputs effective the last day of the plan year or last reported sale or bid date if no sale took place on the last business day of the year and are classified as Level 1 investments.

Insurance Company Pooled Separate Accounts (PSAs): PSAs are valued at the net asset value as determined by the PSA's designated accountants. Agreements with the insurance company can include provisions containing certain minimum balance requirements. Net asset value is calculated based on the fair value of the underlying investments, which are generally traded in an active market; however, there is a lack of transparency in pricing. These investments are classified as Level 3 investments.

Common/Collective Trusts (CCTs): The investments include an equity index fund and a short-term investment fund.

The equity index fund's primary objective is to approximate the risk and return characterized by the Russell 3000 Index. This index is commonly used to represent the broad U.S. equity market. The fund provides for daily redemptions at the reported unit value with one day advance notice requirement. CCTs are valued daily based on the fair values of the underlying investments in the CCT, which are generally traded in an active market and which represent the net asset value of the

7. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

units held by the Plan at year end. The Master Trust was permitted to redeem investment units at the net asset value as of the measurement date.

The units of the short-term investment fund are valued at the total value of the underlying investments less any liabilities divided by the outstanding units. The investment strategy is to maintain a $1 unit value. The fund transacted at the $1 unit value as of the measurement dates.

CCTs are classified as Level 2 investments.

Insurance Company General Accounts: These investments are valued at fair value based on the contractual agreement between the Plan and the insurance company and typically include consideration of contractual interest rates, current interest rates and duration of the contract. There can be restrictions on the sale of such investments based on the terms of the contract. These investments are classified as Level 3 investments.

Interest Rate Swap Contracts: The interest rate swap contracts are valued at fair value as determined by Northern Trust based on various comparative pricing services and the fair value represents the amount the Master Trust would receive or pay to terminate the agreement as of the measurement date. These investments are classified as Level 2 investments.

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

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investments measured on a recurring basis:

As of December 31, 2011	Level 1	Level 2	Level 3	Total
U.S. Government securities [1]	**$ 221,564,642**	**$ -**	**$ -**	**$ 221,564,642**
Insurance company pooled separate accounts [2]	**-**	**-**	**10,175,351**	**10,175,351**
Common/collective trusts [3]	**-**	**354,373,218**	**-**	**354,373,218**
Insurance company general accounts	**-**	**-**	**2,467,194**	**2,467,194**
Interest rate swap contracts, net	**-**	**3,439,542**	**-**	**3,439,542**
Total investments of the Master Trust, at fair value	**$ 221,564,642**	**$ 357,812,760**	**$ 12,642,545**	**$ 592,019,947**

7. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

As of December 31, 2010	Level 1	Level 2	Level 3	Total
U.S. Government securities [(1)]	$ 157,967,165	$ -	$ -	$ 157,967,165
Insurance company pooled separate accounts [(2)]	-	-	10,137,144	10,137,144
Common/collective trusts [(3)]	-	340,259,611	-	340,259,611
Insurance company general accounts	-	-	2,534,589	2,534,589
Interest rate swap contracts, net	-	(1,594,121)	-	(1,594,121)
Total investments of the Master Trust, at fair value	$ 157,967,165	$ 338,665,490	$ 12,671,733	$ 509,304,388

(1) The following represents investments within a fixed income portfolio. The breakdown of investments included in the fixed income portfolio is as follows: As of December 31, 2011 – 86% of the portfolio was invested in U.S. Treasury Bonds, 13% of the portfolio was invested in debt of U.S. Agencies, and 1% of the portfolio was in cash or other assets. As of December 31, 2010 – 87% of the portfolio was invested in U.S. Treasury Bonds, 12% of the portfolio was invested in debt of U.S. Agencies, and 1% of the portfolio was in cash or other assets.

(2) Pooled separate accounts are comprised of an intermediate duration fund and indexed fund.

(3) The following represents investments in the Northern Trust Global Investments Russell 3000 Collective Daily Fund - Non-Lending. The breakdown of investments included in the fund is as follows: As of December 31, 2011 – 62% of the fund is invested in U.S. large cap companies, 28% of the fund is invested in U.S. mid-cap companies, and 10% of the fund is invested in U.S. small cap companies. As of December 31, 2010 – 73% of the fund is invested in U.S. large cap companies, 15% of the fund is invested in U.S. mid-cap companies, and 12% of the fund is invested in U.S. small cap companies.

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 investments for the year ended December 31, 2011:

	Insurance Company Pooled Separate Accounts	Insurance Company General Accounts
Fair value, beginning of year	**$ 10,137,144**	**$ 2,534,589**
Interest earned	**273,668**	**145,217**
Realized gains [(a)]	**207,343**	**2,615**
Unrealized gains, relating to investments still held as of the reporting date [(a)]	**214,264**	**-**
Purchases	**-**	**577,705**
Sales	**(657,068)**	**-**
Issuances	**-**	**-**
Settlements	**-**	**(792,932)**
Fair value, end of year	**$ 10,175,351**	**$ 2,467,194**

7. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

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

	Insurance Company Pooled Separate Accounts	Insurance Company General Accounts
Fair value, beginning of year	$ 9,990,822	$ 2,639,211
Interest earned	264,820	151,058
Realized gains [(a)]	43,540	-
Unrealized gains, relating to investments still held as of the reporting date [(a)]	485,124	-
Purchases [(b)]	-	612,357
Sales [(b)]	(647,162)	-
Issuances [(b)]	-	-
Settlements [(b)]	-	(868,037)
Fair value, end of year	$10,137,144	$ 2,534,589

[(a)] Included in net appreciation (depreciation) in fair value of investments of the Master Trust.

[(b)] Certain amounts in the prior year were broken out further to conform to the current year presentation.

The availability of observable market data is monitored to assess the appropriate classification of financial statements within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2011 and 2010, there were no transfers in or out of levels 1, 2, or 3.

8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right, under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the assets of the Plan will be allocated to Plan participants and beneficiaries in accordance with applicable provisions of ERISA and the Plan document. Should unfunded vested benefits exist, such benefits will be provided up to specified limitations as described in ERISA and by the Pension Benefit Guaranty Corporation (the "PBGC").

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under

8. PLAN TERMINATION (CONTINUED)

the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

Additional information regarding the priority of participants' claims to the assets of the Plan upon termination and benefits guaranteed by the PBGC is available from the Plan Administrator.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

A short-term investment fund and the NGTI Collective Daily Russell 3000 Fund – Non-Lending, which are included in the investments within the Master Trust, are managed by Northern Trust, the trustee. Certain expenses related to audit, custody, asset management and actuarial services are paid from Plan assets. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

10. SUBSEQUENT EVENTS

Effective January 1, 2012, the Plan Document was amended and restated to incorporate amendments to the Plan that have been adopted since the January 1, 2007 restatement and reflect any additional legal requirements contained in the 2010 Cumulative List of Changes in Plan Qualification Requirements, as issued by the Internal Revenue Service in Notice 2010-90.

The members of the Tomkins North America Retirement Board consented on September 6, 2012 to divide the Master Trust effective October 1, 2012 into two trusts determined by business line: the Gates Industrial & Automotive Defined Benefit Master Trust and the Tomkins Building Products Defined Benefit Master Trust. The division of the Master Trust assets will not adversely impact assets available to pay current and future benefits.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Plan Sponsor

Tomkins Industries, Inc.

EIN/PN

31-0596713/008

Interest Rate Basis

3-Segment Rates

Applicable month: September

Transition election: No

Interest Rates

First segment rate: 3.78%

Second segment rate: 6.31%

Third segment rate: 6.57%

Current plan year PPA effective interest rate: 6.27%

Prior plan year PPA effective interest rate: 6.67%

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Plan-related Expenses

The amount included this year for plan-related expenses is $33,969.

Mortality

For all participants the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using the blended static table option for smaller plans.

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Benefit Commencement Date

Age 65 for all vested terminated participants.

Form of Payment

Participants are assumed to elect the normal form, which is a straight-life annuity.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of eligible male participants and 50% of eligible female participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Employees

It was assumed there will be no new or rehired employees.

Asset Method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.82%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.75%, and the applicable limitation for the plan year, equal to 6.82%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.69%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.75%, and the applicable limitation for the plan year, equal to 6.69%. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Participant Data

Participant data were supplied by the client as of the valuation date.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2011 is used to determine the maximum deductible contribution for the tax year ending December 31, 2011.

Benefits not Included in Valuation

We believe that we have reflected all significant Plan provisions in this valuation.

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Nature of Actuarial Calculations

The results shown in this report have been developed based on actuarial assumptions that, to the extent evaluated or selected by Towers Watson, we consider reasonable and within the "best-estimate range" as described by the Actuarial Standards of Practice. Other actuarial assumptions could also be considered to be reasonable and within the best-estimate range. Thus, reasonable results differing from those presented in this report could have been developed by selecting different points within the best-estimate ranges for various assumptions.

The results shown in this report are estimates based on data that may be imperfect and on assumptions about future events that cannot be predicted with any certainty. The effects of certain plan provisions may be approximated, or determined to be insignificant and therefore not valued. Reasonable efforts were made in preparing this valuation to confirm that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and are not excluded or included inappropriately. The numbers shown in this report are not rounded, but this is for convenience only and should not imply precision, which is not a characteristic of actuarial calculations.

If overall future plan experience produces higher benefit payments or lower investment returns than assumed, the relative level of plan costs or contribution requirements reported in this valuation will likely increase in future valuations (and vice versa). Future actuarial measurements may differ significantly from the current measurements presented in this report due to many factors, including: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Changes in Assumptions and Methods Since Last Actuarial Valuation

Other than the prescribed changes in the discount rate and mortality, no other changes in assumptions were made as part of this valuation used in determining the minimum required and maximum allowable contributions.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan: Lau (Indianapolis) Hourly Employees Pension

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Tomkins Industries, Inc.

D Employer Identification Number (EIN): 31-0596713

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2011

2	Assets:			
	a Market value		**2a**	4,242,546
	b Actuarial value		**2b**	3,952,019
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	99	2,523,204
	b For terminated vested participants	**3b**	123	1,612,021
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
	d Total	**3d**	222	4,135,225
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.27 %
6	Target normal cost		**6**	33,969

Statement by Enrolled Actuary

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

SIGN HERE JRG John R. Grange — Signature of actuary

08-28-2012 — Date

John Grange — Type or print name of actuary

11-05450 — Most recent enrollment number

Towers Watson Delaware Inc. — Firm name

(303) 298-7878 — Telephone number (including area code)

950 17th Street, Suite 1400

Denver CO 80202 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	767,416	38,143
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	767,416	38,143
10	Interest on line 9 using prior year's actual return of 21.17 %	162,462	8,075
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		8
	b Interest on (a) using prior year's effective rate of 6.67 % except as otherwise provided (see instructions)		1
	c Total available at beginning of current plan year to add to prefunding balance		9
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	332,257	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	597,621	46,218

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.04 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2011	8,038	0			
07/14/2011	8,038	0			
10/13/2011	8,038	0			
			Totals • 18(b)	24,114	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	23,342

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
	3.78 %	6.31 %	6.57 %	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	33,969
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	827,045	136,073
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	170,042

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	146,700	0	146,700

36 Additional cash requirement (line 34 minus line 35)	**36**	23,342
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	23,342
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Tomkins Industries, Inc.
EIN/PN	31-0596713/008
Plan Name	Lau (Indianapolis) Hourly Employees Pension Plan
Valuation Date	January 1, 2011
Enrolled Actuary	John Grange
Enrollment Number	11-05450

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

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Summary of Principal Plan Provisions

Plan Sponsor

Tomkins Industries, Inc.

EIN/PN

31-0596713/008

Latest Effective Date

April 1, 1997.

Participation

Any hourly rated employee in the Ruskin Company Lau Division Indianapolis, Indiana location enters the plan after completion of one full year of Continuous Service.

Retirement Dates

a. Normal: Attainment of age 65 or, if later, the fifth anniversary of the first day of the plan year in which the participant began participation in the plan.

b. Early: Attainment of age 55 and completion of 20 years of Continuous Service.

c. Late: The first day of any month subsequent to the Normal Retirement Date.

Credited Service (Benefit Accrual)

Generally, one year of Credited Service is granted for each year in which a participant completes at least 1,000 Hours of Service. Due to the short plan year in 2004, one year of Credited Service was granted if the participant completed at least 750 Hours of Service.

Continuous Service (Eligibility and Vesting)

Generally, one year of Continuous Service is granted for each year in which a participant completes at least 1,000 Hours of Service. Due to the short plan year in 2004, one year of Continuous Service was granted if the participant completed at least 750 Hours of Service.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Summary of Principal Plan Provisions

Retirement Income

Normal: A monthly pension determined by multiplying the participant's Credited Service by the appropriate benefit rate as follows:

All amounts shown in US Dollars

Date of Retirement or Termination	Benefit Rate
09/21/84 - 09/29/85	7.25
09/30/85 - 09/28/86	8.00
09/29/86 - 09/26/87	8.50
09/27/87 - 09/25/88	8.75
09/26/88 - 09/24/89	9.25
09/25/89 - 09/23/90	9.75
09/24/90 - 09/29/91	10.25
09/30/91 - 07/11/94	10.75
07/12/94 - 10/01/96	11.50
10/02/96 - 10/02/97	12.25
10/03/97 - 09/26/98	12.50
09/27/98 - 09/25/99	12.75
09/26/99 - 09/30/00	13.00
10/01/00 - 09/29/01	13.25
09/30/01 - 09/29/02	15.00
09/30/02 forward	16.00

Early: The accrued normal retirement benefit based on Credited Service as of the Early Retirement Date, reduced 1/180 for each of the first 60 full months and by 1/360 for each additional full month by which the Early Retirement Date precedes the Normal Retirement Date.

Late: A monthly pension equal to the greater of:

a. A monthly pension determined as of the Normal Retirement Date, actuarially increased to the Late Retirement Date.

b. A monthly pension commencing on the participant's actual retirement date determined as of the Late Retirement Date.

Schedule SB, Part V – Summary of Principal Plan Provisions

Vesting

Eligibility: A participant is 100% vested when he has completed at least 5 years of Continuous Service. Any participant terminating after June 2002 is automatically 100% vested due to the plant shutdown.

Benefit: A monthly retirement income commencing at his Normal Retirement Date equal to his accrued retirement income. For participants with at least 20 years of Continuous Service, the benefit may begin as early as age 55 reduced as in the Early Retirement Income described above.

Disability

Eligibility: Total and permanent disability as determined by the Committee after the completion of 15 years of Continuous Service.

Benefit: The accrued normal retirement benefit based on Credited Service as of date of disability, payable during continuance of disability until Normal Retirement Date.

Normal Form of Payment

A monthly pension payable for life with all payments ceasing on the participant's death.

Pre-Retirement Spouse's Benefit

Eligibility: Death after becoming vested provided the employee has been married to his current spouse for at least one year.

Benefit: The surviving spouse will receive the benefit she would have received if the employee had retired on the day before his death or, if later, at the earliest possible retirement age based on his years of Credited Service at death, and had elected a 50% Joint and Survivor option.

Form of Payment

An employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50% Joint and Survivor basis or any other available actuarially equivalent optional form. Unless otherwise elected, any benefit payable under the Plan shall be paid:

a. on a 50% Joint and Survivor basis if the employee has been married to his current spouse for one year; or

b. on a straight-life basis otherwise.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Summary of Principal Plan Provisions

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2011

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2011	827,045	7	827,045	136,073
Total					827,045	136,073