Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the motified	tions to the Form 550	, 0-01 .		
	art I		Identification Information					
Fo	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012	
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths))	
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım
			special extension (enter descr	ription)				
P	art II	Basic Plan Info	rmation—enter all requested info	ormation				
1a	Name of	of plan				1b	Three-digit	
ARL	AN DAM	PER CORPORATION	DEFINED BENEFIT PLAN				plan number	000
						4.0	(PN) •	003
						10	Effective date o	•
		oonsor's name and add	dress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-19	fication Number
						2c	Sponsor's telep	hone number
1598	B LAKEL	AND AVENUE					631-589	
BOF	IEMIA, N	IY 11716				2d	Business code (see instructions)
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
								•
4			e plan sponsor has changed since t	the last return/report filed fo	r this plan, enter the	4b	EIN	
а		or's name	nber from the last return/report.			4c	PN	
			at the beginning of the plan year			5a		5
b	Total n	number of participants	at the end of the plan year			5b		1
С			account balances as of the end of t		•			
60	•	•				5c		X Yes No
oa b			during the plan year invested in el the annual examination and report					N 163 NO
-			? (See instructions on waiver eligibi					X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.	
Ca	ution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed u	unless reasonable cau	use is	established.	
			ner penalties set forth in the instruc					able, a Schedule
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and
SIC		Filed with authorized/	valid electronic signature.	09/18/2013	ALBERT SAPIO			
HE	RE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	gning as plan adn	ninistrator
SIC	N							
HE	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	lual sic	ning as employe	r or plan sponsor
Pre	parer's i		ame, if applicable) and address; in			1		number (optional)
		-					-	

Form 5500-SF 2012 Page **2**

Da	rt III Financial Information										
_ <u>Pa</u>	•		(a) De alamia a c (Va				(h) F., d	- ()/-			
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	Of Ye			
<u>a</u>	Total plan liabilities	7a	41497						13485 0		
<u>b</u>	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	41497	0	+						
		70							13485)	
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)	1348	85							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	866	60							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22145		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	42363	34							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	23634		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4	01489)	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	rt IV Plan Characteristics	•									
9a	If the plan provides pension benefits, enter the applicable pension 1A 1G 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tions			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in tl	ne instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
С				10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part				1 .0. 1							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	No
11:	Enter the amount from Schedule SB line 39					11a				ш_	0
12	Is this a defined contribution plan subject to the minimum funding			or co.			EDIGVO	П	Yes	Y	No
14		-		or 860	Juon 3	JUZ UI	LNISA!	ЦЦ	103	^	. 10
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	nter th	e date of t	he let Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		ı e a			
	Enter the minimum required contribution for this plan year	•			T	12b					

	Form 5500-SF 2012	Page 3 - 1					
С	Enter the amount contributed by the employer to the plan for this plan year.		12	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- ·	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Ye	es No)	
If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
13c(1) Name of plan(s):					N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14b	Tru	ıst's EIN		

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-SE

OMB No. 1210-0110

2012

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						<u> </u>	ile as an attach	men	t to Form	5500 or	5500	-SF.							
Fo	r calendar	plar	year 201	2 or	fiscal plan y	ear beginning	01/01/2012	2				and en	ding	12/31/	2012	2			
					rest dollar.														
_			enalty of \$	1,00	0 will be ass	sessed for late	filing of this repo	ort un	less reaso	nable ca	ause i	s establis	hed.				1		
A AR	Name of p	lan PEF	CORPOR	RATI	ON DEFINE	ED BENEFIT F	PLAN				В	Three-c	•	r (PN))	•		003	
	Plan spon LAN DAM			shov	wn on line 2	a of Form 550	0 or 5500-SF				D	Employe		ntificatio	n Nu	mber ((EIN)		
											11	-1978578	5						
E	Type of pla	n:	X Single		Multiple-A	Multiple-B	F	F Pri	ior year pla	ın size:	100) or fewer		101-500		More t	than 500)	
Р	art I	3as	ic Infor	mat	ion														
1			luation da			Month 01	Day <u>01</u>		_ Year _	2012	_								
2	Assets:																		
	a Marke	et va	lue											2a					414974
	b Actua	rial	value											2b					414974
3	Funding	tar	get/particip	oant	count break	down:				(1) N	lumbe	er of parti	cipar	nts		(2)	Funding	g Target	t
	a For re	tire	d participa	nts a	and beneficia	aries receiving	payment		3a					0					0
	b For te	ermir	nated vest	ed p	articipants				3b					0					0
	C For a	ctive	participar	nts:				_											
	(1)	Ν	on-vested	ben	efits				3c(1)										0
	(2)	V	ested bene	efits.					3c(2)										490501
	(3)	Т	otal active						3c(3)					5					490501
	d Total								3d					5					490501
4	If the pl	an is	in at-risk	statu	ıs, check the	e box and com	plete lines (a) an	nd (b))		.П								
							umptions				_			4a					
							disregarding trans ars and disregard							4b					
5						,	ars and disregard							5					5.06 %
6														6					0.00 70
			rolled Act																0
	To the best of accordance	f my l	knowledge, th	e info and re	, rmation supplied egulations. In my		nd accompanying sche er assumption is reaso plan.												
	SIGN															27/04/6	2040		
Г	IERE				0:	tuma atti-	_				_					07/01/2	2013		
D0	MENICO	DIA	LICE		Signa	ture of actuary	/									Date			
טט	MENIC P.	DΑ	LISE								_					11-022			
001			00110111		• • • • •	int name of ac	tuary							Most rec				nber	
SCI	HWEIIZE	₹&	COMPAN	Y, LI							_						<u>69-2200</u>		
160) HOWELI	SR	OAD		F	irm name							Tele	phone nu	ımbe	er (inclu	uding ar	ea code))
SU	ITE 4																		
ВA	Y SHORE	, IN Y	11/06																
					Add	ress of the firm	1				_								
If the	e actuary l	าลรา	not fully ref	flect	ed any regul	ation or ruling	promulgated und	der th	ne statute	in comple	etina t	this scher	dule	check th	e ho	x and	see		П
	uctions	ias I	iot fully lel	11000	Ja arry regul	addit of fulling	promuigated dist	aci il	io sidiuie	compi	curig	301160	auic,	OHOOK III	00	, and	500		

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Balar	nces	s						
								(a) (Carryover balance)	(b)	Prefundir	g balance
		Ū			cable adjustments (line 13					0			0
8				•	unding requirement (line 3					0			0
9	Amoun	t remainii	ng (line 7 minus li	ne 8)						0			0
10	Interest	on line 9	using prior year's	s actual ret	urn of%								
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:								
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)								1723
					nterest rate of5.76								99
	C Total	available	at beginning of cui	rent plan ye	ear to add to prefunding bal	ance							1822
	d Porti	on of (c)	to be added to pre	efunding ba	lance								304
12	Other re	eductions	s in balances due	to elections	s or deemed elections					0			304
13	Balance	at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 1	2)				0			0
Pa	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age								14	84.60 %
15	Adjuste	d funding	g target attainmen	t percentag	je							15	84.60 %
16					of determining whether ca							16	72.49 %
17	If the cu	ırrent val	ue of the assets o	f the plan is	s less than 70 percent of t	he fu	unding targe	et, enter s	such percentage			17	%
Pá	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and er	nploy	yees:						
(M	(a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount p employer		(c) Amour emplo	nt paid by yees
06	/21/2013	3		13485	(0							
						Т	otals ▶	18(b)		13485	18(c)		(
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan wit	h a v	aluation da	te after th	ne beginning of th	e year:			
	a Cont	ributions	allocated toward	unpaid min	imum required contribution	ns fro	om prior yea	ars		19a			C
	b Conti	ributions	made to avoid res	trictions ac	ljusted to valuation date					19b			C
	C Conti	ributions a	allocated toward m	nimum requ	uired contribution for curren	t yea	r adjusted to	valuation	n date	19c			12531
20	Quarter	ly contrib	outions and liquidi	y shortfalls	:								
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?								Yes X No
	b If line	20a is "	Yes," were require	ed quarterly	installments for the curre	nt ye	ear made in	a timely	manner?	<u> </u>			Yes No
	C If line	20a is "	Yes," see instructi	ons and co	mplete the following table								
		(4) 4	. 4		Liquidity shortfall as of	end	of quarter of		<u> </u>			/A\ A41-	
		(1) 15	5l		(2) 2nd			(3)	3rd			(4) 4th	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost					
21		unt rate:								
	a Seg	gment rates:	1st segment: 2.06%	2nd segment: 5.25%	3rd segment 6.32 %		N/A, ful	l yield	curve	e used
	b App	licable month (enter code)		1	21b				0
22	Weigh	ted average ret	tirement age			. 22				66
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	tuarial assumptions for the current	•			. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment			Yes	X No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27		_		_
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Remai	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	tions):						
	a Targ	et normal cost	(line 6)			. 31a				0
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				0
32	Amorti	ization installme	ents:		Outstanding Bala	ance	In	stallm	ent	
	a Net	shortfall amortiz	zation installment			75527				12835
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	31b + 32a + 32b - 33)	. 34				12835
				Carryover balance	Prefunding bala	ince	Tot	al bala	ance	
35			use to offset funding	(304				304
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				12531
37	Contrib (line 1	butions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37				12531
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	l (excess, if any	y, of line 37 over line 36)			. 38a				0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpaid	d minimum requ	uired contributions for all years	S		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected					2 plus 7 year	s	15 <u>y</u>	years
	b Eligi	ble plan year(s) for which the election in line	41a was made		200	8 2009	2010		2011
42	Amoun	nt of acceleratio	n adjustment			42	<u> </u>			
				d over to future plan years		43				

Attachment to 2012 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Arlan Damper Corporation Defined Benefit Plan	EIN:	11-1978578
Plan Sponsor's Name Arlan Damper Corp.	PN:	003
The weighted average retirement age is equal to the normal retirement age of66		
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement.	_	nted average
1 Participant's NRA=72.		
4 Participants' NRA=65.		
Simple Avg. NRA = 66.		

Attachment to 2012 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameArlan Damper Corporation Defined Benefit PlanEIN: 11-1978578Plan Sponsor's NameArlan Damper Corp.PN: 003

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
SHORTFALL	168,189	12/31/2009	4	29,616
SHORTFALL	(16,915)	12/31/2010	5	(2,450)
SHORTFALL	(14,076)	12/31/2011	6	(4,129)
SHORTFALL	(61,671)	01/01/2012	7	(10,202)
	(01,011)	01/ 01/ 2012	,	(10,202)

v. 120126

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

2012

This Form is Open to Public Inspection

For	calendar plan year 2012 or fiscal plan year beginning 01/0	1/2012		and end	пg	12/	31/2012
•	Round off amounts to nearest dollar.						
•	Caution: A penalty of \$1,000 will be assessed for late filling of this report u	miess reaso	onable ca	use is establish	පර්.		
Ar	lame of plan			B Three-dig	git		
				plan num	ber (PN))	003
	Positive President Positive Plan						
	lan Damper Corporation Defined Benefit Plan			D Employer	Identificat	on Number	(EIN)
CF	len sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Linployer	14671811004	OI HAIIIDOI	(miles)
Ar	lan Damper Corp.			11-1976	576		
E	ype σ plan: X Single Multiple-A Multiple-B F F	rior year pla	m size: X	100 or fewer	101-50	0 More	than 500
	Basic Information			 			
1	Enter the valuation date: Month 1 Day 1	Year_	2012				
2	Assets:						
	a Market value	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2a		414,974
	b Actuerial value			(2b		414,974
3	Funding target/participant count breakdown:		(1) N	umber of partic	pents	(2)	Funding Target
	a For retired participants and beneficiaries receiving payment,	3a			0	PAR KANDARY (DAIL)	0
	b For terminated vested participants	3b			0		0
	c For active participants:			2000 See 2			
	(1) Non-vested benefits	3c(1)					0
	(2) Vested benefits	3c(2)					490,501
	(3) Total active	3c(3)			5		490,501
	d Total	3d			_ 5		490,501
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)				2012	
	a Funding target disregarding prescribed at-risk assumptions				4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than tive consecutive years and disregarding	on rule for p g loading fa	olans that ctor	have been in	4b		
5	Effective interest rate				5		5.06
6	Target normal cost		/ pp. 1 1 61 1 1 1 1 1 1 1	187 8 874 7 3. Fand 8 8 8 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	6		
	ement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations, in my opinion, each other assumption is reasonable combination, offer psychologisticate of aniscipated experience under the plan.	ies, statements fo (toking into c	and attachm ecount the e	nenis, if any, is comp experience of the place	ate and activities the same	ate. Each presc ble expoctations	ribed assumption was aposed in) and such when assumptions, in
	ERE Homenic F. D. alise					07/01/2	2013
	Signature of actuary					Date	
Dor	menic P. D'Alise			_		11-022	297
	Type or print name of actuary		· ·		Most re	acent enrolln	nent number
Scl	weitzer & Company, LLC				{ (531) 969	3-2200
16	Howells Road Firm name			T	elephone	number (incl	luding area code)
	.te 4						
Ba	/ Shore NY 117	מטי		=			
	Address of the firm						
astr	actuary has not fully reflected any regulation or ruling promulgated under uctions						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the	instructio	ns for Fo	rm 5500 or 550	U-SF.	Sched	ule SB (Form 5500) 2012

Pa	art II	Beginning of Yea	r Carryov	er Prefunding Baland	es							
						(a)	Carryover balance		(b)	Prefund	ling bal	ance
7 —	Balance year)	e at beginning of prior ye	ar after appli	cable adjustments (line 13 fr	om prior			0				C
8	Portion prior ye	elected for use to offset ear)	prior year's f	unding requirement (line 35	from			0				(
9								0				
_10	Interest	t on line 9 using prior yea	r's actual ret	urn of%								
11	Prior ye	ear's excess contributions	to be added	I to prefunding balance:								
	a Prese	ent value of excess contri	butions (line	38a from prior year)							000000000000000000000000000000000000000	1,723
	b Intere	est on (a) using prior yea	r's effective i	nterest rate of5.76_%	evcent							99
	C Total	available at beginning of c	urrent plan ye	ear to add to prefunding balan	ce					************		1,822
	d Portio	on of (c) to be added to p	refunding ba	lance								304
12	Other re	eductions in balances du	e to elections	or deemed elections				0	30			
13	Balance	e at beginning of current	year (line 9 +	line 10 + line 11d – line 12)				0				(
	art III	Funding Percen										
14	Funding	target attainment perce	ntage							14	8.4	.60 %
15	Adjuste	d funding target attainme	nt percentag	e						15		.60 %
	Prior ye	ar's funding percentage	for purposes	of determining whether carr	vover/nrefi	ındina hələ	nces may be used	to rodu	20	16		.49 %
17	If the cu	irrent value of the assets	of the plan is	s less than 70 percent of the	funding ta	rget, enter	such percentage			17	12	%
18	Contribu (a) Dat IM-DD-Y	te (b) Amount	or the plan ye	ear by employer(s) and emp (c) Amount paid by employees		Date	(b) Amount pa		(c) Amou		by
2/10-	5/21/2		13,485	0	(WIWI-DE	,-1111)	employer(s	2)	+	empi	loyees	
46					Totals ▶	18(b)	1	3,48	5 18(c)			0
19	Discoun	ted employer contribution	ns – see insti	ructions for small plan with a	valuation	date after t	he beginning of the	year:				
				mum required contributions				19a				0
	b Contri	ibutions made to avoid re	strictions adj	justed to valuation date				19b		202-100-100-400-		0
	C Contri	butions allocated toward r	ninimum requ	ired contribution for current ye	ear adjusted	l to valuation	n date	19c				12,531
20		y contributions and liquid ne plan have a "funding s		ne prior year?						Г	1 v	당보
	b If line	20a is "Yes " were requi	od quarterly	installments for the second						<u>_</u>	Yes	X No
	C If line	20a is "Ves " con instrue	tions and are	installments for the current applete the following table as	year made	ın a timely	manner?				Yes	No
	₩ II III IB	Localo 165, See IIISTRUC	uoris and cor	nplete the following table as Liquidity shortfall as of en			ID WOOT					
		(1) 1st		(2) 2nd	d or quarte	(3)	3rd	T		(4) 4th	,	
										17/ 411	<u>'</u>	

Pa	art V Assumptio	ns Used to Determine	Funding Target and Targ	et Normal Cost				_
21	Discount rate:							-
	a Segment rates:	1st segment: 2 . 0 6 %	2nd segment: 5.25 %	3rd segment 6.32 %		N/A, full yield	curve used	
	b Applicable month (enter code)			21b			C
22					22		6	6
23	Mortality table(s) (see			rescribed - separate	Substitu	te		-
Pa	rt VI Miscellane	ous Items						_
24	Has a change been mattachment	nade in the non-prescribed ac	ctuarial assumptions for the curren	t plan year? If "Yes," see	instructions	s regarding required	Yes 🛛 No	_
25	Has a method change	e been made for the current p	plan year? If "Yes," see instruction	s regarding required attac	chment		Yes X No	-
26			e Participants? If "Yes," see instru				Yes X No	_
27	If the plan is subject to	o alternative funding rules, er	nter applicable code and see instru	ctions regarding	27	L		_
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribution	ns For Prior Years				
28	Unpaid minimum requ	ired contributions for all prior	r years		28			0
29	(line 19a)		rd unpaid minimum required contril		29			0
30	Remaining amount of	unpaid minimum required co	ontributions (line 28 minus line 29)		30			0
Pa		Required Contribution						
31		nd excess assets (see instruc						
					31a			0
20			ı line 31a		31b			0
32	Amortization installme			Outstanding Bala	ance	Installme	ent	
					75,527		12,83	5
22					Q			0
	(Month I	Day Year			33			
34	Total funding requirem	nent before reflecting carryov	ver/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		12,83	5
			Carryover balance	Prefunding bala	nce	Total bala	nce	_
35	Balances elected for u requirement	use to offset funding	1	0	304		30	4
36	Additional cash require	ement (line 34 minus line 35))		36		12,53	1
	Contributions allocated	d toward minimum required o	contribution for current year adjuste	ed to valuation date	37		12,53	
38	Present value of exces	ss contributions for current ye	ear (see instructions)		110-78700-0			_
	a Total (excess, if any	, of line 37 over line 36)			38a			0
			prefunding and funding standard of		38b			0
39			rear (excess, if any, of line 36 over		39			0
40			s		40			0
*******			Pension Relief Act of 2010	(See Instructions)				-
41		e to use PRA 2010 funding r						
						2 plus 7 years	15 years	ma
	b Eligible plan year(s)	for which the election in line	41a was made				2011	-
			ed over to future plan years		42			

Attachment to 2012 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Arlan Damper Corporation Defined Benefit Plan	FIN:	11-1978578
Plan Sponsor's Name Arlan Damper Corp.	PN:	003
The weighted average retirement age is equal to the normal retirement age of66		
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement 1 Participant's NRA=72.	ne weig age.	hted average
4 Participants' NRA=65. Simple Avg. NRA = 66.		

Attachment to 2012 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameArlan Damper Corporation Defined Benefit PlanEIN: 11-1978578Plan Sponsor's NameArlan Damper Corp.PN: 003

Type of Base	Present Value of Any Remaining Installments	Volumbia - Dari	Years	Amortization
SHORTFALL	Installments	Valuation Date	Remaining	Installment
SHORTFALL	168,189	12/31/2009	4	29,616
SHORTFALL	(16,915)	12/31/2010	5	(2,450)
SHORTFALL	(14,076)	12/31/2011	6	(4,129)
SHORIFALL	(61,671)	01/01/2012	7	(10,202)

SCHEDULE SB (Form 5500)

Department of the Treasury

Single-Employer Defined Benefit Plan Actuarial Information

2012

OMB No. 1210-0110

100000000000000000000000000000000000000	This schedule is	required to be	filed under	section 10/	of the Employe	e		
Department of Labor Employee Benefits Security Administration	Retirement Incor	ne Security Act	of 1974 (EF	USA) and	section 6059 of t	he	This For	n is Open to Public
Pension Benefit Guznarty Corporation							nspection	
		as an attacha	nent to Fort	n 5500 or	5500-SF.	1		
For calendar plan year 2012 or fiscal plan	n year beginning	01/	01/2012		and endi	ng	12/	31/2012
Round off amounts to nearest dol								
Caution: A penalty of \$1,000 will be	assessed for late fill	ng of this repar	t unless rea	sonable ca	use is establishe	ತರೆ		
A Name of plan					B Three-dig	jit		Ì
					plan num	ber (PN)	>	003
Arlan Damper Corporation	Defined Re	nefit Pla	n					20 horses 2 house 199 15 18 18 18 18 18 18 18 18 18 18 18 18 18
C Pien sponsor's name as shown on lin	## Pro-1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/				D Employer	desta	tion Number	ACCUSATE STATE OF THE STATE OF
	011 0111 0000 0	4 0000-01			D Diployer	deninca	TON NUMBER	(EIN)
Arlan Damper Corp.					11-1978	578		
E Type of plan: 🔯 Single 🔲 Multiple-	A Mulliple-B	F	Prior year p	lan size: X	100 or fewer	101-5	00 More	than 500
Part Basic Information						100		
1 Enter the valuation date:	Month 1	Day 1	Year	2012	***************************************	M termen ul de te		
2 Assets:					T		0.000	GRANDA SOLUÇIYAN BARRAR EN
a Market value			(49):55-3847:1 29 15:17			. 2a	55000000000000000000000000000000000000	414,974
b Actuerial value		***************				2b		414,974
3 Funding target/participant count bre	1	V		(1) N	umber of particip	ents	(2)	Funding Target
a For retired participants and benef	iciaries receiving pa	yment,	3a	, , , , , ,		0		(
b For terminated vested participant	s		3b		4	Ö		
C For active participants:			· · · · · · · · · · · · · · · · · · ·	300000000000000000000000000000000000000				generalie i
(1) Non-vested benefits	***************************************		3c(1)					(
(2) Vested banefits	***************************************		3c(2)	ARCHIOLOGICAL CONTRACTOR				490,501
(3) Total active			3c(3)		3.00.00	5		490,501
d Total	*****		3d			5		490,501
If the plan is in at-risk status, check	the box and comple	te lines (a) and	(b)				98** 146-01-01-0-0000 1-0-0 0-1-1-1-0-1-0-0000 1-0-0000 NOT 166-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
a Funding target disregarding preso	ribed at-risk assum;	otions				4a	Contraction of the contract	place to produce the second se
b Funding target reflecting at-risk a at-risk status for fewer than five	saumptions, but disn	egarding transi	tion rule for a	dans that h	have been in	4.	——————————————————————————————————————	N TOP STATE BANDA'S DA SE TEMPORAL PROGRAMME BANDANIA IN THE SALES OF
5 Effective interest rate						5		5.06
Target normal cost						6		0.00
fatement by Enrolled Actuary To the best of my knowledge, the information supprescondence with applicable law end regulations, in combination, offer pry-best estimate of anticipated.	fied in this schedule and ac	companying schedu	una atatamanta	and attach ma			ate. Each prescris	
HERE JOMENIC	P. D. ales	e.		*			07/01/2	013
Sig	nature of actuary						Date	***************************************
omenic P. D'Alise							11-022	97
Type or	print name of actuar	y				Most re	cent enrollm	ent number
hweitzer & Company, LLC						(€	31) 969-	-2200
50 Howells Road	Firm name				Tele	ephone r	iumber (inclu	ding area code)
aite 4								
y Shore	dence of the f	NY 117	706					
Ac	dress of the firm	V-17174-1418-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
he actuary has not fully reflected any rag	ulation or ruling prot	nulgated under	the statute	in complet	ing this schedule	, check	tie box and s	es . []

P	art II Beginni	ng of Yea	r Carryove	er Prefunding E	Balan	ces					-		-
7							(a)	Carryover balance	e	(b)	Prefunc	ding balar	nce
7	Balance at beginnir year)	g of prior ye	ar after applic	able adjustments (li	ine 13	from prior				(-)		anig balai	100
8									0				
Ü	Portion elected for uprior year)	ise to offset	prior year's fu	nding requirement ((line 35	from							
9	Amount remaining (line 7 minus	line 8)						0				
10	Interest on line 9 us	ing prior yea	r's actual retu	rn of %					0				
11	Prior year's excess	contributions	s to be added	to prefunding balan	CO.								
	a Present value of e												
	b Interest on (a) usi	ng prior vea	r's effective in	terest rate of 5	.76 .	/ B			-				1,723
	as otherwise pro	vided (see i	nstructions)										99
	C Total available at b	eginning of c	urrent plan yea	ar to add to prefundin	g balar	nce			-				1,822
	d Portion of (c) to b	e added to p	refunding bala	ance					_				304
12	Other reductions in	palances du	e to elections	or deemed election	s				0				304
	Balance at beginning	g of current	year (line 9 + I	ine 10 + line 11d –	line 12)			0				(
		g Percen											
14	Funding target attair	ment percei	ntage								14	9.1	60 %
10	Adjusted funding tar	get attainme	nt percentage								15		60 %
16	Prior year's funding	percentage t	for purposes o	f determining what	or oor	nuovarlarat	ملمط ممناء					04.	60 %
	Tantality our o randin	grequireine	III								16	72.	49 %
n.	If the current value of	i ille assets	or trie plan is	less than 70 percen	t of the	e funding targ	et, enter :	such percentage			17		%
				y Shortfalls									
10	(a) Date	to the plan for (b) Amount	or the plan yea	ar by employer(s) ar	nd emp								
(M	M-DD-YYYY)	employe		(c) Amount paid to employees	ру	(a) Da (MM-DD-)		(b) Amount pa		(nt paid b	/
06	/21/2013		13,485		0	\	/	employer(5)		emple	oyees	
		HOUSE CONTROL OF THE SECOND											
				(6)									
					\neg								
						Totals ▶	18(b)	1	2 125	40(-)	Т		
19	Discounted employer	contribution	ıs – see instru	ctions for small plan	with a		to offer th		3,485	18(C)			0
	a Contributions alloc	ated toward	unpaid minim	um required contrib	utions	from prior ve	are	ie beginning of the					
	b Contributions made	e to avoid re	strictions adju	sted to valuation da	te.	non phor ye	aı 3		19a				0
	C Contributions alloca	ted toward m	ninimum require	ed contribution for au	rrent w	ar adjusted to			19b				0
20	Quarterly contribution	s and liquidi	ty shortfalls:		richt ye	sar adjusted it	valuation	i date	19c			12	,531
	a Did the plan have a			prior year?									
	b If line 20a is "Yes,"	were require	ed quarterly in	stallments for the o	urrent	voor mode !-					∐	Yes X	No
,	c If line 20a is "Yes,"	see instruct	ions and com	olete the following to	able e-	year made in	a umely r	manner?	্ত			Yes	No
			sara com	Liquidity shortfall as	s of en	d of quarter of	of this plan	2 V02r					
	(1) 1st			(2) 2nd	- 0. 011	quarter t	44.	3rd			(4) 4th		
									1		<u>\</u> -7) 4til		

P	art V Assumptions Used to Determin	ne Funding Target and Targ	et Normal Cost				
21	Discount rate:	arraing ranger and rang	et Normai Cost				
	a Segment rates: 1st segment: 2.06 %	2nd segment: 5 . 2 5 %		t: %	N/A, full yie	eld curve used	
	b Applicable month (enter code)			21b			
_22	Weighted average retirement age			. 22		6	
23		D "	escribed - separate	Substitu	ıte	0.0	
-	rt VI Miscellaneous Items						
24	Has a change been made in the non-prescribed attachment.	actuarial assumptions for the currer	t plan year? If "Yes," see	e instruction:	s regarding require	ed Yes 🛛 No	
25	Has a method change been made for the curren	t plan year? If "Yes," see instruction	s regarding required atta	chment		Yes X No	
26	Is the plan required to provide a Schedule of Act	ive Participants? If "Yes," see instru	ctions regarding required	attachment	+ F	Yes X No	
27	If the plan is subject to alternative funding rules, attachment	enter applicable code and see instru	ctions rogarding	27		l tes V NO	
Pa	rt VII Reconciliation of Unpaid Mini	mum Required Contribution	ns For Prior Years				
28	Unpaid minimum required contributions for all pri	ior years		. 28			
	Discounted employer contributions allocated tow (line 19a)	ard unpaid minimum required contri	outions from prior years	29			
30	Remaining amount of unpaid minimum required	contributions (line 28 minus line 29)		. 30		0	
	rt VIII Minimum Required Contribution						
31	3-1 Harrian deat and execus assets (see main						
	a Target normal cost (line 6)			31a		0	
20	b Excess assets, if applicable, but not greater that	an line 31a		31b		0	
32	Amortization installments:	Outstanding Bala	ance	Installment			
	a Net shortfall amortization installment			75,527		12,835	
22	b Waiver amortization installment			0		0	
	If a waiver has been approved for this plan year, (Month Day Year) and the waived amount		33			
34	Total funding requirement before reflecting carry	over/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		12,835	
		Carryover balance	Prefunding bala	nce	Total ba		
35	Balances elected for use to offset funding requirement)	304		304	
36	Additional cash requirement (line 34 minus line 3	5)		36		12,531	
37	Contributions allocated toward minimum required (line 19c)	contribution for current year adjuste	d to valuation data	37		12,531	
38	Present value of excess contributions for current	year (see instructions)				10,001	
	a Total (excess, if any, of line 37 over line 36)			38a		0	
	D Portion included in line 38a attributable to use of	of prefunding and funding standard o	arryover 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 yea	ırs		40		0	
Par	IX Pension Funding Relief Under	Pension Relief Act of 2010	(See Instructions)				
41	If an election was made to use PRA 2010 funding	relief for this plan:					
	a Schedule elected			П	2 plus 7 years	15 years	
	b Eligible plan year(s) for which the election in line	e 41a was made		2008			
42	Amount of acceleration adjustment			42	, П 2003 П 2010	2011	
43	Excess installment acceleration amount to be carr	ied over to future plan years		43			
		. , ,		70			

Attachment to 2012 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Arlan Damper Corporation Defined Benefit Plan	EINI.	11-1978578
Plan Sponsor's Name Arlan Damper Corp.	EIN:	11-19/85/8
Arian Damper Corp.	PN:	003
The weighted average retirement age is equal to the normal retirement age of66		003
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement and applied at each p	e weigl	nted average
1 Participant's NRA=72.	age.	
4 Participants' NRA=65.		
Simple Avg. NRA = 66.		

Attachment to 2012 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameArlan Damper Corporation Defined Benefit PlanEIN: 11-1978578Plan Sponsor's NameArlan Damper Corp.PN: 003

	Present Value of			
	Any Remaining			
Type of Base	Installments	V-1	Years	Amortization
SHORTFALL	169 100	Valuation Date	Remaining	Installment
SHORTFALL	168,189	12/31/2009	4	29,61
SHORTFALL	(16,915)	12/31/2010	5	(2,450
SHORTFALL	(14,076)	12/31/2011	6	(4,129
DHORITADD	(61,671)	01/01/2012	7	(10,202