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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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;
- [X] 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
RUSKIN COMPANY HOURLY EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/07/1978

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

AIR DISTRIBUTION TECHNOLOGIES INC

1301 W PRESIDENT GEORGE BUSH HWY
RICHARDSON, TX 75080

2b Employer Identification Number (EIN)
99-0382064

2c Sponsor's telephone number
972-943-6154

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.	10/03/2013	LARRY RONSKO
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

AIR DISTRIBUTION TECHNOLOGIES INC RETIREMENT COMMITTEE

1301 W PRESIDENT GEORGE BUSH HWY
RICHARDSON, TX 75080

3b Administrator's EIN
99-0382064

3c Administrator's telephone number
972-943-6154

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
TOMKINS INDUSTRIES INC

4b EIN
31-0596713

4c PN
012

5	Total number of participants at the beginning of the plan year	**5**	351
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**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
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 Characteristics Codes in the instructions:
1A 1G 3H 1I

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	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)	☒	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)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☒	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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
RUSKIN COMPANY HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AIR DISTRIBUTION TECHNOLOGIES INC

D Employer Identification Number (EIN)
99-0382064

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 2012

2	Assets:			
	a Market value		**2a**	20072021
	b Actuarial value		**2b**	18064819
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	91	6270688
	b For terminated vested participants	**3b**	109	1934367
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		744637
	(2) Vested benefits	**3c(2)**		7787013
	(3) Total active	**3c(3)**	151	8531650
	d Total	**3d**	351	16736705
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**	7.09 %
6	Target normal cost		**6**	55421

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 — Date: 07/24/2013

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 80202-2831

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 Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1598469	217529
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	578904	0
9	Amount remaining (line 7 minus line 8)	1019565	217529
10	Interest on line 9 using prior year's actual return of 22.25%	226853	48400
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.35% except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	239654	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1006764	265929

Part III Funding Percentages

14	Funding target attainment percentage	14	100.33 %
15	Adjusted funding target attainment percentage	15	107.93 %
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	90.51 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 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:	
5.54%	6.85%	7.52 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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 subject to 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**	55421
b Excess assets, if applicable, but not greater than line 31a	**31b**	55421

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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**	
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 an election was made to use PRA 2010 funding relief for this plan:

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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RUSKIN COMPANY HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
AIR DISTRIBUTION TECHNOLOGIES INC

D Employer Identification Number (EIN)
99-0382064

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

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

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

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	47325	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	17034	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST

50 SOUTH LA SALLE STREET
CHICAGO, IL 60603

(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?
21 28	NONE	14642	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

NISA INVESTMENT ADVISORS LLC

15 NORTH MERAMAC
ST LOUIS, MO 63105

(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?
28	NONE	14304	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

TAFT STETTINIUS & HOLLISTER LLP

31-0541755

(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?
29	NONE	10589	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 [ ]

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RUSKIN COMPANY HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AIR DISTRIBUTION TECHNOLOGIES INC

D Employer Identification Number (EIN)
99-0382064

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	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AIR DISTRIBUTION TECH MASTER TRUST

b Name of sponsor of entity listed in (a): AIR DISTRIBUTION TECHNOLOGIES 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)
99-0382064-007	M	0

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

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RUSKIN COMPANY HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
AIR DISTRIBUTION TECHNOLOGIES INC

D Employer Identification Number (EIN)
99-0382064

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)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3776	0
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)	20072021	0
(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	20075797	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	34039	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	34039	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20041758	0

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)		
(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)		0
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
(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

		(a) Amount	(b) Total
(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)		2590553
(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		2590553
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	646031	
(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)		646031
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)	75714	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	28945	
(4) Other	2i(4)	14958	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		119617
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		765648
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1824905
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		21866663

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
AIR DISTRIBUTION TECHNOLOGIES INC CONSOLIDATED PENSION PLAN	99-0382064	006

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RUSKIN COMPANY HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
AIR DISTRIBUTION TECHNOLOGIES INC

D Employer Identification Number (EIN)
99-0382064

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Ruskin Company Hourly Employees Pension Plan

Financial Statements

As of and for the Years Ended December 31, 2012 and 2011

ACM
Anton Collins Mitchell LLP
Accountants & Consultants

An Independent Member Of
BDO SEIDMAN ALLIANCE

Ruskin Company Hourly Employees Pension Plan

Financial Statements

As of and for the Years Ended December 31, 2012 and 2011

Ruskin Company Hourly Employees Pension Plan

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NOTE: 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 Auditor's Report

To the Plan Administrator of
Ruskin Company Hourly Employees Pension Plan
Dallas, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ruskin Company Hourly Employees' Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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, 2012 and 2011, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, the General Purposes Committee of the Corporation's Board of Directors resolved to merge the Plan into the Air Distribution Technologies Inc. Consolidated Pension Plan (f/k/a Tomkins/Selkirk Consolidated Retirement Plan) effective December 31, 2012. Our opinion is not modified with respect to this matter.

Report on Form and Content in Compliance With DOL Rules and Regulations

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 21, 2013

Financial Statements

Ruskin Company Hourly Employees Pension Plan

Statements of Net Assets Available for Benefits

December 31,	**2012**	2011
Assets:		
Investments, at fair value:		
Investment in Tomkins Master Trust	**$** -	$ 20,072,021
Investment in ADTI Master Trust	-	3,776
Total assets	-	20,075,797
Liabilities:		
Accrued administrative expenses	-	(34,039)
Total liabilities	-	(34,039)
Net assets available for benefits	**$** -	$ 20,041,758

See accompanying independent auditor's report and notes to financial statements.

Ruskin Company Hourly Employees Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31,	**2012**	2011
Additions to (deductions from) net assets attributed to:		
Plan's interest in net investment income of the Tomkins Master Trust	**$ 2,718,093**	$ 3,529,460
Plan's interest in net investment loss of the ADTI Master Trust	**(127,540)**	-
Employer contributions	**-**	739,632
Benefits paid to participants	**(646,031)**	(575,118)
Administrative expenses and investment management fees	**(119,617)**	(104,532)
Net increase prior to plan merger	**1,824,905**	3,589,442
Transfers to other plan due to plan merger	**(21,866,663)**	-
Net assets available for benefits:		
Beginning of year	**20,041,758**	16,452,316
End of year	**$ -**	$ 20,041,758

See accompanying independent auditor's report and notes to financial statements.

Ruskin Company Hourly Employees Pension Plan

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN

The following description of the Ruskin Company 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 was a noncontributory defined benefit pension plan covering substantially all hourly employees who were members of the collective bargaining unit (Sheet Metal Workers International Association Local No. 464) at the Parsons, Kansas and Galesburg, Kansas plants of the Ruskin Company, a wholly-owned subsidiary of Tomkins Industries, Inc. (the "Company" or "Tomkins"). Effective September 29, 2004, the Union voted to close the Plan to new entrants. Participants in the Plan continued to accrue benefits.

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.

Effective January 31, 2012, all benefits of participants under the Plan were frozen and no additional benefits will accrue under the Plan after this date. Current active participants were fully vested as of this date.

Pursuant to a corporate transaction, effective November 9, 2012, the plan sponsor was changed from Tomkins to Air Distribution Technologies, Inc. (the "Company" or "ADTI").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

1. DESCRIPTION OF THE PLAN (CONTINUED)

Plan Merger

Pursuant to a corporate resolution, effective December 31, 2012, the Plan merged with and into the Air Distribution Technologies Inc. Consolidated Pension Plan (f/k/a the Tomkins/Selkirk Consolidated Retirement Plan), (the "ADTI Plan"), a participating plan in Air Distribution Technologies Inc. (f/k/a Tomkins Building Products) Defined Benefit Master Retirement Trust ("ADTI Master Trust"). Net assets of $21,866,663 and accumulated plan benefit obligations of approximately $18,144,000 were merged into the ADTI Plan as of the merger date. The benefits, rights and features of the Plan have been retained and are now included in the restated ADTI Plan document. There are no active employees of the Plan, only members who are in either pay status or have a deferred benefit. All references to the Plan and its operations in these Notes to Financial Statements relates to the period on or before December 31, 2012. Participants and all others should refer to the ADTI Plan financial statements for additional information.

Trustee and Administration of the Plan

A single trust agreement, The Tomkins US Master Trust for Defined Benefit Plans Agreement ("Tomkins Master Trust"), governed the assets of the plans from Tomkins and their affiliates (collectively, the "Tomkins Participating Plans"). The Tomkins North American Retirement Board (the "TNARB") administered the Plan. The TNARB had 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 TNARB as trustee for certain qualified defined benefit pension plans for the Company and Tomkins.

On September 6, 2012, the members of the TNARB consented to divide the Tomkins Master Trust, effective October 1, 2012, into two trusts determined by business line: the Gates Industrial & Automotive Defined Benefit Master Retirement Trust and the ADTI Master Trust. Northern Trust was appointed as trustee of both trusts.

The ADTI Master Trust Agreement, governs the assets of the plans from the Company and their affiliates (collectively, the "ADTI Participating Plans").

Effective November 9, 2012, the Air Distribution Technologies Retirement Committee (the "Plan Administrator" or "Retirement Committee") administers the Plan. The Plan Administrator has full power, authority and responsibility to control and manage the operations and administration of the Plan.

1. DESCRIPTION OF THE PLAN (CONTINUED)

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 had passed since their first hour of service.

Vesting

Full vesting occurs when a participant has 5 years of credited service, attains age 65, retires as a result of disability or dies. All participants terminated after January 31, 2012 are 100% vested.

Forfeitures

Non-vested amounts attributable to terminated participants that have been forfeited shall be used to reduce the contributions from the Company.

Pension Benefits

After five years of continuous service, participants are entitled to monthly payments for life, beginning at the normal retirement age of 65. Monthly benefits under the Plan are based on 15% of final average monthly earnings, plus 2% of final average monthly earnings in excess of $550, multiplied by credited service up to a maximum of 18 years (15 years for participants who terminated before April 1, 1999).

Participants may elect to receive their normal pension benefits in the form of a life annuity guaranteed for 10 years, a qualified joint-and-survivor pension and various other optional forms of benefits are permitted by the Plan document. After attaining age 55 and 10 years of service, participants may also elect early retirement. Effective December 31, 2012, the Plan added a lump sum benefit payment option.

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.

1. DESCRIPTION OF THE PLAN (CONTINUED)

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 one-half of the participant's earned monthly benefit.

Participants are eligible for retirement benefits if they become permanently disabled while they are employed.

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 accordance with accounting principles generally accepted in the United States of America ("GAAP") requires plan management to make estimates and assumptions that affect the accompanying reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates and such differences could be material.

In addition, the Plan holds (or held) a limited amount of investments through its interests in the ADTI and Tomkins Master Trusts (the "Master Trusts") for which 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 in the ADTI Plan. See Note 6, *Investments in Master Trusts (Unaudited)* and Note 8, *Fair Value Measurements and Disclosures*, for further disclosure regarding investment valuation and fair value measurements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Committee (and previously TNARB) determines the Plan's valuation policies utilizing information provided by its investment advisors, trustee and custodians. The investments in the Master Trusts represent the Plan's share of the Master Trusts net assets, which are valued at fair value. See Note 8, *Fair Value Measurements and Disclosures*, for a discussion of fair value measurements.

Interest and dividend income (including capital gain distributions) is recorded when earned or on the ex-dividend date, respectively. Net appreciation (depreciation) in the fair value of investments represents the realized and unrealized gains and losses on the investments. Purchases and sales are recorded on a trade-date basis.

As further described in Note 6, *Investments in Master Trusts (Unaudited)*, the Plan's share of the income (loss), net appreciation (depreciation) in fair value of investments and expenses of the Master Trusts represent the Plan's allocation of these items from the Master Trusts.

Concentration of Investments and Risks and Uncertainties

The Plan provides for various investment securities through its interest in the Master Trusts. 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. As discussed in Note 1, *Description of the Plan – Plan Merger*, all assets and liabilities of the Plan were merged into the ADTI Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

As of December 31, 2012, approximately 61% of the ADTI Master Trust net assets were invested in the NTGI Collective Daily Russell 3000 Fund – Non-Lending ("Russell 3000") and approximately 34% of the ADTI Master Trust net assets were invested in the US Treasury Bond Stripped Principal Fund (maturity date 8/15/2042). As of December 31, 2011, approximately 59%, of the Tomkins Master Trust net assets were invested in the Russell 3000. Fluctuations in the market value of these investments would affect the Master Trusts net assets.

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.

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. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The 2012 AFTAP for the Plan exceeded 80%; therefore, the Plan was 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 and are excluded from these financial statements.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

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 2012 and 2011 plan years. The contributions for 2012 and 2011, 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, 2011 are as follows:

Retirement age	Age 65 with 5 years of service, or attained age, if later
Mortality	RP-2000 mortality tables for males and females projected twelve year
Form of payment	Life annuity with 10 years guaranteed
Discount rate	7.25% per annum, compounded annually

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. See Note 1, *Description of the Plan – Plan Merger*, for discussion of the plan merger effective December 31, 2012.

4. ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated plan benefits as determined by the actuary as of December 31, 2011 is as follows:

Vested benefits:	
Participants currently receiving benefits	**$ 5,697,939**
Other participants	**9,176,199**
Total vested benefits	**14,874,138**
Non-vested benefits	**561,945**
Actuarial present value of accumulated plan benefits	**$ 15,436,083**

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2011, are as follows:

Actuarial present value of accumulated plan benefits – January 1, 2011	**$ 12,915,457**
Increase (decrease) during the year attributed to:	
Benefits accumulated	**507,080**
Actual benefits paid	**(575,118)**
Decrease in the discount period	**1,017,961**
Actuarial loss	**483,895**
Change in actuarial assumptions[(a)]	**1,086,808**
Net increase	**2,520,626**
Actuarial present value of accumulated plan benefits – December 31, 2011	**$ 15,436,083**

(a) The mortality table was updated from UP94 mortality tables for males and females projected eight years to the RP-2000 mortality tables for males and females projected twelve years. The discount rate changed to 7.25% from 7.75% used in the prior valuation.

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 the ADTI Master Trust and Tomkins Master Trust as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2012 and 2011
- Plan's interest in net investment gain (loss) of the ADTI Master Trust and Tomkins Master Trust as shown in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2012 and 2011
- Investment information included in Note 6, *Investments in Master Trust (Unaudited)* and Note 8, *Fair Value Measurements and Disclosures*

6. INVESTMENTS IN MASTER TRUSTS (UNAUDITED)

The Retirement Committee (and previously TNARB) implemented a Master Trust Statement of Investment Policy (the "Investment Policy"), a single investment policy that applied to the Master Trusts 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 Trusts are determined on a pro-rata basis and measured monthly. Use of the Master Trusts permits the commingling of the trust assets of a number of plans administered by the Retirement Committee (and formerly TNARB) for investment and administrative purposes.

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 Trusts is reported as a single line item in the accompanying Statements of Changes in Net Assets Available for Benefits.

The Master Trusts invest (or invested) in insurance company pooled separate accounts and insurance company general accounts pursuant to certain guaranteed annuity contracts with various insurance companies. These contracts contained certain minimum balance requirements and certain restrictions on termination of the contracts. The minimum balance requirement was met as of December 31, 2012 and 2011. These contracts were transferred out of the Tomkins Master Trust, without restriction, in conjunction with the Tomkins Master Trust split, as further discussed in Note 1, *Description of the Plan – Trustee and Administration of the Plan*.

6. INVESTMENTS IN MASTER TRUSTS (UNAUDITED) (CONTINUED)

As further discussed in Note 1, *Description of the Plan – Trustee and Administration of the Plan*, effective October 1, 2012, the Tomkins Master Trust was divided into two separate trusts. Amounts shown in the Plan's accompanying Statements of Net Assets Available for Benefits and Changes in Net Assets Available for Benefits reflect the Plan's participation in the Tomkins Master Trust through dissolution of the trust and the ADTI Master Trust from October 1, 2012 through December 31, 2012.

Investments in ADTI Master Trust (Unaudited)

The Plan's interest in net assets of the ADTI Master Trust was 21.81% just prior to the merger of the Plan into the ADTI Plan, as further described in Note 1, *Description of the Plan – Plan Merger*. Due to the Plan Merger, these interests were transferred to the ADTI Plan effective December 31, 2012.

The investments of the ADTI Master Trust at December 31, 2012 are summarized as follows:

	2012
Investments – at fair value:	
U.S. Government securities	**$ 34,131,571**
Common/collective trusts	**63,765,123**
Insurance company general accounts	**2,403,867**
Total investments	**100,300,561**
Receivables:	
Pending trade receivables	**19,744**
Accrued interest receivable	**13,112**
Total receivables	**32,856**
Liabilities:	
Pending trade payables	**(19,431)**
Other liabilities	**(13,161)**
Total liabilities	**(32,592)**
Total net assets of the ADTI Master Trust	**$ 100,300,825**

6. INVESTMENTS IN MASTER TRUSTS (UNAUDITED) (CONTINUED)

The ADTI Master Trust changes in net assets including income (loss) and net appreciation (depreciation) in fair value of investments allocated to the ADTI Participating Plans for the year ended December 31, 2012 are as follows:

Changes in Net Assets:	**2012**
Net appreciation (depreciation) in fair value of investments:	
U.S. Government securities	**$ (723,197)**
Common/collective trusts	**148,736**
Interest income	**45,712**
Net investment loss of ADTI Master Trust	**(528,749)**
Net transfers	**100,829,574**
Increase in net assets	**100,300,825**
Net assets:	
Beginning of year	**-**
End of year	**$100,300,825**

Certain investments exceeded 5% of net ADTI Master Trust assets as of December 31, 2012 as follows:

	2012
NTGI Collective Daily Russell 3000 Fund – Non-Lending	**$ 61,262,974**
US Treasury Bond Stripped Principal (8/15/2042)	**34,131,571**

6. INVESTMENTS IN MASTER TRUSTS (UNAUDITED) (CONTINUED)

Investments in the Tomkins Master Trust (Unaudited)

At December 31, 2011, the Plan's interest in the net assets of the Tomkins Master Trust was 3.39%. As noted above, the Plan was no longer participating in the Tomkins Master Trust as of December 31, 2012.

The investments of the Tomkins Master Trust at December 31, 2012 and 2011 are summarized as follows:

		2012	2011
Investments – at fair value:			
U.S. Government securities	**$**	-	$ 221,564,642
Insurance company pooled separate accounts		-	10,175,351
Common/collective trusts		-	354,373,218
Insurance company general accounts		-	2,467,194
Interest rate swap contracts – unrealized gain		-	4,587,405
Interest rate swap contracts – unrealized loss		-	(1,147,863)
Total investments		-	592,019,947
Receivables:			
Pending trade sales		-	1,968,079
Accrued interest receivable		-	1,217,313
Total receivables		-	3,185,392
Liabilities:			
Pending trade purchases		-	(2,298,742)
Other liabilities		-	(57,106)
Total liabilities		-	(2,355,848)
Total net assets of the Tomkins Master Trust	**$**	-	$ 592,849,491

6. INVESTMENTS IN MASTER TRUSTS (UNAUDITED) (CONTINUED)

The Tomkins Master Trust changes in net assets including income and net appreciation in fair value of investments allocated to the Tomkins Participating Plans for the years ended December 31, 2012 and 2011 are as follows:

Changes in Net Assets:	**2012**	2011
Net appreciation in fair value of investments:		
U.S. Government securities	**$ 6,661,184**	$ 61,411,854
Insurance company pooled separate accounts	**815,719**	421,607
Common/collective trusts	**55,657,566**	6,799,067
Other	**31**	13,364
Interest rate swap contracts	**12,092,833**	33,950,258
Interest income	**2,428,155**	5,553,471
Net investment income of the Tomkins Master Trust	**77,655,488**	108,149,621
Net transfers	**(670,504,979)**	(25,243,358)
(Decrease) increase in net assets	**(592,849,491)**	82,906,263
Net assets:		
Beginning of year	**592,849,491**	509,943,228
End of year	**$ -**	$ 592,849,491

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

	2011
NTGI Collective Daily Russell 3000 Fund – Non-Lending	$ 351,646,791

7. DERIVATIVE FINANCIAL INSTRUMENTS, INTEREST RATE SWAPS AND OTHER

The Tomkins Master Trust's fixed income manager used 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 included fixed income interest rate swaps. Swap agreements involved the exchange by the Tomkins 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 Tomkins Master Trust carried the fair value of the swap as an asset or liability in the Tomkins Master Trust's net assets. Market risk of loss was limited to the changes in fair value from December 31 of each year presented, through the applicable expiration date. The investment objective was to manage interest rate risk by matching, as closely as possible, the duration of the assets and liabilities. Swap agreements involve elements of interest rate risk or risk if the counter-party is unable to meet the terms of the contracts.

The following tables provide a quantitative summary of derivative activity as of and for the years ended December 31, 2012 and 2011 for the investments held within the Tomkins Master Trust:

Derivative Instruments	Plan Year	Notional/ Contractual Amount[(a)]	Assets[(b)]	Liabilities[(b)]
Interest rate swaps	**2012**	**$ -**	**$ -**	**$ -**
Interest rate swaps	2011	$429,050,000	$ 4,587,405	$(1,147,863)

(a) Notional amounts do not quantify risk or represent assets or liabilities of the Tomkins 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 Tomkins Master Trust as included in the investment in the Tomkins Master Trust on the Statements of Net Assets Available for Benefits.

The Effect of Derivative Instruments[(c)]	For the Years Ended December 31,	
	2012	2011
Interest rate swaps	**$ 12,092,833**	$ 33,950,258

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

7. DERIVATIVE FINANCIAL INSTRUMENTS, INTEREST RATE SWAPS AND OTHER (CONTINUED)

In addition, the Tomkins Master Trust participated in insurance company pooled separate accounts; those accounts may have been 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 Plan was limited to its proportional interest in these accounts.

8. FAIR VALUE MEASUREMENTS AND DISCLOSURES

The Financial Accounting Standards Board 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 were no changes in the methodologies used at December 31, 2012 and 2011.

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. These investments are classified as Level 1 investments.

8. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

Insurance Company Pooled Separate Accounts (PSAs): PSAs are valued at the net asset value ("NAV"), as determined by the PSA's designated accountants. Agreements with the insurance company can include provisions containing certain minimum balance requirements. NAV 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. In determining the reasonableness of the methodology, the TNARB evaluated a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings of the insurance company. 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 represented the NAV of the units held by the Plan at year end. The Master Trusts were permitted to redeem investment units at NAV as of the measurement dates.

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 was 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. Restrictions on the sale of such investments based on the terms of the contract are possible. In determining the reasonableness of the methodology, the Retirement Committee (and formerly TNARB) evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. These investments are classified as Level 3 investments.

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

8. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

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.

Fair Value Measurements for Investments Held in the ADTI Master Trust

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

As of December 31, 2012	Level 1	Level 2	Level 3	Total
U.S. Government securities[(1)]	**$ 34,131,571**	**$ -**	**$ -**	**$ 34,131,571**
Common/collective trusts[(2)]	**-**	**63,765,123**	**-**	**63,765,123**
Insurance company general accounts	**-**	**-**	**2,403,867**	**2,403,867**
Total investments of the ADTI Master Trust, at fair value	**$ 34,131,571**	**$ 63,765,123**	**$ 2,403,867**	**$ 100,300,561**

(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, 2012 – 100% of the portfolio was invested in U.S. Treasury Bonds.

(2) 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, 2012 – 65% of the fund is invested in U.S. large cap companies, 27% of the fund is invested in U.S. mid-cap companies, and 8% of the fund is invested in U.S. small cap companies.

8. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

The following table sets forth a summary of changes in the fair value of the ADTI Master Trust's Level 3 investments for the year ended December 31, 2012:

	Insurance Company General Accounts
Fair value, beginning of year	**$ -**
Interest earned	**44,516**
Realized gains [(a)]	**-**
Unrealized gains, relating to investments still held as of the reporting date [(a)]	**-**
Purchases	**-**
Sales	**-**
Transfer in from the Tomkins Master Trust	**2,413,090**
Settlements	**(53,739)**
Fair value, end of year	**$ 2,403,867**

[(a)] Reported in net appreciation (depreciation) in fair value of ADTI Master Trust investments, which is included in the Plan's interest in net investment income (loss) of the ADTI Master Trust on the Statements of Changes in Net Assets Available for Benefits.

Fair Value Measurements for Investments Held in the Tomkins Master Trust

The following table sets forth by level, within the fair value hierarchy, the Tomkins 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 Tomkins Master Trust, at fair value	$ 221,564,642	$ 357,812,760	$ 12,642,545	$ 592,019,947

(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.

(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.

8. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

No investments were held by the Plan in the Tomkins Master Trust as of December 31, 2012.

The following table sets forth a summary of changes in the fair value of the Tomkins Master Trust's Level 3 investments for the year ended December 31, 2012:

	Insurance Company Pooled Separate Accounts	Insurance Company General Accounts
Fair value, beginning of year	**$ 10,175,351**	**$ 2,467,194**
Interest earned	**156,904**	**101,369**
Realized gains [(a)]	**202,712**	**-**
Unrealized gains, relating to investments transferred as part of the Tomkins Master Trust split[(a)]	**613,007**	**-**
Purchases	**-**	**-**
Sales	**(364,048)**	**-**
Transfer out of Tomkins Master Trust	**(10,783,926)**	**(2,421,600)**
Settlements	**-**	**(146,963)**
Fair value, end of year	**$ -**	**$ -**

The following table sets forth a summary of changes in the fair value of the Tomkins 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)	-
Settlements	-	(792,932)
Fair value, end of year	$ 10,175,351	$ 2,467,194

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

8. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

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, 2012 and 2011, there were no transfers between levels 1, 2, or 3.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share held in the ADTI Master Trust as of December 31, 2012:

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/Collective Trusts*	$ 63,765,123	None	Daily	1 day

The following table summarizes the investments measured at fair value based on NAV per share held in the Tomkins Master Trust as of December 31, 2011:

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Insurance Company Pooled Separate Accounts*	$ 10,175,351	None	Daily	1 day
Common/Collective Trusts*	$ 354,373,218	None	Daily	1 day

*See descriptions of investment strategies presented with the fair value hierarchy tables.

8. FAIR VALUE MEASUREMENTS AND DISCLOSURES (CONTINUED)

The insurance companies (John Hancock and Aetna Insurance), custodians of the insurance company general accounts provided the fair value of such investments ($603,174 and $1,800,693), respectively. They were unable to provide principal valuation technique, unobservable inputs or range of significant input values. These investments are immaterial to the ADTI Master Trust Investments.

9. 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"). See Note 1, *Description of the Plan - Plan Merger*, for a discussion regarding the merger of the Plan's assets effective December 31, 2012 into the ADTI Plan.

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 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 for accumulated plan benefit obligations and may also depend of the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

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.

10. 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 Trusts, were 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.

11. INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated June 11, 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.

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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

12. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through September 21, 2013, 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.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 26
Schedule of Active Participant Data for Frozen Plans as of January 1, 2012

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		3		1		0		0		0		0		0		0	
30 - 34	0		0		1		1		0		0		0		0		0		0	
35 - 39	0		0		3		0		0		1		0		0		0		0	
40 - 44	0		0		4		2		0		11		0		0		0		0	
45 - 49	0		0		3		1		1		15		14		1		0		0	
50 - 54	0		0		1		1		5		7		9		16		1		0	
55 - 59	0		0		3		0		1		11		7		8		3		0	
60 - 64	0		0		0		0		2		5		5		2		1		1	
65 - 69	0		0		0		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

SCHEDULE SB ATTACHMENTS (cont.)

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

Plan Sponsor

Air Distribution Technologies, Inc.

EIN/PN

99-0382064/004

Interest Rate Basis

3-Segment Rates

Applicable month: September

Transition election: No

MAP-21 applied for funding: Yes

MAP-21 applied for benefit restrictions: Yes

Interest Rates

	Reflecting Corridors	Not Reflecting Corridors
First segment rate:	5.54%	2.06%
Second segment rate:	6.85%	5.25%
Third segment rate:	7.52%	6.32%
Current plan year PPA effective interest rate:	7.09%	5.66%
Prior plan year PPA effective interest rate:	6.35%	6.35%

For IRC §430 and §436 purposes, the interest rates reflecting the MAP-21 corridors are used. For all other purposes the segment rates not reflecting the MAP-21 corridors are used.

Assumed Cost of Living Adjustments

None.

SCHEDULE SB ATTACHMENTS (cont.)

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

Inclusion Date

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

Plan-related Expenses

The amount included this year for plan-related expenses is $55,421.

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.

Retirement

Age 65 with 5 years of service, or attained age, if later.

Disability Rates (per 100 employees)

Wyatt 1985 Disability Study Class 2, male and female rates.

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.

SCHEDULE SB ATTACHMENTS (cont.)

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

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

	Percentage leaving during the year	
Attained Age	Males	Females
20	9.94	9.94
25	9.68	9.68
30	9.31	9.31
35	8.72	8.72
40	7.77	7.77
45	6.38	6.38
50	4.25	4.25
55	1.57	1.57
60 and over	0.15	0.15

Benefit Commencement Date

Active participants are assumed to commence payment on the first of the month coincident or next following the attainment of age 65 and 5 years of service.

Age 65 for all vested terminated participants.

Form of Payment

Participants are assumed to elect the normal form which is a life annuity with 10 years guaranteed.

Marriage

85% of male and 50% of female participants are assumed to be married. In addition, male spouse are assumed to be 3 years older than female spouses.

Employees

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

SCHEDULE SB ATTACHMENTS (cont.)

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

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2011 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below 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, 2012 is used to determine the maximum deductible contribution for the tax year ending December 31, 2012.

Benefits not Included in Valuation

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

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.

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

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

The plan sponsor elected to reflect the Moving Ahead for Progress in the 21st Century Act (MAP-21) segment interest rate corridors for the 2012 plan year. Other than this and 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)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2012 This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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	B Three-digit plan number (PN) ▶	004
Ruskin Co. Hourly Employees Pension Plan		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
Air Distribution Technologies, Inc.	99-0382064	

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 2012

2	Assets:			
	a Market value		2a	20,072,021
	b Actuarial value		2b	18,064,819
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	91	6,270,688
	b For terminated vested participants	3b	109	1,934,367
	c For active participants:			
	(1) Non-vested benefits	3c(1)		744,637
	(2) Vested benefits	3c(2)		7,787,013
	(3) Total active	3c(3)	151	8,531,650
	d Total	3d	351	16,736,705
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	7.09 %
6	Target normal cost		6	55,421

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	07.24.2013
	Signature of actuary	Date
John Grange		11-05450
Type or print name of actuary		Most recent enrollment number
Towers Watson Delaware Inc.		(303) 298-7878
Firm name		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 Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,598,469	217,529
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	578,904	0
9	Amount remaining (line 7 minus line 8)	1,019,565	217,529
10	Interest on line 9 using prior year's actual return of 22.25 %	226,853	48,400
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.35 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	239,654	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,006,764	265,929

Part III Funding Percentages

14	Funding target attainment percentage	14	100.33 %
15	Adjusted funding target attainment percentage	15	107.93 %
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	90.51 %
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
			Totals ▶ 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 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
5.54 %	6.85 %	7.52 %	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	65

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 subject to 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	55,421
b Excess assets, if applicable, but not greater than line 31a	31b	55,421

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
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 an election was made to use PRA 2010 funding relief for this plan:

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, Part V – Summary of Principal Plan Provisions

Plan Sponsor

Air Distribution Technologies, Inc.

EIN/PN

99-0382064/004

Effective Date

April 1, 1974.

Participation

Any hourly rated eligible employee at the Ruskin Division enters the plan after completion of one full year of Continuous Service. Employees hired after September 29, 2004 are excluded from the plan.

Retirement Dates

a. Normal: First day of the month following attainment of age 65 or, if later, the fifth anniversary of the first day of the plan year in which the employee began participation in the plan.

b. Early: Attainment of age 55 and completion of 10 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 plan 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.

Credited Service was frozen as of January 31, 2012.

Continuous Service (Eligibility and Vesting)

Generally, one year of Continuous Service is granted for each plan year of continuous employment 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, Part V – Summary of Principal Plan Provisions

Final Average Monthly Compensation

The highest average monthly compensation during 3 plan years out of the last 5 consecutive plan years of Credited Service. Compensation for the short plan year in 2004 was annualized for averaging purposes.

Compensation was frozen as of January 1, 2012.

Retirement Income

Normal: A monthly pension equal to the sum of:

a. 15% of Final Average Monthly Compensation, plus

b. 2% of Final Average Monthly Compensation in excess of $550, multiplied by Credited Service to a maximum of 18 years.

Early: The accrued normal retirement benefit based on Credited Service and Final Average Monthly Compensation projected to Normal Retirement Date, multiplied by the ratio of Credited Service as of the date of termination to Credited Service projected to Normal Retirement Date, reduced by 1/180 for each of the first 60 full months and 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.

Vesting

Eligibility: A participant is 100% vested when he has completed at least 5 years of Continuous Service or attainment of his Normal Retirement Date while employed. Any active participant with at least one Hour of Service after January 1, 2012 is automatically 100% vested.

Benefit: The accrued normal retirement benefit based on Credited Service and Final Average Monthly Compensation projected to Normal Retirement Date, multiplied by the ratio of Credited Service as of the date of termination to Credited Service projected to Normal Retirement Date with payments beginning on the Normal Retirement Date. For participants with at least 10 years of Continuous Service, the benefit may begin as early as age 55 reduced as in the Early Retirement Income described above.

Schedule SB, Part V – Summary of Principal Plan Provisions

Disability

Eligibility: Total and permanent disability.

Benefit: The accrued normal retirement benefit based on Credited Service and Final Average Monthly Compensation projected to Normal Retirement Date, multiplied by the ratio of Credited Service as of the date of termination to Credited Service projected to Normal Retirement Date, with payments beginning immediately.

Normal Form of Payment

The normal form of payment is a life annuity guaranteed for 10 years.

Pre-Retirement Spouse's Benefit

Eligibility: Death after 5 years of Continuous Service, 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 first day of the month of his death or, if later, at the earliest possible retirement age based on years of Continuous Service at death, and had elected a 50% Joint and Survivor option.

Changes in Plan Provisions since Last Actuarial Valuation

The plan was amended effective January 31, 2012 to freeze future service and pay accruals and grant 100% vesting for current active participants who had worked since January 1, 2012. There have been no other changes in the plan provisions since the last actuarial valuation that would affect current valuation results.