

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1968</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>14-1837076</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>315-376-8000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>322200</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1968</u>		2b Employer Identification Number (EIN) <u>14-1837076</u>		2c Sponsor's telephone number <u>315-376-8000</u>		2d Business code (see instructions) <u>322200</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>06/01/1968</u>											
2b Employer Identification Number (EIN) <u>14-1837076</u>											
2c Sponsor's telephone number <u>315-376-8000</u>											
2d Business code (see instructions) <u>322200</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CLIMAX MANUFACTURING COMPANY</u> <u>7798 NORTH STATE STREET</u> <u>LOWVILLE, NY 13369-1296</u>											

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. Signature of plan administrator	12/26/2014 Date	DONALD SCHNACKEL 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 CLIMAX MANUFACTURING COMPANY 7798 NORTH STATE STREET LOWVILLE, NY 13369-1296		3b Administrator's EIN 14-1837076
		3c Administrator's telephone number 315-376-8000
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 306
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 110
b Retired or separated participants receiving benefits		6b 105
c Other retired or separated participants entitled to future benefits.....		6c 76
d Subtotal. Add lines 6a , 6b , and 6c		6d 291
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 10
f Total. Add lines 6d and 6e		6f 301
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 3
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: 1B 1G		
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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>14-1837076</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>04-1590850</u>	<u>69535</u>	<u>SA 12758-01</u>	<u>301</u>	<u>07/01/2009</u>	<u>06/30/2010</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	9281576

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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 <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>14-1837076</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>8599030</u>
b Actuarial value	2b <u>9458932</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>111</u> <u>6884125</u>
b For terminated vested participants.....	3b <u>63</u> <u>725477</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>18293</u>
(2) Vested benefits	3c(2) <u>3911131</u>
(3) Total active.....	3c(3) <u>132</u> <u>3929424</u>
d Total.....	3d <u>306</u> <u>11539026</u>
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 <u>7.59 %</u>
6 Target normal cost	6 <u>143608</u>

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		<u>04/06/2011</u>
	Signature of actuary	Date
<u>RICHARD A ERICKSON</u>	Type or print name of actuary	<u>11-05483</u>
		Most recent enrollment number
<u>MASSMUTUAL FINANCIAL GROUP</u>	Firm name	<u>413-744-3601</u>
		Telephone number (including area code)
<u>1295 STATE STREET</u> <u>SPRINGFIELD, MA 01111-0001</u>	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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-18.16</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		67
b	Interest on (a) using prior year's effective interest rate of <u>6.74</u> % except as otherwise provided (see instructions)		5
c	Total available at beginning of current plan year to add to prefunding balance		72
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.97 %
15	Adjusted funding target attainment percentage	15	81.97 %
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	89.36 %
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
10/19/2009	98158				
01/14/2010	98158				
04/15/2010	91603				
07/19/2010	91603				
03/15/2011	51755				
			Totals ►	18(b)	431277
				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	407123
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ 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
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	143608	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	1387752	263515	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	407123	
	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	407123	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	407123	
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>14-1837076</u>

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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 63 72 99	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

M GRIFFITH INVESTMENT SERVICES INC

15-0572891

(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?
53	SHAREHOLDER SERVICE PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	9139	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	72	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PREMIER INTL EQUITY OFI INST		BASIS POINTS * PLAN ASSETS
04-3212044		
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	72	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PREMIER CORE BOND BABSON		BASIS POINTS * PLAN ASSETS
04-3277549		
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	72	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SELECT SM CAP GR W R WELLINGTON		BASIS POINTS * PLAN ASSETS
04-3464205		

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
MASSACHUSETTS MUTUAL LIFE INS CO	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SELECT FOCUSED VALUE HARRIS 04-3512590	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SELECT MID CAP GR II TROWE PRICE 04-3512596	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SELECT LARGE CAP VALUE DAVIS 04-3513019	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS CO	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PREMIER ENH INDEX GROWTH BABSON 04-3539084	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	63 72 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL MID CAP VALUE OFI 13-6918877	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	63 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH AMERICAN 95-6810128	BASIS POINTS * PLAN ASSETS	

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
M GRIFFITH INVESTMENT SERVICES INC	53	9139

(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.
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	COMMISSIONS AND FEES

(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

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>14-1837076</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-W9</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-121</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>519304</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-LV</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-065</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>490512</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-C4</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-285</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>724226</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-LJ</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-284</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1457545</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-NU</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-183</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1477188</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-VB</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-054</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1355031</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-LE</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-417</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2497318</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LC**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE**c** EIN-PN 04-1590850-051**d** Entity
code P**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

760452

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLIMAX MANUFACTURING COMPANY	D Employer Identification Number (EIN) 14-1837076	

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)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	8301646	9281576
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	8301646	9281576

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8301646	9281576
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	597350	
(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)		597350

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)		
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(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)		1164875
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1762225

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	782295	
(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)		782295
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		782295

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		979930
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: DOANE CPA FIRM

(2) EIN: 27-4431954

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:

- 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.).....
- 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.).....

	Yes	No	Amount
4a		X	
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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>14-1837076</u>

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	<u>0</u>
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): <u>04-1590850</u>		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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): _____

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED

JUNE 30, 2010 AND 2009

* * * * *

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

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Assets held for investment purposes - Schedule 1 Schedule H, Line 4i - Form 5500	10

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

DOANE CPA FIRM
CERTIFIED PUBLIC ACCOUNTANCY

PO BOX 547 WATERTOWN, NEW YORK 13601

TEL. (315) 778-7301 FAX (315) 639-6555

Member FICPA

Member NYSSCPA

Report of Independent Accountant

To the Participants and Administrative Committee
of Climax Manufacturing Company
Retirement Income Plan for Union Employees

We were engaged to audit the financial statements of the Climax Manufacturing Company Retirement Income Plan for Union Employees (the "Plan") as of June 30, 2010 and 2009, and for the years then ended and supplementary schedules information as of and for the year ended June 30, 2009, as listed in the accompanying table of contents. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplementary information. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended June 30, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the custodian, 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.

Doane CPA Firm

DOANE CPA FIRM
Watertown, New York 13601

April 7, 2011

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
INVESTMENTS, at Fair Market Value		
Mutual funds	<u>\$ 9,281,576</u>	<u>\$ 8,301,646</u>
Total Investments	9,281,576	8,301,646
Employer contributions receivable - discounted	<u>140,187</u>	<u>297,386</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,421,763</u>	<u>\$ 8,599,032</u>

The accompanying notes are an integral part of these financial statements.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS(SUBTRACTIONS)		
Investment income(losses)		
Net investment gain(loss) on pooled separate accounts	\$ 1,164,875	\$ (1,896,644)
Net investment income(loss)	1,164,875	(1,896,644)
Contributions by employer	440,151	427,379
Total additions(subtractions)	<u>1,605,026</u>	<u>(1,469,265)</u>
DEDUCTIONS		
Benefit and expense payments	782,295	691,174
Total deductions	<u>782,295</u>	<u>691,174</u>
NET INCREASE(DECREASE) IN NET ASSETS	822,731	(2,160,439)
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	<u>8,599,032</u>	<u>10,759,471</u>
NET ASSETS AVAILABLE FOR BENEFITS END OF YEAR	<u>\$ 9,421,763</u>	<u>\$ 8,599,032</u>

The accompanying notes are an integral part of these financial statements.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

1. GENERAL DESCRIPTION OF THE PLAN

The Climax Manufacturing Company Retirement Income Plan for Union Employees (the "Plan") is a defined benefit plan covering workers of a collective bargaining unit represented by Local 1888 of the United Paper Worker's International Union AFL-CIO. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following brief description of the Plan is provided for general informational purposes only. Participants should refer to the Plan agreement for more complete information.

Funding Policy

Climax Manufacturing Company (the "Company") makes cash contributions to the Plan such that all employee benefits will be fully provided for upon retirement. The amounts contributed to the Plan are determined by the Company on the basis of (a) the actuarial statements submitted by the Plan's independent consulting actuary, (b) the maximum amount permitted by law or regulation as a deduction on the Company's Federal income tax returns, and (c) the minimum amount certified by the actuary as necessary during any Plan year to avoid an accumulated funding deficiency as defined by ERISA. At June 30, 2010, the Plan had not met the minimum funding requirements of ERISA, shortfall as follows:

<u>Effective</u> <u>Date</u>	<u>Initial</u> <u>Amount</u>	<u>Outstanding</u> <u>Balance</u>	<u>Years</u> <u>Remaining</u>	<u>Installments</u>
7/1/2008	1,282,001	1,106,997	6	215,104
7/1/2009	280,755	280,755	7	48,411
Total	<u>1,562,756</u>	<u>1,387,752</u>		<u>263,515</u>

Participation and Vesting

The Plan provides for full vesting at the completion of one year of at least 1,000 hours of service. Participation eligibility for an employee who is a member of the collective bargaining units for the Packaging Division and the Syracuse Distribution Facility (Local 1888) is effective on the July 1 nearest the date the employee becomes eligible for participation.

Pension Benefits

Retirement benefits under the Plan are based upon a fixed benefit per year of credited service which varies based on the year of retirement. Distributions are made in the event of retirement, death, disability, resignation or dismissal. Normal retirement age is the later of the age of sixty-five and the fifth anniversary of the effective date of participation. Special rules exist for early retirement, deferred retirement and death prior to eligibility for retirement. All benefit payments are recorded when paid.

Administration of the Plan

The Board of Directors of the Company has appointed an administrative committee to act as the fiduciary with full power, authority and responsibility to control and manage the operation and administration of the Plan.

Custodian

As a part of the Plan, the Company has entered into a Custody Agreement with Massachusetts Mutual Life Insurance Company (the Custodian). The Custodian invests the Company's contributions as stipulated by the administrative committee of the Plan. The Plan assets are maintained in a separate trust fund administered by the Custodian.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan are maintained on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported net assets at the date of the financial statements and reported changes in net assets during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Investments are exposed to various risks, such as interest rate, market and credit. Due to uncertainties inherent in the estimation and assumption process, and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in these estimates, assumptions and risks in the near term would be material to the financial statements.

Valuation of Investments

Investments are valued at fair value, principally based on market value. Securities which are traded on the national securities exchange are valued at the last reported sales price on the last business day of the fiscal year. Mutual Funds are valued at the mean between the bid and asked price on the last business day of the fiscal year. Securities traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the mean between the last reported bid and asked price.

The Plan presents in the statement of changes in net assets the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or (losses) and the unrealized appreciation (depreciation) on those investments.

Interest income is recognized on the accrual basis and dividends are recorded on the ex-dividend date. Security transactions are recorded on the settlement date.

Reclassifications

Certain reclassifications may have been made to prior year numbers to conform to the current year presentation.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

3. ACCUMULATED BENEFITS

Accumulated benefits represent those future periodic payments that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retirees or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The significant actuarial methods and assumptions used in the actuarial valuations July 1, 2009 and 2008, are as follows:

Actuarial cost method	Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year. The Target Liability as of the valuation date is the present value of the accrued benefit as of the valuation date.
Mortality rates	
Funding Target:	IRC Sec 430 2009 Static Non-Annuitant and Annuitant Tables
FAS'35 Liabilities:	RP-2000 Tables, Fully generational with scale AA
Funding interest rate	IRS March 2009 Full Yield Curve: 7.5 % per annum
Normal retirement age	Age 65
Asset valuation	The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

The actuarial present value of accumulated benefits at July 1, are as follows:

	<u>2009</u>	<u>2008</u>
Vested benefits:		
Participants currently receiving payments	\$ 6,807,130	\$ 6,179,630
Other participants	<u>4,880,021</u>	<u>4,936,162</u>
	11,687,151	11,115,792
Nonvested benefits	<u>20,708</u>	<u>15,215</u>
Total actuarial present value of accumulated benefits	<u>\$ 11,707,859</u>	<u>\$ 11,131,007</u>

Factors comprising the change in the actuarial present value of accumulated benefits for the report dated July 1 are summarized as follows:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated benefits as of the beginning of year	<u>\$ 11,131,007</u>	<u>\$ 10,729,124</u>
Increase (decrease) during the year attributable to:		
Benefit payments - net of accruals	\$ (691,174)	\$ (633,091)
Increase due to passage of time	821,065	787,246
Increase due to benefit accruals	162,116	168,065
Effect of mortality table change	-	143,652
Other - Effect of Miscellaneous gains/losses and other demographic changes	<u>284,845</u>	<u>(63,989)</u>
Net increase	<u>576,852</u>	<u>401,883</u>
Actuarial present value of accumulated benefits as of the end of year	<u>\$ 11,707,859</u>	<u>\$ 11,131,007</u>
Total Market Value of Mutual Fund Assets		<u>\$ 10,723,194</u>

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

3. ACCUMULATED BENEFITS (Continued)

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 the accumulated Plan benefits.

4. INVESTMENTS

For the year ended June 30, the Plan's investments, including gains and (losses) on investments bought and sold during the year, appreciated (depreciated) in value as follows:

	<u>2010</u>	<u>2009</u>
Mutual funds	1,164,875	(1,896,644)
Total	<u>\$ 1,164,875</u>	<u>\$ (1,896,644)</u>

The fair value of investments of the Plan's net assets at June 30, are as follows:

	<u>2010</u>	<u>2009</u>
<u>Mutual Funds</u>		
MM Small and Mid Cap Value	\$ 724,226	\$ 538,226
MM Premier Core Bond Fund	\$ 2,497,318	\$ 2,499,433
MM Select Large Cap Value Fund	\$ 1,457,545	\$ 1,155,376
MM Select Focused Value Fund	\$ 490,512	\$ 406,246
MM Select Mid Cap Growth II Fund	\$ 519,304	\$ 445,558
MM Select Small Cap Growth Fund	\$ 760,452	\$ 631,170
MM Premiere Enh Index Growth	\$ 1,477,188	\$ 1,287,057
MM EuroPacific Growth	\$ 1,355,031	\$ 1,338,578

FAS 157 Fair Value Information

<u>Investment</u> <u>Type</u>	<u>Pricing</u> <u>Source</u>	<u>Measurement</u> <u>Frequency</u>	<u>Valuation</u> <u>Method*</u>	<u>Suggested</u> <u>Value</u>	<u>Basis for</u> <u>hierarchy</u>
Separate Investment Account with underlying investments	Unival	Daily	Unit Value	Tier 2	Unit Value Calculated based on the observable NAV of the underlying investment

* The valuation methodology is widely recognized as the "exit" or selling price as required by FAS #157

5. PLAN TERMINATION

The Company reserves the right to terminate the Plan. In the event of termination, the Plan provides that the net assets available for benefits be set aside for the benefit of participants in accordance with the requirements of ERISA. The Plan is covered under the Pension Benefit Guaranty Corporation (PBGC) termination insurance program. 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 survivor's 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.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

5. PLAN TERMINATION (Continued)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by PBGC.

6. RECONCILIATION OF FINANCIAL STATEMENTS

The following is a June 30, 2010, reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

Net assets available for benefits - per financial statement	\$ 9,421,763
Employer contributions receivable	<u>(140,187)</u>
Net assets available for benefits - per Form 5500 - Schedule H	<u>\$ 9,281,576</u>
Employer Plan Contributions - per financial statement	440,151
Employer contributions receivable - beginning of year	297,386
Employer contributions receivable - end of year	<u>(140,187)</u>
Employer Plan Contributions - per form 5500 - Schedule H	<u>\$ 597,350</u>

7. INCOME TAX STATUS

The Internal Revenue Service informed the Company, in a letter dated June 25, 2009 that the Plan is qualified and the trust established under the Plan is tax exempt under Section 401 (a) of the Internal Revenue Code (IRC) and, therefore, not subject to federal income tax. The Plan had been amended prior to receiving the determination letter. The IRS acknowledged acceptance of the amendments that were dated May 14, 2009 in their approval letter.

8. FINANCIAL INFORMATION CERTIFIED BY CUSTODIAN

The following is a summary of information regarding the Plan and included in the Plan's financial statements, that was prepared by Massachusetts Mutual Life Insurance Company, Custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the Custodian that such information is complete and accurate:

	<u>2010</u>	<u>2009</u>
Investments at Fair Market Value		
Mutual Funds	9,281,576	\$8,301,646
Investment Income(loss)	1,164,875	(\$1,896,644)
Deductions	782,295	\$691,174

Supplemental Schedules - all items and amounts.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

9 RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Names of parties in interest and description of relationship:

1 Plan Sponsor	Climax Manufacturing Company
2 Custodian	Mass Mutual Life
3 Service Provider	M Griffith Inc.
4 Trust	Climax Manufacturing Company Retirement Income Trust
5 Trustees	Climax Manufacturing Company Pension Retirement Committee
6 Attorney	Bond Schoneck and King, LLP
7 Independent Qualified CPA	Doane CPA Firm
8 Controlling interest Stockholders of Climax Manufacturing Company	DeltaPoint Capital III, LP
9 Collective Bargaining Units	Climax Manufacturing Packaging Division and Syracuse Distribution Facility (Local 1888)

Significant Related Party Transactions:

The Board of Directors for Climax Manufacturing Company has elected to pay all administrative fees for the Plan from company funds as Plan Sponsors.

10 SUBSEQUENT EVENTS

On August 24, 2010 the Plan was amended to ratify a Plan Freeze.
Highlights of the amendment are as follows:

Plan Freeze Effective September 1, 2010, the Plan is frozen as to eligibility to participate and benefit accruals. Therefore, notwithstanding any other provision of the Plan to the contrary, no Participant shall accrue any additional benefits under the Plan after September 1, 2010. Rights to benefits that have accrued under the Plan as of September 1, 2010 shall not be diminished as a result of the freeze. No Eligible Employee shall become a participant in the Plan after September 1, 2010.

Details of the amendment are included in the Plan Summary.

Supplementary Information

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

ASSETS HELD FOR INVESTMENT PURPOSES

JUNE 30, 2010

Form 5500

Schedule H, Line 4i - Schedule of Assets (Held At End Of Year): June 30, 2010

Plan Sponsor: SA 012758-01

(a)	(b)	(c)	(d)	(d)
Identity of issue, borrower lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value		Cost	Current Value
* Mass Mutual	(Small & Mid Cap Value)		\$ 866,761	\$ 724,226
* Mass Mutual	(Select Small Cap Growth)		\$ 691,682	\$ 760,452
* Mass Mutual	(Premier Core Bond)		\$ 1,953,436	\$ 2,497,318
* Mass Mutual	(Select Large Cap Value)		\$ 1,422,180	\$ 1,457,545
* Mass Mutual	(Select Focused Value)		\$ 382,528	\$ 490,512
* Mass Mutual	(Premier Enh Index Growth)		\$ 1,633,858	\$ 1,477,188
* Mass Mutual	(EuroPacific Growth)		\$ 1,453,632	\$ 1,355,031
* Mass Mutual	(SelectMid Cap Growth II)		\$ 442,715	\$ 519,304

The accompanying notes are an integral part of these financial statements.

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 6/30/10**Plan Sponsor: SA 012758-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	(Small & Mid Cap Value)	866,761	724,226
*	MassMutual	(Select Sm Cap Gr)	691,682	760,452
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*	MassMutual	(Premier Enh Index Growth)	1,633,858	1,477,188
*	MassMutual	(EuroPacific Growth)	1,453,632	1,355,031
*	MassMutual	(Select Mid Cap Growth II)	442,715	519,304

Schedule H, line 4j - Schedule of Reportable Transactions:

Plan Sponsor:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with trans	Cost of asset	Current Value of asset on transaction date	Net gain or loss
MassMutual				N/A				

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2009**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ 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

CLIMAX MFG CO RETIREMENT INCOME PLAN FOR UNION EMPLOYEE

B Three-digit
plan number (PN) ▶

001

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

CLIMAX MANUFACTURING COMPANY

D Employer Identification Number (EIN)

14-1837076

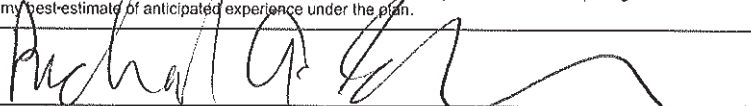
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 7 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 8,599,030**b** Actuarial value..... **2b** 9,458,932**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment..... **3a** 111 6,884,125**b** For terminated vested participants..... **3b** 63 725,477**c** For active participants:(1) Non-vested benefits..... **3c(1)** 18,293(2) Vested benefits..... **3c(2)** 3,911,131(3) Total active..... **3c(3)** 132 3,929,424**d** Total..... **3d** 306 11,539,026**4** If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate..... **5** 7.59 %**6** Target normal cost..... **6** 143,608**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

4/6/11

Date

Richard A. Erickson

11-05483

Type or print name of actuary

Most recent enrollment number

MassMutual Financial Group

(413) 744-3601

Firm name

Telephone number (including area code)

1295 State Street

Springfield

MA 01111-0001

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>(18.16)%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		67
b Interest on (a) using prior year's effective rate of <u>6.74 %</u>		5
c Total available at beginning of current plan year to add to prefunding balance		72
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	81.97 %
15 Adjusted funding target attainment percentage	15	81.97 %
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	89.36 %
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
10/19/2009	98,158				
01/14/2010	98,158				
04/15/2010	91,603				
07/19/2010	91,603				
03/15/2011	51,755				
Totals ▶			18(b)	431,277	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 contribution 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	407,123

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
-------------------	-------------------	-------------------	--

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 eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 143,608

Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1,387,752	263,515
b Waiver amortization installment		0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 407,123

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 407,123**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) **37** 407,123**38** Interest-adjusted excess contributions for current year (see instructions) **38** 0**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: July 1, 2009

Plan Effective Rate: 7.59%

Date	Amount Paid in Cash	For Plan Year	Value as of July 1, 2009
10/19/09	98,158	2009	95,972
01/14/10	98,158	2009	94,358
04/15/10	91,603	2009	86,465
07/19/10	91,603	2009	84,798
03/15/11	51,755	2009	45,530
Total	\$ 431,277		\$ 407,123

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Assumed Retirement Age

It is assumed that 100% of all participants retire at age 65.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been mandated by statute and regulation or selected to reasonably anticipate future experience with respect to these variables.

Funding Target and Liability for Maximum Tax Deductible Contribution

Interest:	IRS March 2009 Full Yield Curve
Preretirement Mortality:	IRC Sec 430 2009 Static Non-Annuitant Tables
Postretirement Mortality:	IRC Sec 430 2009 Static Annuitant Tables
Assumed Retirement:	65
Termination:	Termination Table T-1 from the Actuary's Handbook
Incidence of Disability:	None
Salary Scale:	N/A
Marriage:	It is assumed that 80% of all participants are married with the male being 3 years older than his female spouse.

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year plus plan expenses expected to be paid from plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

Schedule SB, Part V - Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Climax Manufacturing Company Retirement Income Plan for Union Employees

Employer Identification Number / Plan Number: 14-1837076 / 001

Effective Date: June 1, 1968

Plan Year: July 1 to June 30.

Employer: Climax Manufacturing Company

Employee: Any person who is employed by an Employer, other than a person who is an independent contractor.

Participation: An Employee who is a member of the collective bargaining units for the Packaging Division and the Syracuse Distribution Facility (Local 1888) will be eligible for participation on the date on which (s)he has completed one Year of Participation Service. Participation is effective on the July 1 nearest the date the Employee becomes eligible for participation. Employees eligible for coverage under another plan sponsored by the Employer are not covered under this plan.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Participation Service: A period of 12 consecutive months beginning with date of hire (or annual anniversary of date of hire) during which an Employee has at least 1,000 hours of service.

Vesting Service: A Plan Year during which a Participant has at least 1,000 hours of service.

Benefit Service: The sum of the Plan Years in which a Participant has been credited with at least 1,000 hours of service.

Normal Retirement Date: The first day of the calendar month coincident with or next following the later of age 65 and the fifth anniversary of the effective date of participation.

Early Retirement Date: The first day of any calendar month coincident with or next following the later of age 55 and the completion of 10 Years of Service.

Late Retirement Date: The first day of any calendar month after Normal Retirement Date.

Disability Retirement Date: The first day of the seventh calendar month coincident with or next following the later of onset of total and permanent disability and the completion of 5 Years of Service.

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit:

For a Participant who is an Employee of the Packaging Division: Monthly amount equal to the product of the amount from the table below times Years of Benefit Service:

Determination Date	Monthly Pension Credit
Prior to July 1, 1977	\$6.00
July 1, 1977 to June 30, 1981	\$7.00
July 1, 1981 to June 30, 1982	\$10.50
July 1, 1982 to June 30, 1983	\$11.50
July 1, 1983 to June 30, 1984	\$12.00
July 1, 1984 to June 30, 1985	\$13.00
July 1, 1985 to June 30, 1986	\$14.00
July 1, 1986 to June 30, 1987	\$15.00
July 1, 1987 to June 30, 1988	\$16.00
July 1, 1988 to June 30, 1989	\$17.00
July 1, 1989 to June 30, 1990	\$18.00
July 1, 1990 to June 30, 1993	\$19.00
July 1, 1993 to June 30, 1995	\$20.50
July 1, 1995 to June 30, 1996	\$21.50
July 1, 1996 to June 30, 1997	\$22.50
July 1, 1997 to June 30, 1998	\$23.50
July 1, 1998 to June 30, 1999	\$24.00
July 1, 1999 to June 30, 2000	\$24.50
July 1, 2000 to June 30, 2001	\$25.50
July 1, 2001 to June 30, 2002	\$26.50
July 1, 2002 to June 30, 2003	\$27.00
July 1, 2003 to June 30, 2004	\$28.00
July 1, 2004 and after	\$29.00

For a Participant who is an Employee of the Syracuse Distribution Facility (Local 1888): Monthly amount equal to the product of the amount from the table below times Years of Benefit Service:

Determination Date	Monthly Pension Credit
July 1, 1977 to January 31, 2000	\$22.50
February 1, 2000 to January 31, 2001	\$23.00
February 1, 2001 to January 31, 2002	\$24.00
February 1, 2002 to January 31, 2003	\$24.50
February 1, 2003 and after	\$25.50

Schedule SB, Part V - Summary of Plan Provisions

Early Retirement Benefit: The Participant's accrued benefit reduced by 0.25% for each month by which the Participant's early retirement date precedes his or her Normal Retirement Date.

Late Retirement Benefit: The greater of the Actuarial Equivalent of the monthly retirement benefit determined as of the close of the prior plan year, or the Accrued Benefit determined at the close of the current plan year.

Disability Retirement Benefit: The Participant's accrued benefit as of Date of Disability.

Termination Benefit: A Participant who has at least five years of Vesting Service has a non-forfeitable right to 100% percentage of his or her Accrued Benefit.

Normal Form: Married participants: Qualified Joint and Survivor Annuity

Married participants: Qualified Joint and Survivor Annuity

Unmarried participants: Life Annuity with 60 monthly payments guaranteed

Optional Forms: Joint and Survivor Annuity, Life Annuity, Life Annuity with 60, 120, 180, or 240 monthly payments guaranteed, and Social Security Leveling Option.

Death Benefits:

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Date of most recent amendment: June 30, 1997.

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		2		0		0		0	
25 to 29	0		1		3		0		0	
30 to 34	0		3		6		5		0	
35 to 39	0		3		7		4		2	
40 to 44	0		1		4		4		5	
45 to 49	0		1		0		0		3	
50 to 54	0		1		3		3		3	
55 to 59	0		2		0		0		1	
60 to 64	0		0		0		0		1	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

Attained Age	Years of Credited Service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	0		0		0		0		0	
40 to 44	6		0		0		0		0	
45 to 49	2		8		2		0		0	
50 to 54	2		5		7		2		0	
55 to 59	4		1		4		6		4	
60 to 64	1		3		1		0		6	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

Schedule SB, Line 25 - Change in Method

Summary of Changes to Funding Methods

The method to determine the value of assets used in the development of the 2009 IRS minimum funding requirement was changed from market value to the IRS 3-year asset averaging method as described in IRS Notice 2009-22.

The method to determine the Target Normal Cost was changed for Plan Years beginning after 2008. The Target Normal Cost will now include estimated plan expenses expected to be made from plan assets.

The interest rate assumption for valuing the Funding Target was changed from the IRS June 2008 Full Yield Curve in 2008, as elected from the IRS yield curve options by the Plan Sponsor to the IRS March 2009 Full Yield Curve in 2009.

Schedule SB, Line 32, Schedule of Amortization Bases

<u>Effective Date</u>	<u>Base Type</u>	<u>Initial Amount</u>	<u>Outstanding Balance</u>	<u>Years Remaining</u>	<u>Installments</u>
07/01/08	Shortfall	1,282,001	1,106,997	6	215,104
07/01/09	Shortfall	280,755	280,755	7	48,411
Total		1,562,756	1,387,752		263,515

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

ASSETS HELD FOR INVESTMENT PURPOSES

JUNE 30, 2010

Form 5500

Schedule H, Line 4i - Schedule of Assets (Held At End Of Year): June 30, 2010

Plan Sponsor: SA 012758-01

(a)	(b)	(c)	(d)	(d)
Identity of issue, borrower lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value		Cost	Current Value
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* Mass Mutual	(Select Small Cap Growth)		\$ 691,682	\$ 760,452
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* Mass Mutual	(SelectMid Cap Growth II)		\$ 442,715	\$ 519,304

The accompanying notes are an integral part of these financial statements.

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 6/30/10**Plan Sponsor: SA 012758-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
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CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED

JUNE 30, 2010 AND 2009

* * * * *

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

DOANE CPA FIRM
CERTIFIED PUBLIC ACCOUNTANCY

PO BOX 547 WATERTOWN, NEW YORK 13601

TEL. (315) 778-7301 FAX (315) 639-6555

Member FICPA

Member NYSSCPA

Report of Independent Accountant

To the Participants and Administrative Committee
of Climax Manufacturing Company
Retirement Income Plan for Union Employees

We were engaged to audit the financial statements of the Climax Manufacturing Company Retirement Income Plan for Union Employees (the "Plan") as of June 30, 2010 and 2009, and for the years then ended and supplementary schedules information as of and for the year ended June 30, 2009, as listed in the accompanying table of contents. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplementary information. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended June 30, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the custodian, 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.

Doane CPA Firm

DOANE CPA FIRM
Watertown, New York 13601

April 7, 2011

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
INVESTMENTS, at Fair Market Value		
Mutual funds	<u>\$ 9,281,576</u>	<u>\$ 8,301,646</u>
Total Investments	9,281,576	8,301,646
Employer contributions receivable - discounted	<u>140,187</u>	<u>297,386</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,421,763</u>	<u>\$ 8,599,032</u>

The accompanying notes are an integral part of these financial statements.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS(SUBTRACTIONS)		
Investment income(losses)		
Net investment gain(loss) on pooled separate accounts	\$ 1,164,875	\$ (1,896,644)
Net investment income(loss)	1,164,875	(1,896,644)
Contributions by employer	440,151	427,379
Total additions(subtractions)	<u>1,605,026</u>	<u>(1,469,265)</u>
DEDUCTIONS		
Benefit and expense payments	782,295	691,174
Total deductions	<u>782,295</u>	<u>691,174</u>
NET INCREASE(DECREASE) IN NET ASSETS	822,731	(2,160,439)
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	<u>8,599,032</u>	<u>10,759,471</u>
NET ASSETS AVAILABLE FOR BENEFITS END OF YEAR	<u>\$ 9,421,763</u>	<u>\$ 8,599,032</u>

The accompanying notes are an integral part of these financial statements.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

1. GENERAL DESCRIPTION OF THE PLAN

The Climax Manufacturing Company Retirement Income Plan for Union Employees (the "Plan") is a defined benefit plan covering workers of a collective bargaining unit represented by Local 1888 of the United Paper Worker's International Union AFL-CIO. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following brief description of the Plan is provided for general informational purposes only. Participants should refer to the Plan agreement for more complete information.

Funding Policy

Climax Manufacturing Company (the "Company") makes cash contributions to the Plan such that all employee benefits will be fully provided for upon retirement. The amounts contributed to the Plan are determined by the Company on the basis of (a) the actuarial statements submitted by the Plan's independent consulting actuary, (b) the maximum amount permitted by law or regulation as a deduction on the Company's Federal income tax returns, and (c) the minimum amount certified by the actuary as necessary during any Plan year to avoid an accumulated funding deficiency as defined by ERISA. At June 30, 2010, the Plan had not met the minimum funding requirements of ERISA, shortfall as follows:

<u>Effective</u> <u>Date</u>	<u>Initial</u> <u>Amount</u>	<u>Outstanding</u> <u>Balance</u>	<u>Years</u> <u>Remaining</u>	<u>Installments</u>
7/1/2008	1,282,001	1,106,997	6	215,104
7/1/2009	280,755	280,755	7	48,411
Total	<u>1,562,756</u>	<u>1,387,752</u>		<u>263,515</u>

Participation and Vesting

The Plan provides for full vesting at the completion of one year of at least 1,000 hours of service. Participation eligibility for an employee who is a member of the collective bargaining units for the Packaging Division and the Syracuse Distribution Facility (Local 1888) is effective on the July 1 nearest the date the employee becomes eligible for participation.

Pension Benefits

Retirement benefits under the Plan are based upon a fixed benefit per year of credited service which varies based on the year of retirement. Distributions are made in the event of retirement, death, disability, resignation or dismissal. Normal retirement age is the later of the age of sixty-five and the fifth anniversary of the effective date of participation. Special rules exist for early retirement, deferred retirement and death prior to eligibility for retirement. All benefit payments are recorded when paid.

Administration of the Plan

The Board of Directors of the Company has appointed an administrative committee to act as the fiduciary with full power, authority and responsibility to control and manage the operation and administration of the Plan.

Custodian

As a part of the Plan, the Company has entered into a Custody Agreement with Massachusetts Mutual Life Insurance Company (the Custodian). The Custodian invests the Company's contributions as stipulated by the administrative committee of the Plan. The Plan assets are maintained in a separate trust fund administered by the Custodian.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan are maintained on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported net assets at the date of the financial statements and reported changes in net assets during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Investments are exposed to various risks, such as interest rate, market and credit. Due to uncertainties inherent in the estimation and assumption process, and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in these estimates, assumptions and risks in the near term would be material to the financial statements.

Valuation of Investments

Investments are valued at fair value, principally based on market value. Securities which are traded on the national securities exchange are valued at the last reported sales price on the last business day of the fiscal year. Mutual Funds are valued at the mean between the bid and asked price on the last business day of the fiscal year. Securities traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the mean between the last reported bid and asked price.

The Plan presents in the statement of changes in net assets the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or (losses) and the unrealized appreciation (depreciation) on those investments.

Interest income is recognized on the accrual basis and dividends are recorded on the ex-dividend date. Security transactions are recorded on the settlement date.

Reclassifications

Certain reclassifications may have been made to prior year numbers to conform to the current year presentation.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

3. ACCUMULATED BENEFITS

Accumulated benefits represent those future periodic payments that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retirees or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The significant actuarial methods and assumptions used in the actuarial valuations July 1, 2009 and 2008, are as follows:

Actuarial cost method	Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year. The Target Liability as of the valuation date is the present value of the accrued benefit as of the valuation date.
Mortality rates	
Funding Target:	IRC Sec 430 2009 Static Non-Annuitant and Annuitant Tables
FAS'35 Liabilities:	RP-2000 Tables, Fully generational with scale AA
Funding interest rate	IRS March 2009 Full Yield Curve: 7.5 % per annum
Normal retirement age	Age 65
Asset valuation	The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

The actuarial present value of accumulated benefits at July 1, are as follows:

	<u>2009</u>	<u>2008</u>
Vested benefits:		
Participants currently receiving payments	\$ 6,807,130	\$ 6,179,630
Other participants	<u>4,880,021</u>	<u>4,936,162</u>
	11,687,151	11,115,792
Nonvested benefits	<u>20,708</u>	<u>15,215</u>
Total actuarial present value of accumulated benefits	<u>\$ 11,707,859</u>	<u>\$ 11,131,007</u>

Factors comprising the change in the actuarial present value of accumulated benefits for the report dated July 1 are summarized as follows:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated benefits as of the beginning of year	<u>\$ 11,131,007</u>	<u>\$ 10,729,124</u>
Increase (decrease) during the year attributable to:		
Benefit payments - net of accruals	\$ (691,174)	\$ (633,091)
Increase due to passage of time	821,065	787,246
Increase due to benefit accruals	162,116	168,065
Effect of mortality table change	-	143,652
Other - Effect of Miscellaneous gains/losses and other demographic changes	<u>284,845</u>	<u>(63,989)</u>
Net increase	<u>576,852</u>	<u>401,883</u>
Actuarial present value of accumulated benefits as of the end of year	<u>\$ 11,707,859</u>	<u>\$ 11,131,007</u>
Total Market Value of Mutual Fund Assets		<u>\$ 10,723,194</u>

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

3. ACCUMULATED BENEFITS (Continued)

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 the accumulated Plan benefits.

4. INVESTMENTS

For the year ended June 30, the Plan's investments, including gains and (losses) on investments bought and sold during the year, appreciated (depreciated) in value as follows:

	<u>2010</u>	<u>2009</u>
Mutual funds	1,164,875	(1,896,644)
Total	<u>\$ 1,164,875</u>	<u>\$ (1,896,644)</u>

The fair value of investments of the Plan's net assets at June 30, are as follows:

	<u>2010</u>	<u>2009</u>
<u>Mutual Funds</u>		
MM Small and Mid Cap Value	\$ 724,226	\$ 538,226
MM Premier Core Bond Fund	\$ 2,497,318	\$ 2,499,433
MM Select Large Cap Value Fund	\$ 1,457,545	\$ 1,155,376
MM Select Focused Value Fund	\$ 490,512	\$ 406,246
MM Select Mid Cap Growth II Fund	\$ 519,304	\$ 445,558
MM Select Small Cap Growth Fund	\$ 760,452	\$ 631,170
MM Premiere Enh Index Growth	\$ 1,477,188	\$ 1,287,057
MM EuroPacific Growth	\$ 1,355,031	\$ 1,338,578

FAS 157 Fair Value Information

<u>Investment</u> <u>Type</u>	<u>Pricing</u> <u>Source</u>	<u>Measurement</u> <u>Frequency</u>	<u>Valuation</u> <u>Method*</u>	<u>Suggested</u> <u>Value</u>	<u>Basis for</u> <u>hierarchy</u>
Separate Investment Account with underlying investments	Unival	Daily	Unit Value	Tier 2	Unit Value Calculated based on the observable NAV of the underlying investment

* The valuation methodology is widely recognized as the "exit" or selling price as required by FAS #157

5. PLAN TERMINATION

The Company reserves the right to terminate the Plan. In the event of termination, the Plan provides that the net assets available for benefits be set aside for the benefit of participants in accordance with the requirements of ERISA. The Plan is covered under the Pension Benefit Guaranty Corporation (PBGC) termination insurance program. 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 survivor's 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.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

5. PLAN TERMINATION (Continued)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by PBGC.

6. RECONCILIATION OF FINANCIAL STATEMENTS

The following is a June 30, 2010, reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

Net assets available for benefits - per financial statement	\$ 9,421,763
Employer contributions receivable	<u>(140,187)</u>
Net assets available for benefits - per Form 5500 - Schedule H	<u>\$ 9,281,576</u>
Employer Plan Contributions - per financial statement	440,151
Employer contributions receivable - beginning of year	297,386
Employer contributions receivable - end of year	<u>(140,187)</u>
Employer Plan Contributions - per form 5500 - Schedule H	<u>\$ 597,350</u>

7. INCOME TAX STATUS

The Internal Revenue Service informed the Company, in a letter dated June 25, 2009 that the Plan is qualified and the trust established under the Plan is tax exempt under Section 401 (a) of the Internal Revenue Code (IRC) and, therefore, not subject to federal income tax. The Plan had been amended prior to receiving the determination letter. The IRS acknowledged acceptance of the amendments that were dated May 14, 2009 in their approval letter.

8. FINANCIAL INFORMATION CERTIFIED BY CUSTODIAN

The following is a summary of information regarding the Plan and included in the Plan's financial statements, that was prepared by Massachusetts Mutual Life Insurance Company, Custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the Custodian that such information is complete and accurate:

	<u>2010</u>	<u>2009</u>
Investments at Fair Market Value		
Mutual Funds	9,281,576	\$8,301,646
Investment Income(loss)	1,164,875	(\$1,896,644)
Deductions	782,295	\$691,174

Supplemental Schedules - all items and amounts.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010

9 RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Names of parties in interest and description of relationship:

1 Plan Sponsor	Climax Manufacturing Company
2 Custodian	Mass Mutual Life
3 Service Provider	M Griffith Inc.
4 Trust	Climax Manufacturing Company Retirement Income Trust
5 Trustees	Climax Manufacturing Company Pension Retirement Committee
6 Attorney	Bond Schoneck and King, LLP
7 Independent Qualified CPA	Doane CPA Firm
8 Controlling interest Stockholders of Climax Manufacturing Company	DeltaPoint Capital III, LP
9 Collective Bargaining Units	Climax Manufacturing Packaging Division and Syracuse Distribution Facility (Local 1888)

Significant Related Party Transactions:

The Board of Directors for Climax Manufacturing Company has elected to pay all administrative fees for the Plan from company funds as Plan Sponsors.

10 SUBSEQUENT EVENTS

On August 24, 2010 the Plan was amended to ratify a Plan Freeze.
Highlights of the amendment are as follows:

Plan Freeze Effective September 1, 2010, the Plan is frozen as to eligibility to participate and benefit accruals. Therefore, notwithstanding any other provision of the Plan to the contrary, no Participant shall accrue any additional benefits under the Plan after September 1, 2010. Rights to benefits that have accrued under the Plan as of September 1, 2010 shall not be diminished as a result of the freeze. No Eligible Employee shall become a participant in the Plan after September 1, 2010.

Details of the amendment are included in the Plan Summary.

Supplementary Information

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

ASSETS HELD FOR INVESTMENT PURPOSES

JUNE 30, 2010

Form 5500

Schedule H, Line 4i - Schedule of Assets (Held At End Of Year): June 30, 2010

Plan Sponsor: SA 012758-01

(a)	(b)	(c)	(d)	(d)
Identity of issue, borrower lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value	
* Mass Mutual	(Small & Mid Cap Value)	\$ 866,761	\$ 724,226	
* Mass Mutual	(Select Small Cap Growth)	\$ 691,682	\$ 760,452	
* Mass Mutual	(Premier Core Bond)	\$ 1,953,436	\$ 2,497,318	
* Mass Mutual	(Select Large Cap Value)	\$ 1,422,180	\$ 1,457,545	
* Mass Mutual	(Select Focused Value)	\$ 382,528	\$ 490,512	
* Mass Mutual	(Premier Enh Index Growth)	\$ 1,633,858	\$ 1,477,188	
* Mass Mutual	(EuroPacific Growth)	\$ 1,453,632	\$ 1,355,031	
* Mass Mutual	(SelectMid Cap Growth II)	\$ 442,715	\$ 519,304	

The accompanying notes are an integral part of these financial statements.

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 6/30/10**Plan Sponsor: SA 012758-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	(Small & Mid Cap Value)	866,761	724,226
*	MassMutual	(Select Sm Cap Gr)	691,682	760,452
*	MassMutual	(Premier Core Bond)	1,953,436	2,497,318
*	MassMutual	(Select Large Cap Value)	1,422,180	1,457,545
*	MassMutual	(Select Focused Value)	382,528	490,512
*	MassMutual	(Premier Enh Index Growth)	1,633,858	1,477,188
*	MassMutual	(EuroPacific Growth)	1,453,632	1,355,031
*	MassMutual	(Select Mid Cap Growth II)	442,715	519,304

Schedule H, line 4j - Schedule of Reportable Transactions:

Plan Sponsor:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with trans	Cost of asset	Current Value of asset on transaction date	Net gain or loss
MassMutual				N/A				

* This schedule was completed considering assets held under a MassMutual group annuity contract only

Schedule H, line 4j - Schedule of Reportable Transactions:

Plan Sponsor:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with trans	Cost of asset	Current Value of asset on transaction date	Net gain or loss
MassMutual				N/A				

A Name of Plan Climax Manufacturing Company Retirement Income Plan for Union Employees	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Climax Manufacturing Company	D Employer Identification Number 141837076

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Massachusetts Mutual Life Insurance Company Massachusetts Mutual Life Insurance Company	041590850 041590850		American Funds received estimated Other Fees of 18 basis points * plan assets with respect to EuroPacific Growth (American) (SIA-VB). MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB). MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Small- & Mid- Cap Value (OFI) separate account (SIA-C4). MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual. MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB). MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-LE). MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Enh Index Growth (Babson) separate account (SIA-NU). MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Intl Equity (OFI Inst) separate account (SIA-LI). MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Focused Value (Harris) separate account (SIA-LV). MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-LJ). MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr II (T Rowe Price) separate account (SIA-W9). MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&RWellington) separate account (SIA-LC). MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Small- & Mid- Cap Value (OFI) separate account (SIA-C4). MassMutual received estimated Administrative Fees of 21 basis points * plan assets with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-LE).
Massachusetts Mutual Life Insurance Company	041590850		
Massachusetts Mutual Life Insurance Company	041590850		
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Massachusetts Mutual Life Insurance Company	041590850
Massachusetts Mutual Life Insurance Company	041590850

MassMutual received estimated Administrative Fees of 32 basis points * plan assets with respect to the mutual fund underlying the Premier Intl Equity (OFI Inst) separate account (SIA-LI).

MassMutual received estimated Administrative Fees of 32 basis points * plan assets with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-LJ).

MassMutual received estimated Administrative Fees of 32 basis points * plan assets with respect to the mutual fund underlying the Select Mid Cap Gr II (T.Rowe Price) separate account (SIA-W9).

MassMutual received estimated Administrative Fees of 33 basis points * plan assets with respect to the mutual fund underlying the Select Focused Value (Harris) separate account (SIA-LV).

MassMutual received estimated Administrative Fees of 41 basis points * plan assets with respect to the mutual fund underlying the Select Sm Cap Gr (W&RWellington) separate account (SIA-LC).

MassMutual received estimated Administrative Fees of 6 basis points * plan assets with respect to the mutual fund underlying the Premier Enh Index Growth (Babson) separate account (SIA-NU).

MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB).

MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to the mutual fund underlying the Small- & Mid- Cap Value (OFI) separate account (SIA-C4).

MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Small- & Mid- Cap Value (OFI) separate account (SIA-C4).

Openheimer received estimated Other Fees of 29 basis points * plan assets with respect to Small- & Mid- Cap Value (OFI) (SIA-C4).