| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2009**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ERICO RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 010

**1c** Effective date of plan 01/01/1983

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

31700 SOLON ROAD
SOLON, OH 44139-0723

31700 SOLON ROAD
SOLON, OH 44139-0723

**2b** Employer Identification Number (EIN) 34-0201460

**2c** Sponsor's telephone number 440-542-3903

**2d** Business code (see instructions) 332300

**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. | 07/28/2010 | CLAUDIA PACE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | |
|---|---|
| **3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ERICO INTERNATIONAL CORPORATION<br><br>31700 SOLON ROAD<br>SOLON, OH 44139-0723 | **3b** Administrator's EIN<br>34-0201460<br>**3c** Administrator's telephone number<br>440-542-3903 |

| | | |
|---|---|---|
| **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: | | **4b** EIN |
| **a** Sponsor's name | | **4c** PN |

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 818 |
| **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** | 679 |
| **b** Retired or separated participants receiving benefits | **6b** | 7 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 97 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 783 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 4 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 787 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 758 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 13 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 2S 2T

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

| **9a** Plan funding arrangement (check all that apply) | | | **9b** Plan benefit arrangement (check all that apply) | | |
|---|---|---|---|---|---|
| **(1)** | ☐ | Insurance | **(1)** | ☐ | Insurance |
| **(2)** | ☐ | Code section 412(e)(3) insurance contracts | **(2)** | ☐ | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust | **(3)** | X | Trust |
| **(4)** | ☐ | General assets of the sponsor | **(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** | | | **b General Schedules** | | |
|---|---|---|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) | **(1)** | X | **H** (Financial Information) |
| **(2)** | ☐ | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | **(2)** | ☐ | **I** (Financial Information – Small Plan) |
| | | | **(3)** | ☐ | ___ **A** (Insurance Information) |
| | | | **(4)** | X | **C** (Service Provider Information) |
| **(3)** | ☐ | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | **(5)** | X | **D** (DFE/Participating Plan Information) |
| | | | **(6)** | ☐ | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2009 |
| Department of Labor Employee Benefits Security Administration | ▶ **File as an attachment to Form 5500.** | **This Form is Open to Public Inspection.** |
| Pension Benefit Guaranty Corporation | | |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ERICO RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 010

**C** Plan sponsor's name as shown on line 2a of Form 5500
ERICO INTERNATIONAL CORPORATION

**D** Employer Identification Number (EIN)
34-0201460

## 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).. . . . . [X] 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

FIDELITY INV INST OPS CO

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 64 65 37 60 | RECORDKEEPER | 2718 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 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. |
|---|---|
| ABF LG CAP VAL INV - STATE STREET B<br>04-1867445 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 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. |
|---|---|
| AF GRTH FUND AMER R4 - AMERICAN FUN<br>95-2566717 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 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. |
|---|---|
| ALGER SMALL CAP I - BOSTON FINANCIA<br>04-2526037 | 0.40% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 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. |
|---|---|
| GS SM CAP VALUE INST - GOLDMAN, SAC<br><br>13-5108880 | 0.10% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 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. |
|---|---|
| MSIF SM CO GRTH P - MORGAN STANLEY<br><br>13-3799749 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 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. |
|---|---|
| OAKMARK EQ & INC I - BOSTON FINANCI<br><br>04-2526037 | 0.35% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 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. |
|---|---|
| PIMCO TOT RETURN ADM - BOSTON FINAN<br><br>04-2526037 | 0.25% |

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| SCHEDULE D (Form 5500) | DFE/Participating Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ERICO RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 010

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ERICO INTERNATIONAL CORPORATION

**D** Employer Identification Number (EIN)
34-0201460

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

| **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) |
|---|---|---|
| 04-3022712-024 | C | 14395378 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

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**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) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ERICO RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 010

**C** Plan sponsor's name as shown on line 2a of Form 5500
ERICO INTERNATIONAL CORPORATION

**D** Employer Identification Number (EIN)
34-0201460

## 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) | 1274983 | 1218902 |
| (9) Value of interest in common/collective trusts | 1c(9) | 13527186 | 14395378 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 29074807 | 36434553 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 43876976 | 52048833 |
| **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 through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 43876976 | 52048833 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 167513 | |
| **(B)** Participants | 2a(1)(B) | 2604196 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 66803 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2838512 |
| **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) | 79383 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 79383 |
| **(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) | 863630 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 863630 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 702202 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 7212865 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 11696592 |

## Expenses

| | | | |
|---|---|---|---|
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3474378 | |
| **(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) | | 3474378 |
| **f** Corrective distributions (see instructions) | 2f | | 30738 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 15642 |
| **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) | 3977 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 3977 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 3524735 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 8171857 |
| **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: SS&G FINANCIAL SERVICES **(2)** EIN: 34-1945695

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 2000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

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

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

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

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ERICO RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 010

**C** Plan sponsor's name as shown on line 2a of Form 5500
ERICO INTERNATIONAL CORPORATION

**D** Employer Identification Number (EIN)
34-0201460

## Part I Distributions

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

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

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

EIN(s): 04-6568107 _____

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# ERICO RETIREMENT SAVINGS PLAN

*FINANCIAL STATEMENTS*

*FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008*

# ERICO RETIREMENT SAVINGS PLAN

## TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT ON FINANCIAL STATEMENTS ..... 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits ..... 2

Statements of Changes in Net Assets Available for Benefits ..... 3

Notes to Financial Statements ..... 4-12

SUPPLEMENTAL INFORMATION

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) ..... 13

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# INDEPENDENT AUDITORS' REPORT

To The Administrative Committee
ERICO Retirement Savings Plan
Solon, Ohio

We were engaged to audit the accompanying financial statements and supplemental schedule of the ERICO Retirement Savings Plan as of December 31, 2009 and 2008, and for the years then ended, as listed in the table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

SS&G Financial Services Inc.

CERTIFIED PUBLIC ACCOUNTANTS

July 26, 2010
Akron, Ohio

*Providing the services that bring solutions.*

member of:
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## ERICO RETIREMENT SAVINGS PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | DECEMBER 31, | |
|---|---|---|
| | **2009** | 2008 |
| ASSETS | | |
| Investments, at fair value: | | |
| Shares of registered investment companies | **$ 36,434,553** | $ 29,074,807 |
| Units of common/collective trust fund | **14,395,378** | 13,527,186 |
| Participant loans | **1,218,902** | 1,274,983 |
| Net assets available for benefits at fair value | **52,048,833** | 43,876,976 |
| Adjustment from fair value to contract value for interest in common/collective trust fund relating to fully benefit-responsive investment contracts | **267,684** | 729,684 |
| Net assets available for benefits | **$ 52,316,517** | $ 44,606,660 |

See accompanying notes to financial statements.

## ERICO RETIREMENT SAVINGS PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | FOR THE YEARS ENDED DECEMBER 31, | |
|---|---|---|
| | 2009 | 2008 |
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
| Investment income: | | |
| Interest and dividends | $ 1,183,212 | $ 2,012,245 |
| Net appreciation in fair value of shares of registered investment companies | 7,212,868 | - |
| | 8,396,080 | 2,012,245 |
| Contributions: | | |
| Participant | 2,604,196 | 3,259,911 |
| Employer | 167,513 | 1,822,180 |
| Rollovers | 66,803 | 188,380 |
| | 2,838,512 | 5,270,471 |
| Total additions | 11,234,592 | 7,282,716 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Net depreciation in fair value of shares of registered investment companies | - | 16,325,838 |
| Benefits paid directly to participants | 3,520,758 | 2,276,508 |
| Administrative expenses | 3,977 | 4,081 |
| Total deductions | 3,524,735 | 18,606,427 |
| Net increase (decrease) | 7,709,857 | (11,323,711) |
| Net assets available for benefits: | | |
| Beginning of year | 44,606,660 | 55,930,371 |
| End of year | $ 52,316,517 | $ 44,606,660 |

See accompanying notes to financial statements.

## NOTE A – Description of the Plan

The following description of the ERICO Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

*General*
The Plan is a defined contribution plan covering all full-time employees of ERICO International Corporation (ERICO) who have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

*Contributions*
Participants in the Plan can elect to contribute from 1% to 25% of their pretax earnings through payroll deductions. Newly eligible employees who do not make an active election to participate or not participate in the Plan are automatically enrolled in the Plan with a contribution amount of 3%. During 2008, ERICO matched participant contributions at the rate of 50% of the first 6% of an eligible participant's salary reduction contribution. Effective March 1, 2009, ERICO adopted an amendment to the Plan to suspend future employer contributions. Additionally during 2008, ERICO made discretionary profit sharing contributions of $700,000. Plan participants have the option to direct their current account balances and future contributions into any combination of investment fund options offered by the Plan.

*Participant accounts*
Each participant's account is credited with the participant's contribution, ERICO's matching contribution and profit sharing contribution, if any, and investment income earned on the account balance. The benefit to which a participant is entitled is that which can be provided from the participant's vested account balance. Participants are immediately vested with respect to their employee contribution and their ERICO matching contribution. Participants become vested in the profit sharing portion of their account balance after five years of service from their date of hire. If the Plan were to terminate at some future time, each participant has a non-forfeitable right to their entire account balance.

*Participant loans*
Loans are permitted to be made to active participants. The loans are secured by the participant's vested interest in the Plan and must be a minimum of $1,000 up to the lesser of one half of the participant's account balance or $50,000. The loan repayment period may not be less than one year and may not exceed five years unless the loan is used to purchase a participant's principal residence for which the period may not exceed ten years. Interest is charged at a reasonable rate determined by the administrative committee.

Participants who prove financial hardship may only withdraw the portion of their account balance representing participant contributions and the investment income thereon. The portion contributed by ERICO and investment income thereon remains in their account until termination of employment or retirement and continues to earn investment income until distribution.

**NOTE A – Description of the Plan, continued**

*Payment of benefits*
Upon termination of employment prior to normal retirement age, participants with account balances greater than or equal to $1,000 may elect to receive either a partial or full distribution of their account balance or maintain the account balance in the Plan until retirement. At retirement, participants with account balances greater than or equal to $1,000 may elect to receive either a partial or full distribution of their account balance or receive installments over a period not exceeding ten years. Both terminated and retired participants with account balances less than $1,000 are required to take full distributions of their account balance. Benefit payments upon the death of a participant are paid directly to the beneficiary. The beneficiary may elect to receive a partial or full distribution.

*Forfeitures*
Forfeitures are reallocated each year to participants who are eligible to receive the profit sharing contribution. During 2008, $20,807 of forfeitures were allocated to eligible participants. There were no forfeitures allocated during 2009.

*Forfeited accounts*
At December 31, 2009 and 2008, forfeited and non-vested accounts totaled $17,496 and $9,161, respectively. Forfeitures are first utilized to pay employer contributions and, thereafter, are allocated among eligible participants as an additional discretionary contribution.

*Plan expenses*
During 2009 and 2008, ERICO elected to pay administrative fees of $6,893 and $7,368, respectively, on behalf of the Plan.

*Plan termination*
Although it has not expressed any intent to do so, ERICO has the right under the Plan to terminate the Plan, subject to the provisions of ERISA as amended.

**NOTE B – Summary of significant accounting policies**

*Basis of accounting*
The financial statements of the Plan are prepared on the accrual method of accounting.

**NOTE B – Summary of significant accounting policies, continued**

*Recent accounting pronouncements*
In June 2009, the Financial Accounting Standards Board (FASB) issued Statement No. 168, *The FASB Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles* (GAAP). The Statement established the ASC which did not change generally accepted accounting principles but rather enhanced the way accounting principles are organized and established a single source of authoritative, nongovernmental U.S. GAAP. The effective date of the ASC is for interim and annual reporting periods ending after September 15, 2009. The ASC does not have an impact on the Plan's financial position or results of operations as it does not change authoritative guidance.

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define its major equity and debt security types based on the nature and risks of the related investment. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note G, the guidance was applied prospectively for 2009.

*Investment valuation and income recognition*
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note G for discussion of fair value measurements.

The shares of registered investment companies are valued at quoted marked prices, which represent the net asset values of shares held by the Plan at year-end. The common/collective trust fund is stated at market value, as determined by the trustee. The participant loans are valued at their outstanding balances, which approximate fair value.

The Plan had adopted ASC 962 *Plan Accounting - Defined Contribution Pension Plans* (ASC 962). ASC 962 requires that investment contracts held by a defined-contribution plan be reported at fair market value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by ASC 962, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

*Payment of benefits*
Benefits are recorded when paid.

**NOTE B – Summary of significant accounting policies, continued**

*Use of estimates*
The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

*Events occurring after reporting date*
The Plan's management has evaluated events and transactions that occurred between December 31, 2009 and July 26, 2010, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

**NOTE C – Investments**

All investment information disclosed in the accompanying financial statements and schedule, including investments held at December 31, 2009 and 2008, net appreciation (depreciation) in fair value of shares of registered investment companies, and interest and dividend income for the years ended December 31, 2009 and 2008, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Fidelity Management Trust Company, the trustee. As elected by the Plan administrator, no auditing procedures have been performed on this information except to compare such information to the information included in the accompanying financial statements.

Investments that represent 5% or more of the fair value of the Plan's net assets are as follows:

| | December 31, | |
|---|---|---|
| | **2009** | 2008 |
| Fidelity Managed Income Portfolio | **$ 14,663,062 *** | $ 14,256,870 * |
| PIMCO Total Return Adm | **5,918,466** | 4,978,722 |
| Fidelity Diversified International | **4,595,918** | 4,062,898 |
| American Fund Growth Fund of America | **4,379,373** | 3,509,330 |
| MSI Small Company Growth | **2,985,232** | 2,069,918 |
| Fidelity Spartan U.S. Equity Index | **2,905,183** | 2,549,409 |
| Fidelity Equity Income | **2,781,368** | 2,147,547 |

* This amount represents contract value for this investment.

**NOTE C – Investments, continued**

During 2009 and 2008, the Plan's shares of registered investment companies (including investments purchased, sold, and held during the year) appreciated in value by $7,212,868 and depreciated in value by $(16,325,838), respectively.

**NOTE D – Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**NOTE E – Tax status**

The Plan has received a determination letter from the Internal Revenue Service dated September 17, 2001, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, thus, believes that the Plan, as amended, is qualified and the related trust is tax exempt. Therefore, no provision for income taxes had been included in the Plan's financial statements.

**NOTE F – Transactions with parties-in-interest**

Certain plan investments in registered investment companies were managed by Fidelity Management Trust Company, the trustee. Therefore, transactions therewith qualify as party-in-interest transactions.

**NOTE G – Fair value measurements**

The ASC Topic on *Fair Value Measurements and Disclosure* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. The Topic does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

**NOTE G – Fair value measurements, continued**

The Topic establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

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

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

*Registered investment companies:* Valued at the net asset value of shares held by the Plan at year-end.

*Common/collective trust:* Valued at net asset value of units held by the Plan at year-end.

*Participant loans:* Valued at amortized cost, which approximates fair value.

**NOTE G – Fair value measurements, continued**

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

| | Fair Value Measurements at Reporting Date Using | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Shares of registered investment companies: | | | | |
| Large Cap Stock Funds | $ 11,972,928 | $ - | $ - | $ 11,972,928 |
| Balanced Funds | 9,171,672 | - | - | 9,171,672 |
| Income Funds | 5,918,466 | - | - | 5,918,466 |
| International Stock Funds | 4,595,918 | - | - | 4,595,918 |
| Small Cap Stock Funds | 3,431,786 | - | - | 3,431,786 |
| Mid-Cap Stock Funds | 1,343,783 | - | - | 1,343,783 |
| Total shares of registered investment companies | 36,434,553 | - | - | 36,434,553 |
| Common/collective trust | - | 14,395,378 | - | 14,395,378 |
| Participant loans | - | - | 1,218,902 | 1,218,902 |
| Balance at December 31, 2009 | $ 36,434,553 | $ 14,395,378 | $ 1,218,902 | $ 52,048,833 |

**NOTE G – Fair value measurements, continued**

| | Fair Value Measurements at Reporting Date Using | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Registered investment companies | $ 29,074,807 | $ - | $ - | $ 29,074,807 |
| Common/collective trust | - | 13,527,186 | - | 13,527,186 |
| Participant loans | - | - | 1,274,983 | 1,274,983 |
| Balance at December 31, 2008 | $ 29,074,807 | $ 13,527,186 | $ 1,274,983 | $ 43,876,976 |

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

| | Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Years Ended December 31, | |
|---|---|---|
| | 2009 | 2008 |
| Balance, beginning of year | $ 1,274,983 | $ 1,110,951 |
| Purchases, sales, issuances, settlements, net | (56,081) | 164,032 |
| Balance, end of year | $ 1,218,902 | $ 1,274,983 |

**NOTE H – Reconciliation to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 52,316,517 | $ 44,606,660 |
| Less: Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (267,684) | (729,684) |
| Net assets available for benefits per the Form 5500 | $ 52,048,833 | $ 43,876,976 |

**NOTE H – Reconciliation to Form 5500, continued**

The following is a reconciliation of investment income per the financial statements for the years ended December 31, 2009 and 2008 to Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Interest and dividends per the financial statements | $ 1,183,212 | $ 2,012,245 |
| Net appreciation (depreciation) in fair value of investments | 7,212,868 | (16,325,838) |
| Less: Adjustment from fair value to contract value for fully benefit-responsive investment contracts | 462,000 | (594,439) |
| Total investment income (loss) per the Form 5500 | $ 8,858,080 | $ (14,908,032) |

**ERICO RETIREMENT SAVINGS PLAN**

**December 31, 2009**

**EIN: 34-0401460 Plan Number: 010**

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

| Identity of Issuer | Description of Investment | Current Value |
|---|---|---|
| Fidelity Managed Income Portfolio* | 14,663,062 shares | $14,395,378 |
| PIMCO Total Return Adm | 548,006 shares | 5,918,466 |
| Fidelity Diversified International* | 164,140 shares | 4,595,918 |
| American Fund Growth Fund of America* | 161,541 shares | 4,379,373 |
| MSI Small Company Growth | 285,395 shares | 2,985,232 |
| Fidelity Spartan U.S. Equity Index* | 73,679 shares | 2,905,183 |
| Fidelity Equity Income* | 71,062 shares | 2,781,368 |
| Fidelity Contrafund* | 28,034 shares | 1,633,850 |
| Fidelity Low Priced Stock* | 42,072 shares | 1,343,783 |
| Oakmark Equity and Income Fund | 25,789 shares | 658,662 |
| Goldman Sachs Small Cap Value Fund | 13,557 shares | 446,554 |
| ABF Large Cap Value | 16,635 shares | 273,154 |
| Fidelity Freedom Income* | 21,465 shares | 230,537 |
| Fidelity Freedom 2000* | 2,923 shares | 33,174 |
| Fidelity Freedom 2005* | 18,238 shares | 182,930 |
| Fidelity Freedom 2010* | 129,272 shares | 1,617,192 |
| Fidelity Freedom 2015* | 44,021 shares | 458,694 |
| Fidelity Freedom 2020* | 174,974 shares | 2,195,927 |
| Fidelity Freedom 2025* | 71,675 shares | 744,706 |
| Fidelity Freedom 2030* | 113,616 shares | 1,407,697 |
| Fidelity Freedom 2035* | 41,816 shares | 429,058 |
| Fidelity Freedom 2040* | 112,189 shares | 803,276 |
| Fidelity Freedom 2045* | 26,916 shares | 227,977 |
| Fidelity Freedom 2050* | 21,777 shares | 181,842 |
| Loans to Participants* | Interest rates ranging from 4.25% to 9.25% with maturity dates through 2019 | 1,218,902 |
| | | $52,048,833 |

* Identifies party-in-interest to the Plan

# ERICO RETIREMENT SAVINGS PLAN

*FINANCIAL STATEMENTS*

*FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008*

# ERICO RETIREMENT SAVINGS PLAN

## TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT ON FINANCIAL STATEMENTS ..... 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits ..... 2

Statements of Changes in Net Assets Available for Benefits ..... 3

Notes to Financial Statements ..... 4-12

SUPPLEMENTAL INFORMATION

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) ..... 13

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# INDEPENDENT AUDITORS' REPORT

To The Administrative Committee
ERICO Retirement Savings Plan
Solon, Ohio

We were engaged to audit the accompanying financial statements and supplemental schedule of the ERICO Retirement Savings Plan as of December 31, 2009 and 2008, and for the years then ended, as listed in the table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

SS&G Financial Services Inc.

CERTIFIED PUBLIC ACCOUNTANTS

July 26, 2010
Akron, Ohio

*Providing the services that bring solutions.*

member of:
OSCPA, PCAOB, the AICPA's Center for Public Company Audit Firms, and The Leading Edge Alliance.

## ERICO RETIREMENT SAVINGS PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | DECEMBER 31, | |
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| | **2009** | 2008 |
| ASSETS | | |
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| Units of common/collective trust fund | **14,395,378** | 13,527,186 |
| Participant loans | **1,218,902** | 1,274,983 |
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| Adjustment from fair value to contract value for interest in common/collective trust fund relating to fully benefit-responsive investment contracts | **267,684** | 729,684 |
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## ERICO RETIREMENT SAVINGS PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | FOR THE YEARS ENDED DECEMBER 31, | |
|---|---|---|
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| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | | |
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| Rollovers | 66,803 | 188,380 |
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Participants in the Plan can elect to contribute from 1% to 25% of their pretax earnings through payroll deductions. Newly eligible employees who do not make an active election to participate or not participate in the Plan are automatically enrolled in the Plan with a contribution amount of 3%. During 2008, ERICO matched participant contributions at the rate of 50% of the first 6% of an eligible participant's salary reduction contribution. Effective March 1, 2009, ERICO adopted an amendment to the Plan to suspend future employer contributions. Additionally during 2008, ERICO made discretionary profit sharing contributions of $700,000. Plan participants have the option to direct their current account balances and future contributions into any combination of investment fund options offered by the Plan.

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Each participant's account is credited with the participant's contribution, ERICO's matching contribution and profit sharing contribution, if any, and investment income earned on the account balance. The benefit to which a participant is entitled is that which can be provided from the participant's vested account balance. Participants are immediately vested with respect to their employee contribution and their ERICO matching contribution. Participants become vested in the profit sharing portion of their account balance after five years of service from their date of hire. If the Plan were to terminate at some future time, each participant has a non-forfeitable right to their entire account balance.

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Loans are permitted to be made to active participants. The loans are secured by the participant's vested interest in the Plan and must be a minimum of $1,000 up to the lesser of one half of the participant's account balance or $50,000. The loan repayment period may not be less than one year and may not exceed five years unless the loan is used to purchase a participant's principal residence for which the period may not exceed ten years. Interest is charged at a reasonable rate determined by the administrative committee.

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**NOTE A – Description of the Plan, continued**

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Forfeitures are reallocated each year to participants who are eligible to receive the profit sharing contribution. During 2008, $20,807 of forfeitures were allocated to eligible participants. There were no forfeitures allocated during 2009.

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At December 31, 2009 and 2008, forfeited and non-vested accounts totaled $17,496 and $9,161, respectively. Forfeitures are first utilized to pay employer contributions and, thereafter, are allocated among eligible participants as an additional discretionary contribution.

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Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note G for discussion of fair value measurements.

The shares of registered investment companies are valued at quoted marked prices, which represent the net asset values of shares held by the Plan at year-end. The common/collective trust fund is stated at market value, as determined by the trustee. The participant loans are valued at their outstanding balances, which approximate fair value.

The Plan had adopted ASC 962 *Plan Accounting - Defined Contribution Pension Plans* (ASC 962). ASC 962 requires that investment contracts held by a defined-contribution plan be reported at fair market value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by ASC 962, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

*Payment of benefits*
Benefits are recorded when paid.

**NOTE B – Summary of significant accounting policies, continued**

*Use of estimates*
The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

*Events occurring after reporting date*
The Plan's management has evaluated events and transactions that occurred between December 31, 2009 and July 26, 2010, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

**NOTE C – Investments**

All investment information disclosed in the accompanying financial statements and schedule, including investments held at December 31, 2009 and 2008, net appreciation (depreciation) in fair value of shares of registered investment companies, and interest and dividend income for the years ended December 31, 2009 and 2008, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Fidelity Management Trust Company, the trustee. As elected by the Plan administrator, no auditing procedures have been performed on this information except to compare such information to the information included in the accompanying financial statements.

Investments that represent 5% or more of the fair value of the Plan's net assets are as follows:

| | December 31, | |
|---|---|---|
| | **2009** | 2008 |
| Fidelity Managed Income Portfolio | **$ 14,663,062 *** | $ 14,256,870 * |
| PIMCO Total Return Adm | **5,918,466** | 4,978,722 |
| Fidelity Diversified International | **4,595,918** | 4,062,898 |
| American Fund Growth Fund of America | **4,379,373** | 3,509,330 |
| MSI Small Company Growth | **2,985,232** | 2,069,918 |
| Fidelity Spartan U.S. Equity Index | **2,905,183** | 2,549,409 |
| Fidelity Equity Income | **2,781,368** | 2,147,547 |

* This amount represents contract value for this investment.

**NOTE C – Investments, continued**

During 2009 and 2008, the Plan's shares of registered investment companies (including investments purchased, sold, and held during the year) appreciated in value by $7,212,868 and depreciated in value by $(16,325,838), respectively.

**NOTE D – Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**NOTE E – Tax status**

The Plan has received a determination letter from the Internal Revenue Service dated September 17, 2001, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, thus, believes that the Plan, as amended, is qualified and the related trust is tax exempt. Therefore, no provision for income taxes had been included in the Plan's financial statements.

**NOTE F – Transactions with parties-in-interest**

Certain plan investments in registered investment companies were managed by Fidelity Management Trust Company, the trustee. Therefore, transactions therewith qualify as party-in-interest transactions.

**NOTE G – Fair value measurements**

The ASC Topic on *Fair Value Measurements and Disclosure* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. The Topic does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

**NOTE G – Fair value measurements, continued**

The Topic establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

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

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

*Registered investment companies:* Valued at the net asset value of shares held by the Plan at year-end.

*Common/collective trust:* Valued at net asset value of units held by the Plan at year-end.

*Participant loans:* Valued at amortized cost, which approximates fair value.

**NOTE G – Fair value measurements, continued**

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

| | Fair Value Measurements at Reporting Date Using | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Shares of registered investment companies: | | | | |
| Large Cap Stock Funds | $ 11,972,928 | $ - | $ - | $ 11,972,928 |
| Balanced Funds | 9,171,672 | - | - | 9,171,672 |
| Income Funds | 5,918,466 | - | - | 5,918,466 |
| International Stock Funds | 4,595,918 | - | - | 4,595,918 |
| Small Cap Stock Funds | 3,431,786 | - | - | 3,431,786 |
| Mid-Cap Stock Funds | 1,343,783 | - | - | 1,343,783 |
| Total shares of registered investment companies | 36,434,553 | - | - | 36,434,553 |
| Common/collective trust | - | 14,395,378 | - | 14,395,378 |
| Participant loans | - | - | 1,218,902 | 1,218,902 |
| Balance at December 31, 2009 | $ 36,434,553 | $ 14,395,378 | $ 1,218,902 | $ 52,048,833 |

**NOTE G – Fair value measurements, continued**

| | Fair Value Measurements at Reporting Date Using | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Registered investment companies | $ 29,074,807 | $ - | $ - | $ 29,074,807 |
| Common/collective trust | - | 13,527,186 | - | 13,527,186 |
| Participant loans | - | - | 1,274,983 | 1,274,983 |
| Balance at December 31, 2008 | $ 29,074,807 | $ 13,527,186 | $ 1,274,983 | $ 43,876,976 |

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

| | Fair Value Measurements Using Significant Unobservable Inputs (Level 3) Years Ended December 31, | |
|---|---|---|
| | 2009 | 2008 |
| Balance, beginning of year | $ 1,274,983 | $ 1,110,951 |
| Purchases, sales, issuances, settlements, net | (56,081) | 164,032 |
| Balance, end of year | $ 1,218,902 | $ 1,274,983 |

**NOTE H – Reconciliation to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 52,316,517 | $ 44,606,660 |
| Less: Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (267,684) | (729,684) |
| Net assets available for benefits per the Form 5500 | $ 52,048,833 | $ 43,876,976 |

**NOTE H – Reconciliation to Form 5500, continued**

The following is a reconciliation of investment income per the financial statements for the years ended December 31, 2009 and 2008 to Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Interest and dividends per the financial statements | $ 1,183,212 | $ 2,012,245 |
| Net appreciation (depreciation) in fair value of investments | 7,212,868 | (16,325,838) |
| Less: Adjustment from fair value to contract value for fully benefit-responsive investment contracts | 462,000 | (594,439) |
| Total investment income (loss) per the Form 5500 | $ 8,858,080 | $ (14,908,032) |

**ERICO RETIREMENT SAVINGS PLAN**

**December 31, 2009**

**EIN: 34-0401460 Plan Number: 010**

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

| Identity of Issuer | Description of Investment | Current Value |
|---|---|---|
| Fidelity Managed Income Portfolio* | 14,663,062 shares | $14,395,378 |
| PIMCO Total Return Adm | 548,006 shares | 5,918,466 |
| Fidelity Diversified International* | 164,140 shares | 4,595,918 |
| American Fund Growth Fund of America* | 161,541 shares | 4,379,373 |
| MSI Small Company Growth | 285,395 shares | 2,985,232 |
| Fidelity Spartan U.S. Equity Index* | 73,679 shares | 2,905,183 |
| Fidelity Equity Income* | 71,062 shares | 2,781,368 |
| Fidelity Contrafund* | 28,034 shares | 1,633,850 |
| Fidelity Low Priced Stock* | 42,072 shares | 1,343,783 |
| Oakmark Equity and Income Fund | 25,789 shares | 658,662 |
| Goldman Sachs Small Cap Value Fund | 13,557 shares | 446,554 |
| ABF Large Cap Value | 16,635 shares | 273,154 |
| Fidelity Freedom Income* | 21,465 shares | 230,537 |
| Fidelity Freedom 2000* | 2,923 shares | 33,174 |
| Fidelity Freedom 2005* | 18,238 shares | 182,930 |
| Fidelity Freedom 2010* | 129,272 shares | 1,617,192 |
| Fidelity Freedom 2015* | 44,021 shares | 458,694 |
| Fidelity Freedom 2020* | 174,974 shares | 2,195,927 |
| Fidelity Freedom 2025* | 71,675 shares | 744,706 |
| Fidelity Freedom 2030* | 113,616 shares | 1,407,697 |
| Fidelity Freedom 2035* | 41,816 shares | 429,058 |
| Fidelity Freedom 2040* | 112,189 shares | 803,276 |
| Fidelity Freedom 2045* | 26,916 shares | 227,977 |
| Fidelity Freedom 2050* | 21,777 shares | 181,842 |
| Loans to Participants* | Interest rates ranging from 4.25% to 9.25% with maturity dates through 2019 | 1,218,902 |
| | | $52,048,833 |

* Identifies party-in-interest to the Plan

**ERICO RETIREMENT SAVINGS PLAN**

**December 31, 2009**

**EIN: 34-0401460 Plan Number: 010**

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

| Identity of Issuer | Description of Investment | Current Value |
|---|---|---|
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| Fidelity Diversified International* | 164,140 shares | 4,595,918 |
| American Fund Growth Fund of America* | 161,541 shares | 4,379,373 |
| MSI Small Company Growth | 285,395 shares | 2,985,232 |
| Fidelity Spartan U.S. Equity Index* | 73,679 shares | 2,905,183 |
| Fidelity Equity Income* | 71,062 shares | 2,781,368 |
| Fidelity Contrafund* | 28,034 shares | 1,633,850 |
| Fidelity Low Priced Stock* | 42,072 shares | 1,343,783 |
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| Goldman Sachs Small Cap Value Fund | 13,557 shares | 446,554 |
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| Fidelity Freedom 2010* | 129,272 shares | 1,617,192 |
| Fidelity Freedom 2015* | 44,021 shares | 458,694 |
| Fidelity Freedom 2020* | 174,974 shares | 2,195,927 |
| Fidelity Freedom 2025* | 71,675 shares | 744,706 |
| Fidelity Freedom 2030* | 113,616 shares | 1,407,697 |
| Fidelity Freedom 2035* | 41,816 shares | 429,058 |
| Fidelity Freedom 2040* | 112,189 shares | 803,276 |
| Fidelity Freedom 2045* | 26,916 shares | 227,977 |
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| Loans to Participants* | Interest rates ranging from 4.25% to 9.25% with maturity dates through 2019 | 1,218,902 |
| | | $52,048,833 |

* Identifies party-in-interest to the Plan