Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SPRAYING SYSTEMS CO. EMPLOYEE'S 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/17/1951

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SPRAYING SYSTEMS CO

P.O. BOX 7900
NORTH AVE AT SCHMALE RD
WHEATON, IL 60189-7901

2b Employer Identification Number (EIN)
36-1922920

2c Sponsor's telephone number
630-665-5000

2d Business code (see instructions)
332900

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.	07/29/2010	MARTIN F HYNES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	MARTIN F. HYNES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

SPRAYING SYSTEMS CO

P.O. BOX 7900
NORTH AVE AT SCHMALE RD
WHEATON, IL 60189-7901

3b Administrator's EIN: 36-1922920

3c Administrator's telephone number: 630-665-5000

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1072
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**	943
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	967
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	4
f	Total. Add lines **6d** and **6e**	**6f**	971
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	897
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2H 2J 3D 3H 2K 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)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(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 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **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
SPRAYING SYSTEMS CO. EMPLOYEE'S 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPRAYING SYSTEMS CO

D Employer Identification Number (EIN)
36-1922920

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MARSHALL & ILSLEY TRUST CO NA

39-1186267

(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?
15 19 21 25 36 37 38 49 50 57 59 62 63 64	NONE	98327	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PRICEWATERHOUSECOOPERS LLP

13-5326270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	42416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MONDRIAN INVESTMENT GROUP, INC

TWO COMMERCE SQUARE
2001 MARKET STREET, SUITE 3810
PHILADELPHIA, PA 19103-7039

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	48474	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

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
SPRAYING SYSTEMS CO. EMPLOYEE'S 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SPRAYING SYSTEMS CO

D Employer Identification Number (EIN)
36-1922920

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: ABN AMRO INCOME PLUS FUND

b Name of sponsor of entity listed in (a): ABN AMRO INVESTMENT 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)
03-0373646-002	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: M & I EB STABLE PRINCIPAL FUND

b Name of sponsor of entity listed in (a): MARSHALL & ILSLEY TRUST N.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)
39-6490536-001	C	11119098

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WELLS FARGO N.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)
94-3371778-003	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

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
SPRAYING SYSTEMS CO. EMPLOYEE'S 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPRAYING SYSTEMS CO

D Employer Identification Number (EIN)
36-1922920

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)	3720967	1989003
(2) Participant contributions	1b(2)	1002	5834
(3) Other	1b(3)	1158210	464229
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)	5797753	10334999
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2628650	4146975
(9) Value of interest in common/collective trusts	1c(9)	9348636	11119098
(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)	84179254	103975072
(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	106834472	132035210
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	27915	29630
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	27915	29630
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	106806557	132005580

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)	3079710	
	(B) Participants	2a(1)(B)	2360058	
	(C) Others (including rollovers)	2a(1)(C)	2506	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5442274
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)	213553	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		213553
	(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)	2475089	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2475089
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5368602
(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)		17832950
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		31332468
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5944175	
(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)		5944175
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	42416	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	48474	
(4) Other	2i(4)	98380	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		189270
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6133445
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		25199023
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-5326270

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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			

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

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
SPRAYING SYSTEMS CO. EMPLOYEE'S 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPRAYING SYSTEMS CO

D Employer Identification Number (EIN)
36-1922920

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): 39-6436442

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):

---

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):

PRICEWATERHOUSECOOPERS

PricewaterhouseCoopers LLP
One North Wacker
Chicago IL 60606
Telephone (312) 298 2000
Facsimile (312) 298 2001

Report of Independent Auditor

To the Participants and Administrator of
Spraying Systems Co. Profit Sharing and 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Spraying Systems Co. Profit Sharing and 401(k) Plan (the "Plan") at December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental Schedule of Assets (Held at Year End) as of December 31, 2009 and the supplemental Schedule of Reportable Transactions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Marshall and Ilsley Trust Company N.A, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of the Plan as of December 31, 2008, and in our report dated October 14, 2009, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of the Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

Chicago, Illinois
July 20, 2010

Spraying Systems Co. Profit Sharing and 401(k) Plan

Financial Statements and Supplemental Schedules
December 31, 2009 and 2008

Spraying Systems Co. Profit Sharing and 401(k) Plan
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Schedule II: Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2009 14

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

Spraying Systems Co. Profit Sharing and 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair market value		
Mutual funds	$ 98,926,694	$ 78,183,240
Limited partnership	10,334,999	5,797,753
Collective trust funds	11,033,692	8,683,752
Cash and short-term securities	5,048,378	5,996,014
Notes receivable from participants	4,146,975	2,628,650
Total investments	129,490,738	101,289,409
Receivables		
Employer profit sharing contribution receivable	1,989,003	3,705,060
Participant contribution receivable	5,834	1,002
Employer match contribution receivable	-	15,907
Corrective contribution receivable (Note 9)	-	591,945
Income tax receivable (Note 9)	-	481,570
Interest and dividends receivable	439,467	84,695
Due from broker	24,762	-
Total assets	131,949,804	106,169,588
Liabilities		
Due to broker	29,630	27,915
Total liabilities	29,630	27,915
Net assets available for benefits at fair market value	131,920,174	106,141,673
Adjustment from fair value to contract value for interest in collective trust funds relating to fully benefit-responsive investment contracts	85,406	664,884
Net assets available for benefits	$ 132,005,580	$ 106,806,557

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

Spraying Systems Co. Profit Sharing and 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions	
Additions to net assets available for benefits attributed to:	
Participant contributions	$ 2,362,564
Employer matching 401(k) contributions	1,090,707
Employer profit sharing contribution	1,989,003
Net appreciation in fair value of investments	23,201,552
Interest and dividend income	2,475,089
Interest on participant loans	213,553
Total additions	31,332,468
Deductions	
Deductions from net assets available for benefits attributed to:	
Benefit payments	5,944,175
Administrative fees and other	189,270
Total deductions	6,133,445
Increase in net assets during the year	25,199,023
Net assets available for benefits	
Beginning of year	106,806,557
End of year	$ 132,005,580

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

1. Plan Description

The following brief description of the Spraying Systems Co. Profit Sharing and 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for more complete information.

General

The Plan was established effective February 7, 1951 and is a defined contribution plan covering all salaried and hourly employees (except those covered by a collective bargaining agreement or leased employees) of Spraying Systems Co. (the "Company") and its subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 1, 2008 the Spraying Systems Co. Amended and Restated 401(k) Plan was merged into the Plan.

Eligibility

Full-time employees become eligible to participate in the Plan on the first day of the month coinciding with or immediately following the completion of one continuous month of employment. Part-time employees become eligible to participate in the Plan on the first day of the month coinciding with or immediately following the completion of 1,000 hours of service in a twelve-month period. Full-time employees become eligible to participant in the Profit Sharing portion of the Plan coinciding with the fiscal year end following the completion of two continuous years of employment.

Contributions

Eligible employees may elect to participate in the Plan and have the Company make before tax contributions on their behalf up to 80% of their total compensation and 100% of their bonus payments received during the year, subject to Internal Revenue prescribed limits.

The Company may make a discretionary 401(k) matching contribution to all participants. For the year ended December 31, 2009, the Company's discretionary 401(k) match was 3.5% of eligible compensation (base pay) not to exceed Internal Revenue Code limit. The Company may also make a discretionary profit-sharing contribution to qualified participants who complete two years of continuous service. The profit-sharing contribution may be determined as a uniform percentage of eligible compensation or as a uniform dollar amount. For the year ended December 31, 2009, the Company's discretionary profit-sharing contribution was $1,989,003.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company contributions and an allocation of Plan earnings (losses) and charged with an allocation of administrative expenses.

Participants self direct the investment of their 401(k) accounts into registered investment company funds or collective trust funds offered by the Plan and are allowed to change their investment elections on a daily basis. The profit-sharing funds are nonparticipant-directed and are invested at the discretion of the Company's investment managers. During 2009, the profit-sharing funds have primarily been invested in a portfolio of publicly traded equity securities.

Vesting

Participants are immediately vested in their voluntary 401(k) contributions, the Company matching 401(k) and profit-sharing contributions, and actual earnings or losses thereon. As such there are no forfeitures associated with the Plan.

Administration
The Plan is administered by a committee of three trustees appointed by the Company's Board of Directors. Functions of the committee include oversight of the investment allocation of the Company's contributions to the Plan in accordance with the Plan document. Marshall & Ilsley Trust Company N.A. ("M&I") is the trustee and recordkeeper of the Plan.

Participant Loans
The Plan provides for participant loans of up to the lesser of 50% of the participant's account balance or $25,000. Participant loans are permitted from profit sharing contributions only. The participant loans are secured by the participant's vested interest in the Plan and by such other collateral, if any, which the employer deems necessary to adequately secure the loan. Such loans bear interest at rates ranging from 3.6% to 10.2% at December 31, 2009. These rates are commensurate with current consumer lending interest rates at the time the loan was made. Loan repayment periods generally range from one to sixty months.

Benefits Payments
Upon termination of service by reason of retirement (normal retirement age of 65), early retirement (retirement on or after age 55), death, disability, resignation or dismissal, the distributable interest of such participant shall be 100 percent of the balance of the value of his/her account. A participant may elect to receive an amount equal to the value of the participant's vested interest in his account in a lump-sum amount. If a participant's account balance is $5,000 or less, the participant will receive a lump-sum distribution. Participants may withdraw all or a portion of their participant contributions without penalty upon attainment of age 59-1/2. Participants may withdraw all or a portion of the vested portion of their accounts without penalty upon attainment of age 70-1/2.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Valuation of investments
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 4 for a discussion of fair value measurements.

As described in Financial Accounting Standards Board Staff Position ("FASB"), FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans, as codified within Accounting Standards Codification ("ASC") Topic 962, Plan Accounting - Defined Contribution Pension Plans (the "FSP"), investment contracts held by a defined-contribution plan are required to be reported at fair 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. The Plan invests in investment contracts through collective trust funds. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment in the collective trust funds as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Security Transactions and Investment Income
Gains or losses on sales of securities are recorded as the difference between proceeds received and cost. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned on the accrual basis. Net realized and unrealized appreciation (depreciation), which includes gains and losses on investments bought and sold, as well as held during the year, is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation (depreciation) in investments.

Expenses of the Plan
All direct expenses incurred in the administration of the Plan are charged to and paid by the Plan.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions by management that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

Payment of Benefits
Benefits are recorded when paid.

Recently Adopted and Issued Accounting Pronouncements
In 2009, the FASB issued Accounting Standards Update No. 2009-01, "Generally Accepted Accounting Principles" (ASC Topic 105) which establishes the FASB Accounting Standards Codification ("the Codification" or "ASC") as the official single source of authoritative U.S. generally accepted accounting principles ("GAAP"). All existing accounting standards are superseded. All other accounting guidance not included in the Codification will be considered non-authoritative. The Codification also includes all relevant Securities and Exchange Commission ("SEC") guidance organized using the same topical structure in separate sections within the Codification. Following the Codification, the Board will not issue new standards in the form of Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. Instead, it will issue Accounting Standards Updates ("ASU") which will serve to update the Codification, provide background information about the guidance and provide the basis for conclusions on the changes to the Codification. The Codification is not intended to change GAAP, but it will change the way GAAP is organized and presented. In order to ease the transition to the Codification, Codification cross-references will be listed alongside the references to the standards issued and adopted prior to the adoption of the Codification.

In 2010, the FASB issued ASU No. 2010-06 which amends Fair Value Measurements and Disclosures — Overall (ASC Topic 820-10). This update requires a gross presentation of activities within the Level 3 rollforward and adds a new requirement to disclose transfers in and out of Level 1 and 2 measurements. The update further clarifies the existing disclosure requirements in ASC 820-10 regarding: i) the level of disaggregation of fair value measurements; and ii) the disclosures regarding inputs and valuation techniques. This update will be effective for our fiscal year beginning January 1, 2010 except for the gross presentation of the Level 3 transfers in and transfers out information, which is effective for the current fiscal year. The principal impact from this update will be expanded disclosures regarding our fair value measurements.

In April 2009, the FASB issued FASB Staff Position ("FSP") No. 157-4, "Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly" ("ASC 820—10-65"). ASC 820—10-65 relates to determining fair values when there is no active market or where the price inputs being used

represent distressed sales. It reaffirms the FAS 157 ("ASC 820") objective of fair value measurement to reflect how much an asset would be sold for in an orderly transaction (as opposed to a distressed or forced transaction) at the date of the financial statements under current market conditions. Specifically, it reaffirms the need to use judgment to ascertain if a formerly active market has become inactive and in determining fair values when markets have become inactive. ASC 820—10-65 is effective for fiscal years ending after June 15, 2009. The adoption of this guidance did not have a material effect on the Plan's financial statements.

In May 2009, the FASB issued FAS 165 ("ASC 855-10") a new accounting standard that requires disclosure in the financial statements to reflect the effects of subsequent events that provide additional information on conditions about the financial statements as of the Statements of Assets Available for Benefits date (recognized subsequent events) and disclosure of subsequent events that provide additional information about conditions after the Statements of Assets Available for Benefits date, if the financial statements would otherwise be misleading (unrecognized subsequent events). The Plan adopted the accounting standard as of December 31, 2009. Events or transactions occurring after period end through the date that the financial statements were issued, have been evaluated in the preparation of the financial statements. Refer to Note 11, "Subsequent Events," for disclosure of the Company's subsequent events for the current reporting period.

In 2009, the FASB issued ASU No. 2009-12 which provides amendments to Fair Value Measurements and Disclosures — Overall (ASC Topic 820-10), for the fair value measurement of investments in certain entities that calculate net asset value per share. The update permits as a practical expedient, a reporting entity to measure the fair value of an investment on the basis of the NAV per share of the investment if the NAV is calculated in a manner consistent with the measurement principles of Topic 946 "Financial Services — Investment Companies". The update requires disclosure by major category of investment about the attributes of investments, such as the nature of the restrictions on the investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investees. The adoption of this update did not have a material effect on the Plan's financial statements.

3. Investments

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008:

	2009		2008	
ABN AMRO Income Plus Fund Money Market (at contract value) ***	$ -	*	$ 6,895,513	
M&I Stable Principal Fund (at contract value) **	11,119,098		126,175	*
Pimco Real Return Bond Fund **	29,821,621		22,747,236	
American Growth Fund of America **	8,099,166		6,182,807	
Mondrian Emerging Markets Equity Fund ***	10,334,999		5,797,753	
American Europacific Growth Fund **	20,922,788		17,439,202	
Pimco Total Return Fund **	9,614,964		7,659,384	
Marshall & Ilsley Money Market ***	5,048,278	*	5,996,014	

* Amount is less than 5% of net assets and is presented for comparative purposes only.
** Partially non-participant directed
***Non-participant directed

The net appreciation in fair value of investments in the statement of changes in net assets available for benefits includes:

Limited partnership	$ 3,906,322
Mutual funds	19,295,230
Total net appreciation in fair value of investments	$ 23,201,552

Non-Participant Directed Investments
Information about the net assets and the significant components of changes in net assets related to the non-participant directed investment is as follows:

	December 31	
	2009	**2008**
Investments, at fair value		
Mutual funds	$ 74,997,722	$ 60,376,465
Limited partnership	10,334,999	5,797,753
Collective trust fund	7,568,900	6,347,420
Cash and short-term securities	5,048,278	5,996,014
Participant Loans	4,146,975	2,628,650
	$ 102,096,874	$ 81,146,302

	Year Ended December 31, 2009
Change in net assets	
Contributions	$ 1,989,003
Interest and dividend income	1,824,875
Net appreciation in fair value of investments	18,616,289
Interest on participant loans	213,553
Benefit payments	(4,506,118)
Administrative fees	(90,118)
	$ 18,047,484

4. Fair Value Measurement

The Company has adopted authoritative guidance establishing a three-level valuation hierarchy for fair value measurements. 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 unobservable 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 active 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 measurement.

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 maximum 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. There have been no changes in the methodologies used at December 31, 2009.

Mutual funds: Valued at the Net Asset Value ("NAV") of shares held by the Plan at year end.

Mondrian Emerging Markets Equity Fund, L.P.: This fund is not traded on national securities exchange or in the over-the-counter market. This fair market value has been determined using Net Asset Value ("NAV") and is used for expedience purposes. At December 31, 2009, all of the limited partnership investments are in Emerging Market Equities and the limited partnership had no unfunded commitments. Were the Plan to initiate a full redemption of the limited partnership, a withdrawal notice must be presented to the General Partner on or before the fifteenth day of the prior month. The General Partner reserves the right to temporarily delay withdrawal to the extent that it is determined such actions would disrupt management of the fund.

Collective trust funds: The fair market value of the Plan's interest in each collective trust fund has been determined using Net Asset Value ("NAV") and are used for expedience purposes. The NAV is based on the value of the underlying assets owned by each collective trust fund. Generally, under ordinary market conditions, all common collective trust positions provide daily market liquidity to Plan participants and the Plan. The Plan invests in The Stable Value Principal Fund in which participant transactions (issuances and redemptions) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Cash and short-term investments: Valued at cost, which approximated fair value.

Participant loans: Valued at their outstanding balances which approximates fair value.

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:

	Assets at Fair Value as of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds				
Equity Funds				
Small Cap	$ 9,571,189	$ -	$ -	$ 9,571,189
Large Cap	13,330,529			13,330,529
International Equity	20,488,076			20,488,076
Other Equity	16,014,908			16,014,908
Fixed Income Funds	39,521,992			39,521,992
Total mutual funds	98,926,694			98,926,694
Limited partnership			10,334,999	10,334,999
Collective trust fund				
Stable value funds		11,033,692		11,033,692
Cash and short-term securities	5,048,378			5,048,378
Participant loans			4,146,975	4,146,975
Total assets at fair value	$ 103,975,072	$ 11,033,692	$ 14,481,974	$ 129,490,738

	Assets at Fair Value as of December 31, 2008			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ -	$ -	$ -	$ -
Equity Funds	47,776,620			47,776,620
Fixed Income Funds	30,406,620			30,406,620
Total mutual funds	78,183,240			78,183,240
Limited partnership			5,797,753	5,797,753
Collective trust fund		8,683,752		8,683,752
Cash and short-term securities	5,996,014			5,996,014
Participant loans			2,628,650	2,628,650
Total assets at fair value	$ 84,179,254	$ 8,683,752	$ 8,426,403	$ 101,289,409

Level 3 Gains and Losses
The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009.

2009	Limited Partnership	Participant Loans
Balance, beginning of year	$ 5,797,753	$ 2,628,650
Unrealized gains relating to instruments still held at the reporting date	4,349,915	-
Realized gains and losses	(443,593)	-
Issuances and settlements (net)	630,924	1,518,325
Balance, end of year	$ 10,334,999	$ 4,146,975

5. Plan Termination

Although the Company has reserved the right to amend or terminate the plan, it was established with the intention that the Plan and the payment of contributions will be indefinite. Upon termination of the Plan, the interest of each participant or beneficiary in the Plan will be determined and such amount will be distributed to participants as directed by the Plan administrator. Currently, management has no intentions of terminating the Plan.

6. Income Tax Status of the Plan

The Internal Revenue Service has determined and informed the Company by letter dated September 27, 2001 that the Plan is qualified in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended subsequent to the receipt of the most recent determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Plan and the IRS.

7. Information Certified By the Plan's Trustee

As of December 31, 2009 and for the year then ended, the Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the financial statements, notes to the financial statements and supplemental schedules is complete and accurate:

- Investments and participant loans, as shown in the statements of net assets available for benefits as of December 31, 2009 (except for the M&I Stable Value Fund and the Mondrian Emerging Markets Equity Fund).
- Interest and dividends receivable, as shown in the statements of net assets available for benefits as of December 31, 2009.
- Interest and dividend income, as shown in the statement of changes in net assets available for benefits.
- Interest on participant loans, as shown in the statement of changes in net assets available for benefits.
- Net appreciation in fair value of the investments, as shown in the statement of changes in net assets available for benefits.

- Investments detailed on Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2009 (except for the Mondrian Emerging Markets Equity Fund).
- Investment information detailed on Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2009.
- Investment information as of December 31, 2009, as shown in Note 3 (except for the Mondrian Emerging Markets Equity Fund).

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

The M&I Stable Value Fund was certified at its contract value of $11,119,098 as of December 31, 2009. The adjustment from fair value to contract value under the FSP for the Plan's interest in the M&I Stable Value Fund of $85,406 as of December 31, 2009 was not certified.

8. Risks and Uncertainties

The Plan provides for investments in a money market fund, a limited partnership, collective trust funds and various mutual funds. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in investment value in the near term will materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

9. Related Party Transactions

During 2004, the Company repurchased 12,231, shares of its common stock held by the Plan. The Plan recorded and paid federal and state income taxes at a rate of 38% on the tax basis gain related to this sale. The Plan subsequently determined that the sale of the stock qualifies as an exception under the unrelated business taxable income provisions. Therefore, the Plan should not have been subject to either capital gains tax or ordinary unrelated business tax on the gain arising from the sale of the stock. The Plan filed amended income tax returns in 2008 and collected $481,570 in refundable income taxes in 2009. As of December 31, 2009, the Company has made all contributions necessary to make Plan participants whole for the effect of excess tax payments that were made including an estimate of lost earning of the Plan. As of December 31, 2008, the corrective contributions receivable to the Plan was $591,945.

10. Party-In-Interest Transactions

Certain plan investments are managed by M&I. M&I acts as trustee for investments of the Plan and therefore these transactions quality as party-in-interest transactions. Party-in-interest transactions also include loans made to participants.

11. Subsequent Events

The Company has evaluated subsequent events through July 20, 2010, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Spraying Systems Co. Profit Sharing and 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par Value or Maturity Value	(d) Cost	(e) Current Value
	Non-Participant Directed Investments			
*	Marshall Prime Money Market Fund	Short Term Security	$ 5,048,278	$ 5,048,278
	Hartford Small Cap Growth Fund	Mutual Fund	2,515,421	3,564,699
	American Growth Fund of America	Mutual Fund	5,006,266	6,609,840
	Vanguard Value Index Fund	Mutual Fund	5,619,537	6,509,696
	American Europacific Growth Fund	Mutual Fund	10,820,467	14,509,365
	Cohen & Steers Realty Fund	Mutual Fund	3,072,533	4,379,396
	Pimco Total Return Fund	Mutual Fund	6,486,855	6,759,406
	Pimco Real Return Fund	Mutual Fund	22,751,022	26,090,459
	Franklin Balance Sheet Investment Fund	Mutual Fund	2,866,716	3,502,814
	T. Rowe Price Small Cap Index Fund	Mutual Fund	2,199,462	3,072,047
	Mondrian Emerging Markets Equity Fund	Limited Partnership	349,948	10,334,999
*	M&I Stable Principal Fund ***	Collective Trust Fund	7,627,485	7,627,485
*	Loans to Participants	Bearing interest from 3% to 10% with various maturities through 2014	-	4,146,975
	Total Non-Participant Directed Investments		74,363,990	102,155,459
	Participant Directed Investments			
	Hartford Small Cap Growth Fund	Mutual Fund	**	1,407,723
	Royce Total Return Fund	Mutual Fund	**	1,526,720
	American Growth Fund of America	Mutual Fund	**	1,489,326
	Vanguard 500 Index Fund	Mutual Fund	**	4,057,303
	American Washington Mutual Investors Fund	Mutual Fund	**	1,274,205
	American Europacific Growth Fund	Mutual Fund	**	6,413,423
	Cohen & Steers Realty Fund	Mutual Fund	**	1,173,552
	Pimco Total Return Fund	Mutual Fund	**	2,855,558
	Pimco Real Return Fund	Mutual Fund	**	3,731,162
*	M&I Stable Principal Fund ***	Collective Trust Fund	**	3,491,613
	Cash		-	100
	Total Participant Directed Investments		-	27,420,685
	Total investments at fair value		$ 74,363,990	$ 129,576,144

* Denotes party in interest transaction.

** Cost information has been ommitted as all investments are participant directed.

*** The M&I Stable Principal Fund has a contract value of $11,119,098 and a fair value of $11,033,692 (not certified) as of December 31, 2009.

Cash and investment information (except for the Mondrian Emerging Markets Equity Fund) included in this schedule is certified as complete and accurate by M&I Trust Company, NA

Spraying Systems Co. Profit Sharing and 401(k) Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2009

	(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Single transactions								
*	M&I Stable Principal Fund	Collective Trust Fund	$ 7,627,485	$ -	$ -	$ -	$ 7,627,485	$ 7,627,485	$ -
*	Marshall Prime Money Market Fund	Short-term Security	16,701,028	-	- #	-	16,701,028	16,701,028	-
	ABN AMRO Income Fund	Collective Trust Fund	-	6,819,756	- #	-	6,819,756	6,819,756	-
*	Marshall Prime Money Market Fund	Short-term Security	-	17,596,243	- #	-	17,596,243	17,596,243	-

Identity of Party Involved	Description of asset	(a) Number of Purchases	(b) Number of Sales	(c) Total Value of Purchases	(d) Total Value of Sales	(e) Net Gain or (Loss)
Series of transactions						
ABN AMRO Income Fund	Collective Trust Fund	10	-	$ 109,186	$ -	$ -
ABN AMRO Income Fund	Collective Trust Fund	-	3	-	7,004,699	-

* Denotes party in interest transaction.

Investment information included in this schedule is certified as complete and accurate by M&I Trust Company, NA

EIN: 36-1922920
PN: 002

Spraying Systems Co. Profit Sharing and 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par Value or Maturity Value	(d) Cost	(e) Current Value
	Non-Participant Directed Investments			
*	Marshall Prime Money Market Fund	Short Term Security	$ 5,048,278	$ 5,048,278
	Hartford Small Cap Growth Fund	Mutual Fund	2,515,421	3,564,699
	American Growth Fund of America	Mutual Fund	5,006,266	6,609,840
	Vanguard Value Index Fund	Mutual Fund	5,619,537	6,509,696
	American Europacific Growth Fund	Mutual Fund	10,820,467	14,509,365
	Cohen & Steers Realty Fund	Mutual Fund	3,072,533	4,379,396
	Pimco Total Return Fund	Mutual Fund	6,486,855	6,759,406
	Pimco Real Return Fund	Mutual Fund	22,751,022	26,090,459
	Franklin Balance Sheet Investment Fund	Mutual Fund	2,866,716	3,502,814
	T. Rowe Price Small Cap Index Fund	Mutual Fund	2,199,462	3,072,047
	Mondrian Emerging Markets Equity Fund	Limited Partnership	349,948	10,334,999
*	M&I Stable Principal Fund ***	Collective Trust Fund	7,627,485	7,627,485
*	Loans to Participants	Bearing interest from 3% to 10% with various maturities through 2014	-	4,146,975
	Total Non-Participant Directed Investments		74,363,990	102,155,459
	Participant Directed Investments			
	Hartford Small Cap Growth Fund	Mutual Fund	**	1,407,723
	Royce Total Return Fund	Mutual Fund	**	1,526,720
	American Growth Fund of America	Mutual Fund	**	1,489,326
	Vanguard 500 Index Fund	Mutual Fund	**	4,057,303
	American Washington Mutual Investors Fund	Mutual Fund	**	1,274,205
	American Europacific Growth Fund	Mutual Fund	**	6,413,423
	Cohen & Steers Realty Fund	Mutual Fund	**	1,173,552
	Pimco Total Return Fund	Mutual Fund	**	2,855,558
	Pimco Real Return Fund	Mutual Fund	**	3,731,162
*	M&I Stable Principal Fund ***	Collective Trust Fund	**	3,491,613
	Cash		-	100
	Total Participant Directed Investments		-	27,420,685
	Total investments at fair value		$ 74,363,990	$ 129,576,144

* Denotes party in interest transaction.

** Cost information has been ommitted as all investments are participant directed.

*** The M&I Stable Principal Fund has a contract value of $11,119,098 and a fair value of $11,033,692 (not certified) as of December 31, 2009.

Cash and investment information (except for the Mondrian Emerging Markets Equity Fund) included in this schedule is certified as complete and accurate by M&I Trust Company, NA

EIN: 36-1922920
PN: 002

Spraying Systems Co. Profit Sharing and 401(k) Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2009

	(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Single transactions								
*	M&I Stable Principal Fund	Collective Trust Fund	$ 7,627,485	$ -	$ -	$ -	$ 7,627,485	$ 7,627,485	$ -
*	Marshall Prime Money Market Fund	Short-term Security	16,701,028	-	- #	-	16,701,028	16,701,028	-
	ABN AMRO Income Fund	Collective Trust Fund	-	6,819,756	- #	-	6,819,756	6,819,756	-
*	Marshall Prime Money Market Fund	Short-term Security	-	17,596,243	- #	-	17,596,243	17,596,243	-

Identity of Party Involved	Description of asset	(a) Number of Purchases	(b) Number of Sales	(c) Total Value of Purchases	(d) Total Value of Sales	(e) Net Gain or (Loss)
Series of transactions						
ABN AMRO Income Fund	Collective Trust Fund	10	-	$ 109,186	$ -	$ -
ABN AMRO Income Fund	Collective Trust Fund	-	3	-	7,004,699	-

* Denotes party in interest transaction.

Investment information included in this schedule is certified as complete and accurate by M&I Trust Company, NA