

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input checked="" type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                              |                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                               |
| <b>1a</b> Name of plan<br>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN                                                                                                                                                | <b>1b</b> Three-digit plan number (PN) ▶ 024                                                                                                                                 |
|                                                                                                                                                                                                                              | <b>1c</b> Effective date of plan<br>01/01/1988                                                                                                                               |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>ROBERT BOSCH TOOL CORPORATION<br><br>2800 SOUTH 25TH AVENUE<br>BROADVIEW, IL 60155-4594 | <b>2b</b> Employer Identification Number (EIN)<br>61-6025780<br><b>2c</b> Sponsor's telephone number<br>708-865-5200<br><b>2d</b> Business code (see instructions)<br>332700 |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2010 | GARY D. GRABARCZYK, FOR BEN COMM                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2010 | GARY D. GRABARCZYK, FOR BEN COMM                             |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                               |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br><b>ROBERT BOSCH TOOL CORPORATION</b><br><br><b>2800 SOUTH 25TH AVENUE</b><br><b>BROADVIEW, IL 60155-4594</b>                                                       | <b>3b</b> Administrator's EIN<br><b>61-6025780</b>                   |
|                                                                                                                                                                                                                                                               | <b>3c</b> Administrator's telephone number<br><b>708-865-5200</b>    |
|                                                                                                                                                                                                                                                               |                                                                      |
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name<br><b>GILMOUR MANUFACTURING COMPANY</b> | <b>4b</b> EIN<br><b>25-1125730</b><br><br><b>4c</b> PN<br><b>002</b> |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                       | <b>5</b> <span style="float: right;">221</span>                      |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                        |                                                                      |
| <b>a</b> Active participants.....                                                                                                                                                                                                                             | <b>6a</b> <span style="float: right;">167</span>                     |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                            | <b>6b</b> <span style="float: right;">51</span>                      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                             | <b>6c</b> <span style="float: right;">49</span>                      |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                      | <b>6d</b> <span style="float: right;">267</span>                     |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                     | <b>6e</b> <span style="float: right;">1</span>                       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                       | <b>6f</b> <span style="float: right;">268</span>                     |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                | <b>6g</b>                                                            |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                    | <b>6h</b> <span style="float: right;">9</span>                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                          | <b>7</b>                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br><b>1B 1G 3H</b>                                                                                |                                                                      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                                                                                                    |                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                     | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN</u>                                                       | <b>B</b> Three-digit plan number (PN) ▶ <u>024</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ROBERT BOSCH TOOL CORPORATION</u>                          | <b>D</b> Employer Identification Number (EIN)<br><u>61-6025780</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>                                                                                                                     |                                                             |
| <b>2</b> Assets:                                                                                                                                                                                      |                                                             |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>1191351</u>                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>1310486</u>                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                                                             |
|                                                                                                                                                                                                       | <b>(1) Number of participants</b> <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> <u>52</u> <u>707672</u>                           |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>39</u> <u>103283</u>                           |
| <b>c</b> For active participants:                                                                                                                                                                     |                                                             |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b> <u>64223</u>                                   |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b> <u>518588</u>                                  |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>130</u> <u>582811</u>                       |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>221</u> <u>1393766</u>                         |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b> <u>8.04</u> %                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>117296</u>                                      |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                            |                                        |
|----------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                           | <u>09/14/2010</u>                      |
| Signature of actuary                                                       | Date                                   |
| <u>NICOLE M. STOPOULOS</u>                                                 | <u>08-05133</u>                        |
| Type or print name of actuary                                              | Most recent enrollment number          |
| <u>TOWERS WATSON PENNSYLVANIA, INC.</u>                                    | <u>312-525-2500</u>                    |
| Firm name                                                                  | Telephone number (including area code) |
| <u>191 NORTH WACKER DRIVE, SUITE 2100</u><br><u>CHICAGO, IL 60606-1615</u> |                                        |
| Address of the firm                                                        |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2009**  
**v.092308.1**

| Part II Beginning of year carryover and prefunding balances |                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 369651                | 0                      |
| 8                                                           | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 44031                 | 0                      |
| 9                                                           | Amount remaining (Item 7 minus item 8).....                                                     | 325620                | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-20.14</u> % .....                    | -65580                |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 16541                  |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.32</u> % .....                        |                       | 1045                   |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 17586                  |
| d                                                           | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12                                                          | Reduction in balances due to elections or deemed elections.....                                 | 0                     | 0                      |
| 13                                                          | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 260040                | 0                      |

| Part III Funding percentages |                                                                                                                                                                 |    |         |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14                           | Funding target attainment percentage.....                                                                                                                       | 14 | 75.36 % |
| 15                           | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 94.02 % |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 92.02 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | 17 | %       |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2009                                                                        | 19605                             |                                 |                          |                                   |                                 |
| 05/27/2010                                                                        | 392000                            |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 411605                            | 18(c) 0                         |

|                                                                                                                               |                                                                     |           |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |           |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a                                                                 | 0         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 | 0         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c                                                                 | 370944    |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |           |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |           |
| Liquidity shortfall as of end of Quarter of this plan year                                                                    |                                                                     |           |
| (1) 1st                                                                                                                       | (2) 2nd                                                             | (3) 3rd   |
| 0                                                                                                                             | 0                                                                   | 0         |
|                                                                                                                               |                                                                     | (4) 4th 0 |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b> 3                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 62                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 117296             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 117296             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 120849              | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 0                  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 370944             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 370944             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>      |  |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| A Name of plan<br>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN                                                                                                                        |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 024                                                                 |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>ROBERT BOSCH TOOL CORPORATION                                                                                               |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>61-6025780                                                 |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: ROBERT BOSCH LLC MASTER RET TRUST                                                                                                                    |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): ROBERT BOSCH LLC                                                                                                                                  |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| c EIN-PN 36-2903176-100                                                                                                                                                                      |  | d Entity code M                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1227066 |  |
| 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)         |  |
| 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                                                     |  |

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

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

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

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

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

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN</b>                      | <b>B</b> Three-digit plan number (PN)                                  | <b>024</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ROBERT BOSCH TOOL CORPORATION</b>    | <b>D</b> Employer Identification Number (EIN)<br><br><b>61-6025780</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 66000                 | 392000          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 1126960               | 1227066         |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1192960               | 1619066         |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 30251 | 26323 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 30251 | 26323 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1162709 | 1592743 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 411605     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 411605    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 173161    |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 584766    |

**Expenses**

|                                                                                            |              |       |        |
|--------------------------------------------------------------------------------------------|--------------|-------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 82624 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |       |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |       |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |       | 82624  |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |       |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |       |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |       |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 60313 |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |       |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 3030  |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |       |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |       | 63343  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |       | 145967 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 438799 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 8765   |

**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: PRICEWATERHOUSECOOPERS,LLP

(2) EIN: 13-4008324

**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   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> 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.).....                 |     | X  |          |
| <b>b</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.)..... |     | X  |          |
| <b>c</b> 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.) .....                                                                                                                            |     | X  |          |
| <b>d</b> 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.).....                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> 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? .....                                                                                                                                      |     | X  |          |
| <b>h</b> 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? .....                                                                                                                            |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   |     | X  |          |
| <b>j</b> 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.).....                                                                                    |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |          |
| <b>n</b> 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. ....                                                                                                                        |     | 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

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

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

|                                                                                                       |                                                                    |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN</u>                   | <b>B</b> Three-digit plan number (PN) ▶<br><u>024</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ROBERT BOSCH TOOL CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>61-6025780</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                          | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br>EIN(s): <u>36-3046063</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                               |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                | <b>3</b> | <u>1</u> |

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

|                                                                                                                                                                                                                                                         |                                                                                                                         |                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                     | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                    |                                                                                                                         |                             |                                         |
| <b>5</b> 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. |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                             | <b>6a</b>                                                                                                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                              | <b>6b</b>                                                                                                               |                             |                                         |
| <b>c</b> 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).....                                                                                                         | <b>6c</b>                                                                                                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                           |                                                                                                                         |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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?..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

# **Gilmour Hose Company Hourly Employees' Pension Plan**

**Financial Statements  
December 31, 2009 and 2008**

# **Gilmour Hose Company Hourly Employees' Pension Plan**

## **Index**

---

|                                                                                                                                                                                                                                                                               | <b>Page(s)</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Report of Independent Auditors</b> .....                                                                                                                                                                                                                                   | 1              |
| <b>Financial Statements</b>                                                                                                                                                                                                                                                   |                |
| Statements of Net Assets Available for Benefits<br>December 31, 2009 and 2008 .....                                                                                                                                                                                           | 2              |
| Statements of Changes in Net Assets Available for Benefits<br>Years Ended December 31, 2009 and 2008 .....                                                                                                                                                                    | 3              |
| Notes to Financial Statements.....                                                                                                                                                                                                                                            | 4-12           |
| <b>Note:</b> Supplemental schedules required by Section 2520.103-10 of the Department of Labor's<br>Rules and Regulations for Reporting and Disclosure under the Employee Retirement<br>Income Security Act of 1974 have not been included herein as they are not applicable. |                |

**Report of Independent Auditors**

To the Participants and Benefit Plans Committee of the  
Gilmour Hose Company Hourly Employees' Pension Plan

We were engaged to audit the financial statements of the Gilmour Hose Company Hourly Employees' Pension Plan (the "Plan") at December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying index. These financial statements 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 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years 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 taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*PricewaterhouseCoopers LLP*

Chicago, Illinois  
September 30, 2010

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Statements of Net Assets Available for Benefits  
December 31, 2009 and 2008**

---

|                                                                          | <b>2009</b>         | <b>2008</b>         |
|--------------------------------------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                                                            |                     |                     |
| Plan interest in Robert Bosch LLC Master Retirement Trust, at fair value | \$ 1,227,066        | \$ 1,126,960        |
| Employer contribution receivable                                         | <u>392,000</u>      | <u>66,000</u>       |
|                                                                          | 1,619,066           | 1,192,960           |
| <b>Liabilities</b>                                                       |                     |                     |
| Accrued expenses                                                         | <u>26,323</u>       | <u>30,251</u>       |
| Net assets available for benefits                                        | <u>\$ 1,592,743</u> | <u>\$ 1,162,709</u> |

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

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2009 and 2008**

---

|                                                                                              | <b>2009</b>         | <b>2008</b>         |
|----------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Additions</b>                                                                             |                     |                     |
| Employer contributions                                                                       | \$ 411,605          | \$ 101,000          |
| Plan interest in net investment income (loss) of<br>Robert Bosch LLC Master Retirement Trust | 173,161             | (297,944)           |
| Total additions                                                                              | <u>584,766</u>      | <u>(196,944)</u>    |
| <b>Deductions</b>                                                                            |                     |                     |
| Benefit payments to participants                                                             | 82,624              | 72,907              |
| Administrative expenses                                                                      | 72,108              | 81,337              |
| Total deductions                                                                             | <u>154,732</u>      | <u>154,244</u>      |
| Net increase (decrease)                                                                      | 430,034             | (351,188)           |
| <b>Net assets available for benefits</b>                                                     |                     |                     |
| Beginning of year                                                                            | <u>1,162,709</u>    | <u>1,513,897</u>    |
| End of year                                                                                  | <u>\$ 1,592,743</u> | <u>\$ 1,162,709</u> |

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

# **Gilmour Hose Company Hourly Employees' Pension Plan Notes to Financial Statements December 31, 2009 and 2008**

---

## **1. Description of the Plan**

The following description of the Gilmour Hose Company Hourly Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

The assets of the Plan are invested in the Robert Bosch LLC Master Retirement Trust ("Master Trust").

### **General**

The Plan is a noncontributory, defined-benefit pension plan which covers substantially all of the hourly union employees of Gilmour Hose Company (the "Company"), a subsidiary of Robert Bosch Tool Corporation. A full-time hourly employee becomes a participant in the Plan after completing one hour of service. A part-time employee becomes a participant in the Plan on January 1 or July 1 following one year of service in which he completes 1,000 hours of service.

### **Contributions**

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the ERISA minimum funding requirement for 2009 and 2008.

### **Benefit Payments**

A participant becomes fully vested in the Plan after five years of service. Participants who terminate prior to completing five years of service forfeit the right to receive their accumulated plan benefits. Upon retirement, employees are entitled to monthly pension benefits without reduction beginning at normal retirement age (first of the month coincident with or next following attainment of age 65) in an amount equal to the applicable benefit rate multiplied by the number of years of credited service. The Plan permits early retirement, with reduced benefits at ages 55 to 64, after attaining ten or more years of service.

Employees may elect to receive normal retirement benefits or early retirement benefits until death; or they may elect to receive their pension benefits in the form of a surviving spouse option.

The Plan provides for certain death and disability pension benefits to eligible employees, in accordance with the Plan document.

### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and as described in the Plan document. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the financial condition of the Company, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

### **Administrative Expenses**

All administrative expenses are paid by the Plan to the extent they are not paid by the Company.

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Notes to Financial Statements  
December 31, 2009 and 2008**

---

**2. Significant Accounting Policies**

**Basis of Accounting**

The financial statements of the Plan have been prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America ("GAAP").

**Payment of Benefits**

Benefits are recorded when paid.

**Investment Valuation and Income Recognition**

Marketable securities of the Master Trust are stated at fair value. The fair value of the participation units in the common collective trust funds is based on the net asset value of units held on the last business day of the Plan year. Securities such as common stock, preferred stock, and real estate investments trusts, traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Fixed income securities such as corporate debt instruments and U.S. government securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for bonds, the bond is valued using matrix pricing or models from reputable pricing vendors.

Investment transactions of the Master Trust are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits (see Note 3) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; and (b) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their years of credited service during the year preceding the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

**Use of Estimates**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Adoption of New Accounting Pronouncements**

The accounting standards described below that were adopted in 2009 affected certain note disclosures but did not impact the statements of net assets available for benefits or the statement of changes in net assets available for benefits.

**Fair Value Measurements**

In April 2009, the Financial Accounting Standards Board ("FASB") issued authoritative guidance clarifying that fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants under current market

# **Gilmour Hose Company Hourly Employees' Pension Plan Notes to Financial Statements December 31, 2009 and 2008**

---

conditions. This new guidance requires an evaluation of whether there has been a significant decrease in the volume and level of activity for the asset or liability in relation to normal market activity for the asset or liability. This guidance was adopted for the year ended December 31, 2009. The adoption of this guidance did not result in a significant change in the techniques used by the Plan to measure the fair value of its investments.

In August 2009, the FASB issued authoritative guidance clarifying the measurement of the fair value of a liability in circumstances when a quoted price in an active market for an identical liability is not available. The guidance emphasizes that entities should maximize the use of observable inputs in the absence of quoted prices when measuring the fair value of liabilities. This guidance became effective for the Plan as of October 31, 2009 and did not have a significant impact on the Plan.

In September 2009, the FASB issued authoritative guidance that provides further clarification for measuring the fair value of instruments in entities that meet the FASB's definition of an investment company. This guidance permits a company to estimate the fair value of an investment using the net asset value ("NAV") per share of the investment if the NAV is determined in accordance with the FASB's guidance for investment companies as of the company's measurement date. This creates a practical expedient to determining the fair value estimate and allows certain attributes of the investment (such as redemption restrictions) to not be considered in measuring fair value. This guidance became effective for the Plan as of December 31, 2009 and is required to be applied prospectively. The Master Trust contains certain investments, including commingled funds, which are within the scope of this guidance. However, as the fair value of investments was already determined based on NAV per fund share, this guidance did not result in a significant change in the techniques used by the Plan to measure the fair value of these investments.

In January 2010, the FASB issued authoritative guidance intended to improve disclosures about fair value measurements. The guidance requires entities to disclose significant transfers in and out of fair value hierarchy levels and reasons for the transfers and to present information about purchases, sales, issuances and settlements separately in the reconciliation of fair value measurements using significant unobservable inputs (Level 3). Additionally, the guidance clarifies that a reporting entity should provide fair value measurements for each class of assets and liabilities and disclose the inputs and valuation techniques used for fair value measurements using significant other observable inputs (Level 2) and significant unobservable inputs (Level 3). This guidance is effective for annual periods beginning after December 15, 2009 except for disclosures about purchases, sales, issuances and settlements in the Level 3 reconciliation, which will be effective for annual periods beginning after December 15, 2010. As this guidance provides only disclosure requirements, the adoption of the standard will not impact the Plan's financial statements.

The Company has expanded disclosures in Note 5 and 6 to comply with the aforementioned fair value guidance.

## ***Accounting Standards Codification***

In June 2009, the FASB issued authoritative guidance which replaced the previous hierarchy of GAAP and establishes the FASB Codification as the single source of authoritative GAAP recognized by the FASB to be applied by nongovernmental entities. This guidance modifies the GAAP hierarchy to include only two levels of GAAP: authoritative and nonauthoritative. This guidance was effective for the Plan as of September 30, 2009. The adoption of this guidance did

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Notes to Financial Statements  
December 31, 2009 and 2008**

---

not impact the Plan's financial statements since the FASB Codification is not intended to change or alter existing GAAP.

***Subsequent Events***

In May 2009, the FASB issued authoritative guidance which established general standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or available to be issued. The new standard is based on the same principles as those that currently exist in auditing standards and does not change the way subsequent events are assessed. This guidance became effective for the Plan for annual periods ending after June 15, 2009. The Plan has evaluated the events and transactions that have occurred through September 30, 2010, the date the financial statements were available to be issued, and noted no items requiring adjustment to the financial statements or additional disclosures.

**3. Accumulated Plan Benefits**

An actuary from Towers Watson (formerly Towers Perrin) estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits at January 1, 2009 was as follows:

**Vested benefits**

|                                           |                |
|-------------------------------------------|----------------|
| Participants currently receiving payments | \$ 737,096     |
| Other participants                        | <u>639,702</u> |
| Total vested benefits                     | 1,376,798      |

**Nonvested benefits**

|                                                            |                     |
|------------------------------------------------------------|---------------------|
|                                                            | <u>66,254</u>       |
| Total actuarial present value of accumulated plan benefits | <u>\$ 1,443,052</u> |

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Notes to Financial Statements  
December 31, 2009 and 2008**

---

The following summarizes the significant components of the change in the present value of accumulated plan benefits from January 1, 2008 to 2009:

|                                                                               |                     |
|-------------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits<br>as of January 1, 2008 | \$ 1,348,920        |
| Increase (decrease) during the year attributable to                           |                     |
| Benefits accumulated and actuarial experience gain/loss                       | 20,024              |
| Interest                                                                      | 107,053             |
| Benefits paid to participants                                                 | (72,907)            |
| Assumption change                                                             | 39,962              |
| Actuarial present value of accumulated plan benefits<br>as of January 1, 2009 | <u>\$ 1,443,052</u> |

Significant assumptions underlying the actuarial computations are as follows:

|                 |                                                                              |
|-----------------|------------------------------------------------------------------------------|
| Interest rate   | 7.75% as of January 1, 2009 and 8.00% as of<br>January 1, 2008               |
| Retirement rate | 6% by age 55; 10% by age 60; 25% by age 62;<br>50% by age 65; 100% by age 70 |
| Mortality       | RP-2000 Combined Table, projected to 2015<br>with no collar adjustment       |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**4. Certification of Financial Information**

All investment information disclosed in the accompanying financial statements, including plan interest in Robert Bosch LLC Master Retirement Trust at December 31, 2009 and 2008, plan interest in net investment income (loss) of Robert Bosch LLC Master Retirement Trust for the years then ended, and the investments and investment income (loss) information of the Master Trust presented in Note 5, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by The Northern Trust Company, the trustee.

**5. Investment in Master Trust**

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan, and several other retirement plans sponsored by Robert Bosch LLC. Each participating retirement plan has an undivided interest in the Master Trust. At December 31, 2009 and 2008, the Plan's interest in the net assets of the Master Trust was approximately 0.1%. Investment income and expenses are allocated to the Plan based upon its pro rata share in the net assets of the Master Trust.

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Notes to Financial Statements  
December 31, 2009 and 2008**

The following table presents the fair value of investments for the Master Trust at December 31:

|                                   | 2009                    | 2008                  |
|-----------------------------------|-------------------------|-----------------------|
| <b>Investments, at fair value</b> |                         |                       |
| Common collective trusts          | \$ 676,984,864          | \$ 701,865,486        |
| Common stock                      | 374,226,041             | 279,605,833           |
| Preferred stock                   | 233,015                 | -                     |
| Corporate debt instruments        | 20,477,046              | -                     |
| U.S. government securities        | 25,989,147              | -                     |
| Real estate investment trusts     | 4,795,205               | 1,872,868             |
| Interest bearing cash             | 1,718,763               | 2,835,852             |
| Other                             | 684,172                 | 890,980               |
| <b>Total investments</b>          | <b>1,105,108,253</b>    | <b>987,071,019</b>    |
| Accrued income                    | 1,009,941               | 1,052,551             |
| Net pending trades                | 683,057                 | 196,388               |
| <b>Net assets</b>                 | <b>\$ 1,106,801,251</b> | <b>\$ 988,319,958</b> |

Investment income (loss) for the Master Trust was as follows:

|                                                                 | 2009                  | 2008                    |
|-----------------------------------------------------------------|-----------------------|-------------------------|
| Interest and dividend income                                    | \$ 9,494,132          | \$ 14,440,546           |
| Net appreciation (depreciation) in fair value<br>of investments | 142,066,929           | (264,423,209)           |
|                                                                 | <b>\$ 151,561,061</b> | <b>\$ (249,982,663)</b> |

During 2009 and 2008, the Master Trust's investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

|                                   | 2009                  | 2008                    |
|-----------------------------------|-----------------------|-------------------------|
| <b>Investments, at fair value</b> |                       |                         |
| Common collective trusts          | \$ 53,158,493         | \$ (49,245,830)         |
| Common stock                      | 88,127,375            | (213,333,759)           |
| Preferred stock                   | (14,671)              | (458,196)               |
| Corporate debt instruments        | (69,345)              | -                       |
| U.S. government securities        | (82)                  | -                       |
| Real estate investment trust      | 773,965               | (1,159,658)             |
| Other                             | 91,194                | (225,766)               |
|                                   | <b>\$ 142,066,929</b> | <b>\$ (264,423,209)</b> |

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Notes to Financial Statements  
December 31, 2009 and 2008**

---

**6. Fair Value Measurements**

The FASB established a framework to increase consistency and comparability in 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 as follows:

- Level 1      Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust 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 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

For a description of the valuation methodologies used for assets measured at fair value see Investment Valuation and Income Recognition under Note 2.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Master Trust 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.

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Notes to Financial Statements  
December 31, 2009 and 2008**

The following tables set forth by level within the fair value hierarchy the Master Trust's investment assets at fair value as of December 31, 2009 and December 31, 2008:

| <b>Investments Assets at Fair Value as of December 31, 2009</b> |                |                |                |                  |
|-----------------------------------------------------------------|----------------|----------------|----------------|------------------|
|                                                                 | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>     |
| Common collective trusts                                        |                |                |                |                  |
| Domestic equity fund                                            | \$ -           | \$ 135,750,959 | \$ -           | \$ 135,750,959   |
| Domestic fixed income fund                                      | -              | 456,916,492    | -              | 456,916,492      |
| International equity fund                                       | -              | 38,194,309     | -              | 38,194,309       |
| Real estate property fund                                       | -              | 31,283,139     | -              | 31,283,139       |
| Short-term investment fund                                      | -              | 14,839,965     | -              | 14,839,965       |
| Total common collective trusts                                  | -              | 676,984,864    | -              | 676,984,864      |
| Common stock                                                    |                |                |                |                  |
| Domestic common stock                                           | 233,727,318    | -              | -              | 233,727,318      |
| International common stock                                      | 140,498,723    | -              | -              | 140,498,723      |
| Total common stock                                              | 374,226,041    | -              | -              | 374,226,041      |
| Preferred stock                                                 | 233,015        | -              | -              | 233,015          |
| Corporate debt instruments                                      |                |                |                |                  |
| Corporate debt instruments - preferred                          | -              | 15,271,635     | -              | 15,271,635       |
| Corporate debt instruments - other                              | -              | 5,205,411      | -              | 5,205,411        |
| Total Corporate debt instruments                                | -              | 20,477,046     | -              | 20,477,046       |
| U.S. government securities                                      | -              | 25,989,147     | -              | 25,989,147       |
| Real estate investment trusts                                   | 4,795,205      | -              | -              | 4,795,205        |
| Interest bearing cash                                           | 1,718,763      | -              | -              | 1,718,763        |
| Other                                                           | 684,172        | -              | -              | 684,172          |
| Total Master Trust investments at fair value                    | \$ 381,657,196 | \$ 723,451,057 | \$ -           | \$ 1,105,108,253 |

| <b>Investments Assets at Fair Value as of December 31, 2008</b> |                |                |                |                |
|-----------------------------------------------------------------|----------------|----------------|----------------|----------------|
|                                                                 | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>   |
| Common collective trusts                                        | \$ -           | \$ 701,865,486 | \$ -           | \$ 701,865,486 |
| Common stock                                                    | 279,605,833    | -              | -              | 279,605,833    |
| Real estate investment trust                                    | 1,872,868      | -              | -              | 1,872,868      |
| Interest bearing cash                                           | 2,835,852      | -              | -              | 2,835,852      |
| Other                                                           | 890,980        | -              | -              | 890,980        |
| Total Master Trust investments at fair value                    | \$ 285,205,533 | \$ 701,865,486 | \$ -           | \$ 987,071,019 |

Common collective trusts consist of pools of investments used by institutional investors to obtain equity and fixed income market exposures by investing in funds which are intended to mirror indices such as the Standard & Poor's 500 Index, Russell Small Cap Completeness Index, MSCI EAFE Index, and MSCI Emerging Markets Index. They are valued on the basis of the relative interest of each participating investor in the fair value of the underlying assets of each of the respective common collective trusts. The underlying assets are valued based on the NAV as provided by the investment account manager and are classified in level 2 of the fair value hierarchy. Certain of these investments can only be traded within a certain window within each monthly period. Common collective trusts included in the Master Trust and their relative benchmarks include:

**Gilmour Hose Company Hourly  
Employees' Pension Plan  
Notes to Financial Statements  
December 31, 2009 and 2008**

---

| <u>Common Collective Trust</u>                | <u>Description</u>              | <u>Benchmark</u>               |
|-----------------------------------------------|---------------------------------|--------------------------------|
| Collective Short Term Investment Fund         | Short term cash investments     | 90 day U.S. treasury bill      |
| JPMorgan Strategic Property Fund              | Pooled real estate investments  | NCREIF Property Index (Lagged) |
| Lazard                                        | Emerging markets investments    | MSCI Emerging Markets GD       |
| Northern Trust Russell 1000 Growth Index Fund | Russell 1000 growth investments | Russell 1000                   |

There are no unfunded commitments related to these funds as of December 31, 2009.

**7. Risks and Uncertainties**

The Master Trust 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 investment securities will occur in the near term and that such changes would be material to the amounts reported in the Statement of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**8. Tax Status**

The Internal Revenue Service has determined and informed the Company by letter dated May 23, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). The Plan has been amended since receiving the 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 Code.

**9. Party-in-Interest Transactions**

The Master Trust invests in common collective trusts managed by the Trustee or its affiliates and in common collective trusts managed by one of its investment managers, JPMorgan Chase & Co. These transactions qualify as party-in-interest transactions.

**Gilmour Hose Company Hourly Employees' Pension Plan**  
**EIN 61-6025780 PN 024**  
**Schedule SB, line 19 - Discounted Employer Contributions**

**Contributions and Discounted Contributions at beginning of Plan Year**

Plan Year period: 1/1/2009 through 12/31/2009  
Tax Year period: 1/1/2009 through 12/31/2009  
Effective Interest rate 8.04250%

|                      | Date Made | Plan Year Begin | Tax Year End | Contribution Amount | Discounting Period | Discounted Contribution Amount |
|----------------------|-----------|-----------------|--------------|---------------------|--------------------|--------------------------------|
| Contributions        | 4/15/2009 | 1/1/2009        | 12/31/2009   | 19,605              | 0.28493            | 19,178                         |
|                      | 5/27/2010 | 1/1/2009        | 12/31/2009   | 392,000             | 1.40000            | 351,766                        |
| Totals for plan year |           |                 |              | 411,605             |                    | 370,944                        |
| Totals for tax year  |           |                 |              | 411,605             |                    |                                |

**Gilmour Hose Company**  
**Hourly Employees' Pension Plan**  
**EIN 61- 6025780 PLAN 024**

**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

For each active participant, an expected retirement age was calculated weighted in proportion to the probability (as shown in the retirement rates table in the attachment to Schedule SB, Part V – Statement of Actuarial Assumptions/Methods) that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 62 is the arithmetic average of the expected retirement ages of all participants on January 1, 2009.

**Gilmour Hose Company  
Hourly Employees' Pension Plan  
EIN 61- 6025780 PLAN 024**

**Schedule SB, line 25 – Change in Method**

Below is a summary of significant changes that were made.

| <b>Aspect of the Valuation</b> | <b>Old</b>                                                                  | <b>New</b>                                                                                                                                                                 |
|--------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial Value of Assets      | Market Value                                                                | Equal to a two-year smoothed value of assets including receivable contributions as prescribed under IRS regulation. The actuarial value must be within 10% of market value |
| Valuation Interest Rate        | IRS prescribed yield curve, based on bond yields through the valuation date | IRS prescribed yield curve, based on bond yields applicable for the month of October preceding the valuation date                                                          |
| Target Normal Cost             | Target Normal Cost not increased by plan-related expenses                   | Target Normal Cost increased by plan-related expenses, limited to 5% of Fair Value of Assets, as provided under the PPA                                                    |

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

**Robert Bosch LLC**  
**Gilmour Hose Company Hourly Employees' Pension Valuation**  
**EIN 61-6025780 PN 024**  
**Schedule SB, line 26 - Schedule of Active Participant Data**

[illegible]

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

► **Round off amounts to nearest dollar.**  
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                               |                                                                                                                                                                                                               |                                         |     |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| <b>A</b> Name of plan<br><br>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN                              | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">024</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ► | 024 |
| <b>B</b> Three-digit plan number (PN) ►                                                                       | 024                                                                                                                                                                                                           |                                         |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>ROBERT BOSCH TOOL CORPORATION | <b>D</b> Employer Identification Number (EIN)<br><br>61-6025780                                                                                                                                               |                                         |     |

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part I Basic Information**

|          |                                                                                                                                                                                              |                            |                    |                  |  |  |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|------------------|--|--|
| <b>1</b> | Enter the valuation date:                                                                                                                                                                    | Month <u>1</u>             | Day <u>1</u>       | Year <u>2009</u> |  |  |
| <b>2</b> | Assets:                                                                                                                                                                                      |                            |                    |                  |  |  |
| <b>a</b> | Market value.....                                                                                                                                                                            | <b>2a</b>                  | 1,191,351          |                  |  |  |
| <b>b</b> | Actuarial value.....                                                                                                                                                                         | <b>2b</b>                  | 1,310,486          |                  |  |  |
| <b>3</b> | Funding target/participant count breakdown                                                                                                                                                   |                            |                    |                  |  |  |
|          |                                                                                                                                                                                              | (1) Number of participants | (2) Funding Target |                  |  |  |
| <b>a</b> | For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b>                  | 52                 | 707,672          |  |  |
| <b>b</b> | For terminated vested participants .....                                                                                                                                                     | <b>3b</b>                  | 39                 | 103,283          |  |  |
| <b>c</b> | For active participants:                                                                                                                                                                     |                            |                    |                  |  |  |
|          | (1) Non-vested benefits.....                                                                                                                                                                 | <b>3c(1)</b>               |                    | 64,223           |  |  |
|          | (2) Vested benefits.....                                                                                                                                                                     | <b>3c(2)</b>               |                    | 518,588          |  |  |
|          | (3) Total active .....                                                                                                                                                                       | <b>3c(3)</b>               | 130                | 582,811          |  |  |
| <b>d</b> | Total.....                                                                                                                                                                                   | <b>3d</b>                  | 221                | 1,393,766        |  |  |
| <b>4</b> | If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>                                                                                          |                            |                    |                  |  |  |
| <b>a</b> | Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                  |                    |                  |  |  |
| <b>b</b> | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                    |                  |  |  |
| <b>5</b> | Effective interest rate.....                                                                                                                                                                 | <b>5</b>                   | 8.04 %             |                  |  |  |
| <b>6</b> | Target normal cost.....                                                                                                                                                                      | <b>6</b>                   | 117,296            |                  |  |  |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                                                                                                                                                        |                                                            |                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                       | NICOLE M. STOPOULOS <i>NMS</i><br><br>Signature of actuary | <u>Sept. 14, 2010</u><br><br>Date<br><br>08-05133<br><br>Most recent enrollment number<br><br>(312) 525-2500<br><br>Telephone number (including area code) |
| NICOLE M. STOPOULOS<br><br>Type or print name of actuary<br><br>TOWERS WATSON PENNSYLVANIA, INC.<br><br>Firm name<br><br>191 NORTH WACKER DRIVE, SUITE 2100<br>CHICAGO<br><br>IL 60606-1615<br><br>Address of the firm |                                                            |                                                                                                                                                            |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 369,651               | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 44,031                | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8) .....                                                    | 325,620               | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>(20.14)%</u> .....                   | (65,580)              |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 16,541                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.32%</u> .....                         |                       | 1,045                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 17,586                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                          |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections .....                               | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12) .....             | 260,040               | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 75.36 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 94.02 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.02 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/15/2009               | 19,605                            |                                 |                          |                                   |                                 |
| 05/27/2010               | 392,000                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 411,605                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years. ....                     | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 370,944 |

**20** Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

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

**Part V Assumptions used to determine funding target and target normal cost****21** Discount rate:**a** Segment rates:1st segment:  
%2nd segment:  
%3rd segment:  
%☒ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

3

**22** Weighted average retirement age .....**22**

62

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions)..... **31** 117,296**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

0

0

**b** Waiver amortization installment.....

0

0

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

117,296

|                                                             | Carryover balance | Prefunding balance | Total balance |
|-------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances used to offset funding requirement ..... | 120,849           | 0                  | 120,849       |

**36** Additional cash requirement (item 34 minus item 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 370,944**38** Interest-adjusted excess contributions for current year (see instructions)..... **38** 374,497**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0**40** Unpaid minimum required contribution for all years ..... **40** 0

## Actuarial Assumptions

### Economic Assumptions

Gilmour  
 Hose

---

|                                         |                  |
|-----------------------------------------|------------------|
| ■ Funding Target                        |                  |
| ▶ Interest Rate                         |                  |
| Applicable Month                        | October 2008     |
| Yield curve basis                       | Full yield curve |
| Transition from current liability rates | No               |
| ▶ Funding interest rates                |                  |
| 10-year rate                            | 8.81%            |
| 20-year rate                            | 8.22%            |
| 30-year rate                            | 7.50%            |
| ▶ Effective interest rate               | 8.04%            |
| ▶ Salary Increases                      | N/A              |
| ▶ Wage Base                             | N/A              |
| ▶ Index Limit on Pay & Benefits         | N/A              |
| ▶ Lump Sum Conversion Basis             | N/A              |
| ▶ Interest Rate                         | N/A              |
| ▶ Mortality Table                       | N/A              |
| ▶ Cash Balance Interest Crediting Rate  | N/A              |

GILMOUR HOSE COMPANY  
 HOURLY EMPLOYEES' PENSION PLAN  
 EIN 61-6025780 PN 024  
 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions (cont'd.)

|                                                                      | Gilmour<br>Hose                                                        |
|----------------------------------------------------------------------|------------------------------------------------------------------------|
| Demographic Assumptions                                              |                                                                        |
| ■ Mortality - PPA                                                    | IRS required mortality table for 2009 funding valuation                |
| ■ Termination (Sample Rates: 5 years of service or more)*            |                                                                        |
| ▶ Age 25                                                             | 8.8%                                                                   |
| ▶ Age 40                                                             | 4.4%                                                                   |
| ▶ Age 50                                                             | 3.2%                                                                   |
| ▶ Age 55                                                             | 3.0%                                                                   |
| ■ Disability (Sample Rates: Male / Female)                           |                                                                        |
| ▶ Age 25                                                             | 0.10% / 0.06%                                                          |
| ▶ Age 40                                                             | 0.26% / 0.24%                                                          |
| ▶ Age 50                                                             | 0.65% / 0.56%                                                          |
| ▶ Age 55                                                             | 1.13% / 0.91%                                                          |
| ■ Retirement (Sample Rates)                                          |                                                                        |
| ▶ Age 55                                                             | 5%                                                                     |
| ▶ Age 60                                                             | 10%                                                                    |
| ▶ Age 62                                                             | 30%                                                                    |
| ▶ Age 65                                                             | 100%                                                                   |
| ▶ Age 70                                                             | 100%                                                                   |
| ■ Retirement (Sample rates: 30 years of service or more)             |                                                                        |
| ▶ Age 55                                                             | 5%                                                                     |
| ▶ Age 60                                                             | 10%                                                                    |
| ▶ Age 62                                                             | 30%                                                                    |
| ▶ Age 65                                                             | 100%                                                                   |
| ▶ Age 70                                                             | 100%                                                                   |
| ■ Weighted Average Retirement Age<br>(Less than 30 years of service) | 62                                                                     |
| ■ Administrative Expenses                                            |                                                                        |
| ▶ Funding Target                                                     | None                                                                   |
|                                                                      | 2008 Actual Trust Expenses<br>limited to 5% of Fair Value of<br>Assets |
| ■ Percentage Married                                                 |                                                                        |
| ▶ Males                                                              | 80%                                                                    |
| ▶ Females                                                            | 80%                                                                    |
| ■ Spouse age                                                         | Wives 3 years younger than<br>husbands                                 |
| ■ Form of payment                                                    | Normal                                                                 |

\* Rates may differ for those with less than 5 years of service

Actuarial Assumptions (cont'd.)

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gilmour<br>Hose                                                       |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Actuarial Methods                                  | ■ Contribution Purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |
|                                                    | ▶ Normal cost and funding target                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Present value of<br>accrued benefits                                  |
|                                                    | ▶ Actuarial value of assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Actuarial value of<br>assets including<br>receivable<br>contributions |
| Benefits Not Valued                                | All benefits summarized in the plan provisions section have been valued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |
| Changes in Methods and Assumptions Since Last Year | <p>For contribution purposes:</p> <p>The funding interest rate was changed from the full corporate bond yield curve as of January 2008 to the full corporate bond yield as of October 2008, as provided under the Pension Protection Act of 2006 (PPA).</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p> <p>The method used to calculate the minimum contribution was changed to include plan-related expenses, as provided under the PPA.</p> <p>The actuarial value of assets including contributions receivable was changed from market value to a smoothed value of assets under PPA. Investment gains and losses in excess of expected return are smoothed over 2 years subject to a 10% corridor around Market Value.</p> |                                                                       |
| Data Sources                                       | <p>Towers Perrin used asset data supplied by the trustee. The Company furnished participant data, the dates and amounts of the prior year contributions as well as the accrued pension cost at year-end.</p> <p>Data was reviewed for reasonableness and consistency, but no audit was performed. Towers Perrin is not aware of any errors or omissions in the data that would significantly affect the valuation results.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |

**Gilmour Hose Company**  
**Hourly Employees' Pension Plan**  
**EIN 61- 6025780 PLAN 024**

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

The following items offer more detail with regard to the Actuarial Assumptions and Methods attachment.

- The actuarial valuation for the 2009 plan year used the “static” annuitant and non-annuitant mortality tables prescribed by the IRS for the plan year, per Reg. 1.430(h)(3)-1(e).
- The following table summarizes the optional form of payment assumptions used in the actuarial valuation with regard to the form of payment that plan participants are expected to select.

| <b><u>Optional Form of payment</u></b> | <b><u>Payment method assumption</u></b> |
|----------------------------------------|-----------------------------------------|
| Five-year certain and life annuity     | 20%                                     |
| Single life annuity                    | 0%                                      |
| Joint and 50% survivor annuity         | 80%                                     |
| Joint and 75% survivor annuity         | 0%                                      |

- The valuation interest rate is the IRS prescribed yield curve, based on bond yields applicable for the month of October preceding the valuation date.
- The actuarial value of assets is equal to a two-year smoothed value of assets including receivable contributions as prescribed under IRS regulation. The actuarial value must be within 10% of market value.

## Plan Provisions — Gilmour Hose

|                           |                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>     | January 1, 1988. The plan was last amended effective as of January 31, 2008.                                                                                                                                                                                                                                                                                                                        |
| <b>Employees Covered</b>  | All union employees of Gilmour Hose Company.                                                                                                                                                                                                                                                                                                                                                        |
| <b>Participation Date</b> | <p>All full-time hourly employees (employees who work at least 30 hours per week) become participants on their date of hire. Part-time employees become participants on January 1 or July 1 following one year of eligibility service.</p> <p>Union employees who were participants in the Prior Gates Retirement Plan on December 22, 1987 became participants in the plan on January 1, 1988.</p> |
| <b>Definitions</b>        |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Credited Service          | Total number of calendar years a participant works 1,000 or more hours.                                                                                                                                                                                                                                                                                                                             |
| Benefit Service           | Total number of plan years beginning on or after January 1, 1988 a participant works 1,000 or more hours.                                                                                                                                                                                                                                                                                           |
| Vesting Service           | Same as Credited Service.                                                                                                                                                                                                                                                                                                                                                                           |
| Plan Year                 | January 1 to December 31.                                                                                                                                                                                                                                                                                                                                                                           |
| Eligibility Service       | A 12-month computation period in which an employee completes at least 1,000 hours of service.                                                                                                                                                                                                                                                                                                       |

## **Eligibility for Benefits**

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement  | A participant is eligible for normal retirement on the first day of the month coincident with or next following attainment of age 65.                                                                                                                                                                                                                                                                                                                               |
| Early retirement   | <p>A participant is eligible for early retirement on the first day of the month coincident with or next following the fulfillment of one of the following requirements:</p> <ul style="list-style-type: none"><li>(a) Attained age 62 and completed 10 or more years of Credited Service.</li><li>(b) Attained age 55 and completed 37 or more years of Credited Service.</li><li>(c) Attained age 55 and completed 10 or more years of Credited Service.</li></ul> |
| Late retirement    | A participant may retire after his Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                          |
| Vested pension     | A participant is entitled to a vested pension benefit if he/she has completed 5 or more years of Credited Service before termination.                                                                                                                                                                                                                                                                                                                               |
| Spouse's pension   | A participant's spouse is eligible for pension benefits if the participant had attained the right to a vested pension and was married to the same spouse during the one-year period prior to death.                                                                                                                                                                                                                                                                 |
| Disability pension | A participant is eligible for benefits if the participant is totally and permanently disabled with 10 or more years of Credited Service.                                                                                                                                                                                                                                                                                                                            |

## **Forms of Payment**

|                |                                                                                                                                                                                                                                                      |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal form    | The normal form of payment for a single employee is a 5 year certain and life annuity, payable monthly. The normal form of payment for a married employee is an actuarially equivalent Joint and 50% Survivor Annuity.                               |
| Optional forms | Optional forms of payment may be taken on an actuarially equivalent basis if the participant elects out of the Normal Form. This includes a 5 year certain and life annuity, a Joint and 50% Survivor Annuity, and a Joint and 75% Survivor Annuity. |

## Amounts of Benefits

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement | <p>Effective January 1, 2004, a monthly pension payable for the life of the participant equal to the sum of (a), (b), (c), (d), (e), (f), (g), and (h):</p> <ul style="list-style-type: none"><li>(a) In the case of a participant in the Prior Gates Plan immediately prior to December 22, 1987, who was an employee of the company on January 1, 1988, \$0.30.</li><li>(b) \$10.50 for a year of Benefit Service earned during 1988.</li><li>(c) \$10.75 for a year of Benefit Service earned during 1989.</li><li>(d) \$11.00 for each year of Benefit Service earned during 1990 and 1991.</li><li>(e) \$11.50 for each year of Benefit Service earned after 1991 and before 1995.</li><li>(f) \$12.00 for each year of Benefit Service earned during 1995 and 1996.</li><li>(g) \$12.50 for each year of Benefit Service earned after 1996 and before 2004.</li><li>(h) \$13.50 for each year of Benefit Service earned in 2004 and before 2007.</li><li>(i) \$14.50 in 2007.</li><li>(j) \$15.50 in 2008.</li><li>(k) \$16.50 in 2009 and after.</li></ul> |
| Early retirement  | <p>If a participant retires meeting Early Retirement requirements:</p> <p>(a) or (b), then the normal retirement benefit is payable immediately, unreduced.</p> <p>(c) only, then the normal retirement benefit is payable immediately, reduced 0.4% for each month that the benefit commencement precedes the first day of the month coincident with or next following the participant's 62<sup>nd</sup> birthday.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Late retirement   | <p>The greater of the benefit based on benefit service at late retirement and the actuarial equivalent of the normal retirement benefit.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Vested pension    | <p>Same as normal retirement benefit, commencing at age 65. If participant is early retirement eligible at termination, same as early retirement benefit.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Spouse's pension  | <p>A monthly benefit payable to the spouse of a participant for the duration of the spouse's life commencing at the later of the date of death or the date first eligible for retirement in the amount of 50% of the normal retirement benefit reduced for early commencement and for payment in the joint and 50% survivor form.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

Disability pension                      A monthly pension payable at disability is equal to the normal retirement benefit calculated above, commencing immediately. The participant is also entitled to a monthly disability supplement based on benefit service on the disability date, payable as a temporary annuity.

**Changes in Plan Provisions Since Prior Year**

Plan provisions have not changed since the prior year, except to reflect current year changes in the Internal Revenue Code maximum on benefits and pay.

**Gilmour Hose Company  
Hourly Employees' Pension Plan  
EIN 61- 6025780 PLAN 024**

**Schedule SB, Part V – Summary of Plan Provisions**

Benefits are generally converted from the normal form of payment to the optional form of payment on an actuarially equivalent basis, which varies depending on the plan formula. Benefits accrued under multiple prior plan formulas may be converted using multiple bases.

The following actuarial equivalence bases apply to the Gilmour Hose Company Hourly Employees' Pension Plan:

| <u><b>Mortality</b></u>              | <u><b>Interest</b></u> |
|--------------------------------------|------------------------|
| 417(e)(3) Applicable Mortality Table | 6.0%                   |

Note that this summary is intended to be a reasonably representative sample of the optional form conversion factors for the plan. It is not intended to be an exhaustive list of all the factors used in the conversion of benefits from the normal form of payment to any optional form of payment offered by the plan.

**Gilmour Hose Company  
Hourly Employees' Pension Plan  
EIN 61- 6025780 PLAN 024**

**Attachments to 2009 Schedule SB (Form 5500)**

Line 19 — Discounted Employer Contributions

Line 22 — Description of Weighted Average Retirement Age

Part V — Statement of Actuarial Assumptions and Methods.

Part V — Summary of Plan Provisions

Line 25 — Change in Method

Line 26 — Schedule of Active Participant Data

As of January 1, 2010 Towers Perrin changed its name to Towers Watson Pennsylvania, Inc.

Nicole M. Stopoulos  
Enrollment Number 08-05133  
Towers Watson Pennsylvania, Inc.  
191 North Wacker Drive  
Suite 2100  
Chicago, IL 60606-1615  
(312) 525-2500