Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GILMOUR MANUFACTURING COMPANY HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 023

1c Effective date of plan 09/01/1978

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

2800 SOUTH 25TH AVENUE
BROADVIEW, IL 60155-4594

2b Employer Identification Number (EIN) 61-6025780

2c Sponsor's telephone number 708-865-5200

2d Business code (see instructions) 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.

SIGN HERE	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
SIGN HERE	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

2800 SOUTH 25TH AVENUE
BROADVIEW, IL 60155-4594

3b Administrator's EIN
61-6025780

3c Administrator's telephone number
708-865-5200

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

a Sponsor's name
GILMOUR MANUFACTURING COMPANY

4b EIN
25-1125730

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	469
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 3H 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan
GILMOUR MANUFACTURING COMPANY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 023

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

D Employer Identification Number (EIN)
61-6025780

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		4388594
b	Actuarial value	**2b**		4827453
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	96	1660212
b	For terminated vested participants	**3b**	124	780378
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		56020
	(2) Vested benefits	**3c(2)**		2579071
	(3) Total active	**3c(3)**	249	2635091
d	Total	**3d**	469	5075681
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.06 %
6	Target normal cost	**6**		218527

Statement by Enrolled Actuary

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

SIGN HERE

09/14/2010
Signature of actuary — Date

NICOLE M. STOPOULOS
08-05133
Type or print name of actuary — Most recent enrollment number

TOWERS WATSON PENNSYLVANIA, INC.
312-525-2500
Firm name — Telephone number (including area code)

191 NORTH WACKER DRIVE, SUITE 2100
CHICAGO, IL 60606-1615
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
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1348196	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	174996	0
9	Amount remaining (Item 7 minus item 8)	1173200	0
10	Interest on item 9 using prior year's actual return of -20.00 %	-234640	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.36 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	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)	938560	0

Part III Funding percentages

14	Funding target attainment percentage	14	76.61 %
15	Adjusted funding target attainment percentage	15	95.10 %
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	97.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	43749				
			Totals ► 18(b)	43749	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	42794

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [X] 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** 218527

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** 218527

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	175733	0	175733

36 Additional cash requirement (item 34 minus item 35)..... **36** 42794

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 42794

38 Interest-adjusted excess contributions for current year (see instructions)..... **38** 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
GILMOUR MANUFACTURING COMPANY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 023

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROBERT BOSCH TOOL CORPORATION

D Employer Identification Number (EIN)
61-6025780

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ROBERT BOSCH LLC MASTER RET TRUST

b Name of sponsor of entity listed in (a): ROBERT BOSCH LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-2903176-100	M	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
GILMOUR MANUFACTURING COMPANY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 023

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT BOSCH TOOL CORPORATION

D Employer Identification Number (EIN)
61-6025780

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	4388593	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4388593	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	55145	
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	55145	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4333448	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	43749	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		43749
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		657173
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		700922
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	215791	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		215791
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	73196	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1438	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		74634
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		290425
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		410497
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		4743945

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP (2) EIN: 13-4008324

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
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**	X		
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
PENSION PLAN FOR DISCONTINUED OPERATIONS OF ROBERT BOSCH	36-2903176	010

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
GILMOUR MANUFACTURING COMPANY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 023

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT BOSCH TOOL CORPORATION

D Employer Identification Number (EIN)
61-6025780

Part I Distributions

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

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

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

EIN(s): 36-3046063

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 1

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Gilmour Manufacturing Company Hourly Employees' Pension Plan

Financial Statements
December 31, 2009 and 2008

Gilmour Manufacturing Company
Hourly Employees' Pension Plan
Index

	Page(s)
Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2009 and 2008	2
Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2009 and 2008	3
Notes to Financial Statements	4–12

Note: Supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have not been included herein as they are not applicable.

PRICEWATERHOUSECOOPERS

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

Report of Independent Auditors

To the Participants and Benefit Plans Committee for the
Gilmour Manufacturing Company Hourly Employees' Pension Plan

We were engaged to audit the financial statements of the Gilmour Manufacturing 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 Manufacturing Company
Hourly Employees' Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Plan interest in Robert Bosch LLC Master Retirement Trust, at fair value	$ -	$ 4,388,593
Liabilities		
Accrued expenses	-	55,145
Net assets available for benefits	$ -	$ 4,333,448

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

Gilmour Manufacturing Company Hourly Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2009 and 2008

	2009	2008
Additions		
Employer contribution	$ 43,749	$ -
Plan interest in net investment income (loss) of Robert Bosch LLC Master Retirement Trust	657,173	(1,121,770)
Total additions	700,922	(1,121,770)
Deductions		
Benefits paid to participants	215,791	205,306
Administrative expenses	96,268	113,722
Total deductions	312,059	319,028
Transfer to Pension Plan for Discontinued Operations of Robert Bosch	(4,722,311)	-
Net decrease	(4,333,448)	(1,440,798)
Net assets available for benefits		
Beginning of year	4,333,448	5,774,246
End of year	$ -	$ 4,333,448

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

1. Description of the Plan

The following description of the Gilmour Manufacturing 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 hourly employees, excluding those covered by a collective bargaining agreement, of Gilmour Manufacturing Company, a subsidiary of Robert Bosch Tool Corporation (the "Company"). Full-time hourly employees become participants in the Plan after completing one hour of service. Part-time hourly employees become participants in the Plan on January 1 or July 1 following one year of service in which they complete 1,000 hours of service.

On March 4, 2009 the Company announced the closure of the Gilmour Manufacturing Company manufacturing facility. The plant closure was completed by December 31, 2009. All active participants of the Plan became fully vested in their accrued benefits as a result of the closure.

Effective December 31, 2009, the Plan merged into the Pension Plan for Discontinued Operations of Robert Bosch and the net assets of the Plan were transferred to the Pension Plan for Discontinued Operations of Robert Bosch on that date. All benefits and expenses payable under the Plan as of December 31, 2009 will be payable in accordance with Plan provisions out of the Pension Plan for Discontinued Operations of Robert Bosch. The actuarial present value of accumulated benefits was approximately $5.4 million on the date of the merger.

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 requirements for 2009 and 2008.

Benefit Payments (Prior to Merger)

Participants become 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 benefit rate as stated in the Plan document multiplied by the years of credited service. The Plan permits early retirement, with reduced benefits, at ages 62 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 or in the form of a 5-year or 10-year certain 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.

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 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 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	$ 1,722,945
Other participants	3,502,447
Total vested benefits	5,225,392
Nonvested benefits	61,073
Total actuarial present value of accumulated plan benefits	$ 5,286,465

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 as of January 1, 2008	$ 4,823,882
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial experience gain/loss	126,477
Interest due to change in discount period	377,856
Benefits paid	(205,306)
Assumption changes	163,556
Actuarial present value of accumulated plan benefits as of January 1, 2009	$ 5,286,465

Significant assumptions underlying the actuarial computations are as follows:

Interest rate	7.75% as of January 1, 2009 and 8.00% as of January 1, 2008
Retirement rate	6% by age 55; 10% by age 60; 25% by age 62; 50% by age 65; 100% by age 70
Mortality	RP-2000 Combined Table, projected to 2015 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 Company-sponsored retirement plans. 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% and 0.4%, respectively. Investment income and expenses are allocated to the Plan based upon its pro rata share in the net assets of the Master Trust.

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

	2009	2008
Investments, at fair value		
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 trust	4,795,205	1,872,868
Interest bearing cash	1,718,763	2,835,852
Other	684,172	890,980
Total investments	1,105,108,253	987,071,019
Accrued income	1,009,941	1,052,551
Net pending trades	683,057	196,388
Net assets	$ 1,106,801,251	$ 988,319,958

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

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

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
Investments, at fair value		
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)
	$ 142,066,929	$ (264,423,209)

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.

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

	Investments Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
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
Interesting 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

	Investment Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
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:

Common Collective Trust	Description	Benchmark
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 June 5, 2009, 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 MANUFACTURING COMPANY
HOURLY EMPLOYEES' PENSION PLAN
EIN 61-6025780 PLAN 023
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	8.05690%

	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	43,749	0.28493	42,794
Totals for plan year				43,749		42,794
Totals for tax year				43,749		

Gilmour Manufacturing Company
Hourly Employees' Pension Plan
EIN 61- 6025780 PLAN 023

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 63 is the arithmetic average of the expected retirement ages of all participants on January 1, 2009.

Gilmour Manufacturing Company
Hourly Employees' Pension Plan
EIN 61- 6025780 PLAN 023

Schedule SB, line 25 – Change in Method

Below is a summary of significant changes that were made.

Aspect of the Valuation	Old	New
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.

Gilmour Manufacturing Company
Hourly Employees' Pension Plan
EIN 61-6025780 PN 023
Schedule SB, line 26 - Schedule of Active Participant Data

		Years of Service									
Attained Age		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
Under 25	Number	6	1	0	0	0	0	0	0	0	0
25-29	Number	4	5	1	0	0	0	0	0	0	0
30-34	Number	2	6	0	2	1	0	0	0	0	0
35-39	Number	0	5	5	3	6	0	0	0	0	0
40-44	Number	0	5	0	4	6	11	3	0	0	0
45-49	Number	1	2	1	1	12	13	7	2	0	0
50-54	Number	0	3	0	3	4	11	21	8	0	0
55-59	Number	0	7	2	3	11	9	14	15	0	0
60-64	Number	0	2	1	1	2	4	5	3	0	0
65-69	Number	0	0	0	0	0	3	1	1	0	0
70 & Up	Number	0	0	0	0	0	0	0	0	0	0

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan

Gilmour Manufacturing Co. Hrly Employees' Pension Pl

B Three-digit plan number (PN) ▶ 023

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

Robert Bosch Tool Corporation

D Employer Identification Number (EIN)

61-6025780

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2009			
2	Assets:			
	a Market value	2a		4,388,594
	b Actuarial value	2b		4,827,453
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	96	1,660,212
	b For terminated vested participants	3b	124	780,378
	c For active participants:			
	(1) Non-vested benefits	3c(1)		56,020
	(2) Vested benefits	3c(2)		2,579,071
	(3) Total active	3c(3)	249	2,635,091
	d Total	3d	469	5,075,681
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		8.06 %
6	Target normal cost	6		218,527

Statement by Enrolled Actuary

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

SIGN HERE

NICOLE M. STOPOULOS NMS

Signature of actuary

Sept. 14, 2010

Date

NICOLE M. STOPOULOS

Type or print name of actuary

08-05133

Most recent enrollment number

TOWERS WATSON PENNSYLVANIA, INC.

Firm name

(312)525-2500

Telephone number (including area code)

191 NORTH WACKER DRIVE, SUITE 2100
CHICAGO IL 60606-1615

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
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1,348,196	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	174,996	0
9	Amount remaining (Item 7 minus item 8)	1,173,200	0
10	Interest on item 9 using prior year's actual return of (20.00)%	(234,640)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.36 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	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)	938,560	0

Part III Funding percentages

14	Funding target attainment percentage	14	76.61 %
15	Adjusted funding target attainment percentage	15	95.10 %
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	97.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	43,749				
			Totals ▶ 18(b)	43,749	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	42,794

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	[X] N/A, full yield curve used

b Applicable month (enter code) 21b: 3

22 Weighted average retirement age 22: 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... [X] 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: 218,527

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: 218,527

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	175,733	0	175,733

36 Additional cash requirement (item 34 minus item 35) 36: 42,794

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) 37: 42,794

38 Interest-adjusted excess contributions for current year (see instructions) 38: 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) 39: 0

40 Unpaid minimum required contribution for all years 40: 0

Actuarial Assumptions (cont'd.)

Economic Assumptions	Gilmour Manufacturing
■ 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	8.06%
► 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

Actuarial Assumptions (cont'd.)

Demographic Assumptions	Gilmour Manufacturing
■ 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 (Less than 30 years of service)	63
■ Administrative Expenses	
► Funding Target	2008 Actual Trust Expenses limited to 5% of Fair Value of Assets
■ Percentage Married	
► Males	80%
► Females	80%
■ Spouse age	Wives 3 years younger than husbands
■ Form of payment	Normal

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

Actuarial Assumptions (cont'd.)

	Gilmour Manufacturing
Actuarial Methods	
■ Contribu ion Purposes	
► Normal cost and funding target	Present value of accrued benefits
► Actuarial value of assets	Actuarial value of assets including receivable contributions

Benefits Not Valued

All benefits summarized in the plan provisions section have been valued.

Changes in Me hods and Assump ions Since Last Year

For contribution purposes:

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).

The required mortality table used to calculate the funding target and target normal cost was updated to include one addi ional year of projected mortality improvements.

The method used to calculate the minimum contribution was changed to include plan-related expenses, as provided under the PPA.

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.

Data Sources

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.

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 he valuation results.

Gilmour Manufacturing Company
Hourly Employees' Pension Plan
EIN 61- 6025780 PLAN 023

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.

Optional Form of payment	Payment method assumption
Single life annuity	20%
Joint and 50% survivor annuity	0%
Joint and 75% survivor annuity	0%
Joint and 100% survivor annuity	80%
Five-year certain and life annuity	0%
Ten-year certain and life 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 Manufacturing

Effective Date	September 1, 1978. The plan was last amended effective as of January 31, 2008.
Employees Covered	Hourly employees of Gilmour Manufacturing Company, excluding employees covered by a collective bargaining agreement and excluding any salaried employees.
Eligibility	All full-time hourly employees who are scheduled to work at least 30 hours per week (excluding collectively bargained employees) become participants on their date of hire. Part-time employees become participants on January 1 or July 1, following one year of service.
Definitions	
Vesting Service	Total number of plan years an employee works 1,000 or more hours, excluding years worked prior to September 1, 1978.
Credited Service	The number of whole years worked as an hourly employee.
Plan Year	January 1 to December 31. Prior to September 1, 1994, the plan year was the 12-month period beginning on September 1 and ending on the last day of the next following August. There was a short plan year from September 1 to December 31, 1994.

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	A participant is eligible for early retirement on the first day of the month prior to normal retirement but after attaining age 62 with 10 years of Vesting Service.
Late retirement	A participant may retire on the first day of any month 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 vesting 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 prior to death.
Disability pension	A participant is eligible for benefits on the first day of any month after the participant becomes totally and permanently disabled with 10 or more years of vesting service.

Forms of Payment

Normal form	The normal form of payment for a single employee is a single life annuity, payable monthly. The normal form of payment for a married employee is an actuarially equivalent Joint and 100% 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 single life annuity, 5 year certain and life annuity, a 10 year certain and life annuity, a Joint and 50% Survivor Annuity, a Joint and 75% Survivor Annuity, and a Joint and 100% Survivor Annuity.

Amounts of Benefits

Normal retirement	A monthly pension payable for the life of the participant equal to the sum of (a), (b), (c), (d), (e) and (f): (a) $13.25 x Credited Service after December 31, 1996 (b) $12.00 x Credited Service from January 1, 1995 to December 31, 1996 (c) $3.33 for the short plan year beginning September 1, 1994 and ending December 31, 1994, if the participant had at least 250 hours of service during this period (d) $10.00 x Credited Service from September 1, 1992 to August 31, 1994 (e) $8.00 x Credited Service from September 1, 1978 to August 31, 1992 (f) $8.00 x (pre-September 1, 1978 Credited Service) x (ratio of years of service to date to years of service at Normal Retirement Date) Note: Former participants in the Seymour Hourly Plan will receive their Accrued Benefits as of September 1, 1990
Early retirement	A monthly pension payable for the life of a participant commencing at age 65 is equal to the normal retirement benefit calculated above. The benefit is reduced 0.6% for each month that benefit commencement precedes normal retirement.
Late retirement	The greater of the accrued benefit as of the participant's late retirement date and the actuarial equivalent of the normal retirement benefit.
Vested pension	Same as normal retirement benefit, commencing at age 65. If participant is early retirement eligible at termination, same as early retirement benefit.
Spouse's pension	100% of benefit that would have been payable had an early retirement income commenced on the later of the participant's date of death or the participant's normal retirement date. The surviving spouse may elect to have the benefit commence as early as the date the participant would have attained age 55.
Disability pension	A monthly pension payable at disability is equal to the normal retirement benefit calculated above, commencing immediately.

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 Manufacturing Company
Hourly Employees' Pension Plan
EIN 61- 6025780 PLAN 023

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 Manufacturing Company Hourly Employees' Pension Plan:

Mortality	Interest
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 Manufacturing Company
Hourly Employees' Pension Plan
EIN 61- 6025780 PLAN 023

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