

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WARD LEONARD ELECTRIC CO., INC. UNION EMPLOYEES' PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1954</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1954</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1954</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>WARD LEONARD ELECTRIC CO., INC.</u> <u>401 WATERTOWN ROAD</u> <u>THOMASTON, CT 06787</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-3799937</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>860-283-5801</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-3799937</u>	2c Sponsor's telephone number <u>860-283-5801</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>13-3799937</u>					
2c Sponsor's telephone number <u>860-283-5801</u>					
2d Business code (see instructions) <u>335900</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	SUSAN CASTLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	SUSAN CASTLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WARD LEONARD ELECTRIC CO., INC. 401 WATERTOWN ROAD THOMASTON, CT 06787	3b Administrator's EIN 13-3799937 3c Administrator's telephone number 860-283-5801
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	144
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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	2
b Retired or separated participants receiving benefits.....	6b	103
c Other retired or separated participants entitled to future benefits.....	6c	22
d Subtotal. Add lines 6a , 6b , and 6c	6d	127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	12
f Total. Add lines 6d and 6e	6f	139
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	
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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 1I 3H

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) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan WARD LEONARD ELECTRIC CO., INC. UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. WARD LEONARD ELECTRIC CO., INC.	D Employer Identification Number (EIN) 13-3799937	

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

(a) Name of insurance carrier FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867050	69140	GA-90414-07	139	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add b and c(6)).	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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 WARD LEONARD ELECTRIC CO., INC. UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WARD LEONARD ELECTRIC CO., INC.	D Employer Identification Number (EIN) 13-3799937
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2009	
2 Assets:	
a Market value	2a 1585684
b Actuarial value	2b 1585684
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 119 1964599
b For terminated vested participants	3b 23 134973
c For active participants:	
(1) Non-vested benefits	3c(1) 0
(2) Vested benefits	3c(2) 25923
(3) Total active	3c(3) 2 25923
d Total	3d 144 2125495
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 6.28 %
6 Target normal cost	6 8000

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		10/07/2010
ANDREW A. GUNDLACH	Signature of actuary	Date 08-00447
ARNOLD S. ROSS & ASSOCIATES LTD	Type or print name of actuary	Most recent enrollment number 212-408-0505
1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020-1703	Firm name	Telephone number (including area code)
	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)	88793	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	88793	0
10	Interest on item 9 using prior year's actual return of <u>-20.61</u> %	-18300	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		18969
b	Interest on (a) using prior year's effective rate of <u>5.88</u> %		1115
c	Total available at beginning of current plan year to add to prefunding balance		20084
d	Portion of (c) to be added to prefunding balance.....		20084
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).....	70493	20084

Part III Funding percentages			
14	Funding target attainment percentage.....	14	70.34 %
15	Adjusted funding target attainment percentage.....	15	70.34 %
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	96.59 %
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
09/09/2009	65521				
			Totals ►	18(b)	65521
				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 62833
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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	8000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	502858	84994
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	92994
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	70493	20084
36 Additional cash requirement (item 34 minus item 35).....	36	2417
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	62833
38 Interest-adjusted excess contributions for current year (see instructions).....	38	60416
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 WARD LEONARD ELECTRIC CO., INC. UNION EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 WARD LEONARD ELECTRIC CO., INC.		D Employer Identification Number (EIN) 13-3799937

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIRST ALLMERICA FINANCIAL LIFE

04-1867050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	7783	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	UHY LLP	b EIN:	20-0694403
c Position:	ACCOUNTANT		
d Address:	555 LONG WARF DRIVE NEW HAVEN, CT 06511	e Telephone:	860-218-1405

Explanation: THE NEW ENGLAND PRACTICE OF UHY LLP WAS AQUIRED BY MARCUM LLP.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name 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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>WARD LEONARD ELECTRIC CO., INC. UNION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WARD LEONARD ELECTRIC CO., INC.</u>	D Employer Identification Number (EIN) <u>13-3799937</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	4075	3393
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	262512	6239
	(2) U.S. Government securities	1c(2)		34689
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	287383	236461
	(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)	24169	71074
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	986195	1297321
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1564334	1649177

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1564334	1649177
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	65521	
(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)		65521
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)	15567	
(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)		15567
(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)		
(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		265268
d Total income. Add all income amounts in column (b) and enter total.....	2d		346356

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	253670	
(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)		253670
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	7783	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	60	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7843
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		261513

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		84843
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: MARCUM LLP

(2) EIN: 11-1986323

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>WARD LEONARD ELECTRIC CO., INC. UNION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WARD LEONARD ELECTRIC CO., INC.</u>	D Employer Identification Number (EIN) <u>13-3799937</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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
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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
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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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**WARD LEONARD
ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

**AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Trustees
Ward Leonard Electric Company, Inc.
Union Employees' Pension Plan

We have audited the accompanying statement of net assets available for benefits of Ward Leonard Electric Company, Inc. Union Employees' Pension Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of the Plan as of and for the year ended December 31, 2008 were audited by other auditors, whose report dated October 8, 2009, expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2009, and the changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was performed for the purpose of forming an opinion on the 2009 basic financial statements taken as a whole. The supplemental schedules listed in the Table of Contents as of or for the year ended December 31, 2009 are presented for the purpose of additional analysis and are not a required part of the 2009 basic financial statements, but are supplementary information required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the 2009 basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the 2009 basic financial statements taken as a whole.

Marcum LLP

New Haven, Connecticut
September 27, 2010

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Assets		
Investments - at fair value		
Pooled separate investment accounts	\$ 71,074	\$ 24,169
Mutual funds	1,297,321	986,195
Cash and money market funds	6,239	262,512
Government obligations	34,689	25,064
Corporate Bonds	<u>236,461</u>	<u>262,319</u>
	1,645,784	1,560,259
Accrued Interest Receivable	<u>3,393</u>	<u>4,075</u>
Net Assets Available for Benefits	<u><u>\$ 1,649,177</u></u>	<u><u>\$ 1,564,334</u></u>

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

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions:		
Investment income		
Dividends	\$ 15,567	\$ 10,690
Net appreciation in fair value of investments	265,268	--
Contributions		
Employer	65,521	19,283
	<u>346,356</u>	<u>29,973</u>
Deductions:		
Net depreciation in fair value of investments	--	444,309
Benefits paid to participants	253,670	265,813
Investment expenses	7,843	8,275
	<u>261,513</u>	<u>718,397</u>
Net Increase (Decrease) in Net Assets		
Available for Benefits	84,843	(688,424)
Net Assets Available for Benefits - Beginning	<u>1,564,334</u>	<u>2,252,758</u>
Net Assets Available for Benefits - Ending	<u>\$ 1,649,177</u>	<u>\$ 1,564,334</u>

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

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF THE PLAN

The following summary of major plan provisions in effect for the Ward Leonard Electric Company, Inc. Union Employees' Pension Plan (the Plan) is provided for general information purposes. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a noncontributory defined benefit plan which covers all union employees of Ward Leonard Electric Company, Inc. (the Employer or Sponsor) who were participants in the Plan on December 31, 2000. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

NATURE OF BUSINESS OF SPONSOR

The primary business of the Sponsor is the design, manufacture and sale of electrical control components and systems as well as A/C and D/C electric motors, generators and motor generator sets for the military and other domestic industrial commercial markets either directly or as a subcontractor.

FROZEN PLAN STATUS

In 2000, the Plan was amended whereby no additional employees are eligible to become participants and no further benefits accrue after December 31, 2000.

RETIREMENT DATE

A participant's normal retirement date is the first day of the month coincident with or next month following his/her 65th birthday. A participant may retire at an early retirement date and receive an actuarially reduced benefit, provided he/she has at that time attained his/her 55th birthday and has completed at least ten years of credited service.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

NORMAL RETIREMENT BENEFIT

The monthly retirement benefit payable at the normal retirement date is equal to the sum of:

Monthly Benefit per Year of Credited Service During Each Period Below	Production and Maintenance Unit Monthly Benefit	Professional, Technical and Salaried Unit Monthly Benefit
Prior to 1/1/80	\$ 10.50	\$ 12.40
1/1/80 to 12/31/80	9.50	10.90
1/1/81 to 9/21/84	10.50	11.90
9/22/84 to 9/21/85	11.00	11.90
9/22/85 to 9/21/88	14.00	14.90
9/22/88 to 9/21/91	15.50	17.15
9/22/91 to 12/31/00	19.00	17.65

No further benefits accrue after December 31, 2000.

DEATH BENEFITS

Generally a participant's beneficiary is entitled to a lump-sum cash benefit with credited interest equal to \$75.00 for each year of credited service completed after January 1, 1954 and prior to date of death. In addition, upon death of a vested married participant, the surviving spouse will usually receive 50 percent of the monthly benefit the participant would have received or was receiving payable under the 50 percent contingent annuitant opinion.

FUNDING POLICY

Employer contributions to the Plan are determined actuarially, using the entry age normal actuarial cost method, based on a valuation made at the beginning of each plan year. Employer contributions amounted to \$66,860 and \$19,283 for the years ended December 31, 2009 and 2008, respectively. The Company's contributions for 2009 and 2008 met the minimum funding requirements of ERISA.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

VESTING

Vesting is based upon years of service. A participant is fully vested after five years of credited service.

ADMINISTRATION EXPENSES

Insurance carrier fees such as asset fees, participant fees for processing benefit payments and multi-account fees are paid by the Plan. All other administrative costs are paid by the Sponsor.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements have been prepared on the accrual basis of accounting.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value based on quoted market prices or other independent sources. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect 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.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

PAYMENT OF BENEFITS

Benefit payments to participants are recorded when paid.

FAIR VALUE MEASUREMENTS

Accounting Standards Codification 820 *Fair Value Measurements* (ASC 820) defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability (exit price) regardless of whether an observable liquid market price exists.

ASC 820 establishes a fair value hierarchy that categorizes the inputs to valuation techniques that are used to measure fair value into three levels:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.
- Level 2 – Observable inputs other than quoted prices included in Level 1, such as quoted prices for markets that are not active or other inputs that are observable or can be corroborated by observable market data.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

2009				
	Total Carrying Value at December 31,	Quoted prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Pooled separate investment accounts	\$ 71,074	\$ 71,074	\$ --	\$ --
Mutual funds	1,297,321	1,297,321	--	--
Cash and money market funds	6,239	6,239	--	--
Government obligations	34,689	34,689	--	--
Bonds	236,461	236,461	--	--
	<u>\$ 1,645,784</u>	<u>\$ 1,645,784</u>	<u>\$ --</u>	<u>\$ --</u>
2008				
	Total Carrying Value at December 31,	Quoted prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Pooled separate investment accounts	\$ 24,169	\$ 24,169	\$ --	\$ --
Mutual funds	986,195	986,195	--	--
Cash and money market funds	262,512	262,512	--	--
Government obligations	25,064	25,064	--	--
Bonds	262,319	262,319	--	--
	<u>\$ 1,560,259</u>	<u>\$ 1,560,259</u>	<u>\$ --</u>	<u>\$ --</u>

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NEW ACCOUNTING PRONOUNCEMENTS

During 2009, the Plan adopted ASC 855-10, *Subsequent Events* (ASC 855-10.) ASC 855-10 establishes general standards of accounting and disclosure requirements for subsequent events, i.e., events that occur after the statement of net assets available for benefits date but before the financial statements are issued. In addition, certain events subsequent to the statement of net assets available for benefits date may require recognition in the financial statements as of the statement of net assets available for benefits date under the requirements of ASC 855-10. The Plan adopted the provisions of ASC 855-10 as of December 31, 2009, and evaluated the impact of subsequent events through September 27, 2010 representing the date at which the financial statements were available to be issued. No subsequent events requiring recognition or disclosure in the accompanying financial statements were identified.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service the employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent consulting actuary, Arnold S. Ross & Associates. This is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and 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 as of January 1, 2009 and 2008 and changes in accumulated plan benefits for the years ended January 1, 2009 and 2008 are as follows:

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

<u>Accumulated Plan Benefits</u>	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 1,877,934	\$ 2,046,294
Other participants	<u>143,162</u>	<u>142,778</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 2,021,096</u>	<u>\$ 2,189,072</u>
 <u>Changes in Accumulated Plan Benefits</u>	 <u>2009</u>	 <u>2008</u>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 2,189,072	\$ 2,321,415
Increase (decrease) during the year attributable to:		
Interest due to the decrease in the discount period	143,156	151,946
Benefits paid	(265,813)	(278,314)
Actuarial gain	<u>(45,319)</u>	<u>(5,975)</u>
Net decrease	<u>(167,976)</u>	<u>(132,343)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 2,021,096</u>	<u>\$ 2,189,072</u>

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuations as of January 1, 2009 and 2008 were:

Mortality basis:	- 2008; GAR94 Projected to 2002
Normal retirement age:	- Age 65
Interest rate:	- 7%, net of expenses per annum;
Actuarial cost method	- Unit Credit

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

NOTE 4 – INVESTMENTS

The following table presents the fair value of investments in the Plan. Single investments representing more than 5 percent of the Plan's net assets as of December 31, 2009 and 2008, are separately identified.

	<u>2009</u>	<u>2008</u>
Pooled Separate Investment Accounts		
VAN VIF	\$ 70,644	\$ 23,762
Van Total Bond	<u>430</u>	<u>407</u>
Total pooled separate investment accounts	<u>71,074</u>	<u>24,169</u>
Government Obligations		
Federal Farm Credit Bank	--	25,064
SPDR Series Trust ETF	<u>34,689</u>	<u>--</u>
Total government obligations	<u>34,689</u>	<u>25,064</u>

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 4 – INVESTMENTS (CONTINUED)

	<u>2009</u>	<u>2008</u>
Corporate Bonds		
AT&T Wireless	\$ 32,257	\$ 31,593
Coca Cola Enterprise	34,974	33,058
Deere & Co.	34,704	31,714
IBM	34,291	32,748
Oracle Corp	31,309	30,687
Philip Morris	31,899	30,372
SBC Communications	--	35,194
Verizon Global	37,028	36,953
Total corporate bonds	<u>236,461</u>	<u>262,319</u>
Mutual Funds		
Arbitrage Fund Class I	60,354	--
Blackrock Global	64,453	--
Calamos Conv Fund CL I	65,966	
Columbia Value & Restructure	--	37,296
Dreyfus Inflation	67,508	
Fairholme Fund	96,257 *	69,241
Fidelity Floating Rate	83,146 *	
Harding Loevner Emerging	45,678	
Jensen Portfolio Class I	--	32,442
Matthews Asian Growth & Income Fund	39,859	--
Manning & Nappier Equity	104,738 *	--
Manning & Nappier World	42,550	
Natixis Gateway Y	--	80,547 *
Nuveen Santa Barbara	--	77,415
Oakmark Equity Income	--	174,279 *
Perkins Mid Cap Value Fund	42,521	
Pimco All Asset Fund	59,254	67,677
Pimco Mortgage Backed	--	35,023
Pimco Total Return Fund	102,055 *	273,073 *
Templeton Global Fund	77,081	
T Rowe Price Capital	66,846	--
Victory Diversified	91,517 *	72,427
Vanguard Wellesley	--	66,775
Vaughan Nelson Small	36,259	
Wasatch 1st Source	151,279 *	--
Total mutual funds	<u>1,297,321</u>	<u>986,195</u>

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 4 – INVESTMENTS (CONTINUED)

	<u>2009</u>	<u>2008</u>
Cash and Money Market Funds		
Schwab U.S. Treasury	\$ 6,239	\$ 262,512 *
Total cash and money market funds	<u>6,239</u>	<u>262,512</u>
Total investments	<u>\$ 1,645,784</u>	<u>\$ 1,560,259</u>

* Investments representing more than 5 percent of the Plan's net assets at December 31, 2009 and 2008.

During the years ended December 31, 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) by \$265,268 and (\$444,309), respectively. Dividends for the years ended December 31, 2009 and 2008 were \$15,567 and \$10,690, respectively.

NOTE 5 – PLAN TERMINATION

Although the Plan Sponsor has not expressed an intention to terminate the Plan, it may do so at any time. Under provisions of ERISA, if the Plan is terminated, the Plan Sponsor may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC).

In the event the Plan terminates, the right of all participants in the Plan to benefits accrued to the date of termination, to the extent such benefits have been funded, shall be non-forfeitable. Funds will be allocated to fund the benefits of members, former members and beneficiaries according to the procedures established by the Internal Revenue Service and the PBGC. Generally, the PBGC guarantees the payment of most vested normal retirement benefits, early retirement benefits and certain disability and survivor's benefits, subject to a ceiling amount. Such ceiling applies to benefits payable in the form of a single-life annuity commencing at age 65 or later. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 5 – PLAN TERMINATION (CONTINUED)

Should the Plan terminate at some future time, all participants will receive their benefits based on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits and may also depend on the level of the benefits guaranteed by the PBGC. Participants should consult the plan document or Retirement Plan Committee for more complete information relating to guarantees of benefits.

NOTE 6 – TAX STATUS

In accordance with a letter from the Internal Revenue Service (IRS) dated June 6, 1998, the Plan is exempt from Federal income taxes under the applicable sections of the Internal Revenue Code (IRC). The Plan was restated effective January 1, 2001 and the IRS issued a new determination letter dated October 1, 2002. The Plan's trustees believe the Plan is designed and is currently being operated in compliance with the applicable provision of the IRC.

NOTE 7 – RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are 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.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 8 – PARTY-IN-INTEREST

The Plan's investments and benefit payments are managed by the custodians as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan for investment management services ,processing benefit transactions, and record keeping services amounted to \$7,843 and \$8,275 for the years ended December 31, 2009 and 2008, respectively.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

EIN: 13-3799941

P/N: 002

Identity of Issue	Description of Investment	Ending Units or Par Value	Cost	Current Value
* Schwab U.S. Treasury	Money Market	6,239	\$ 6,239	\$ 6,239
AT&T Wireless	Corporate Bonds	30,000.00	30,073	32,257
Coca Cola Enterprise	Corporate Bonds	30,000.00	30,570	34,974
Deer & co.	Corporate Bonds	30,000.00	30,553	34,704
IBM	Corporate Bonds	30,000.00	31,032	34,291
Oracle Corp	Corporate Bonds	30,000.00	29,787	31,309
Philip Morris	Corporate Bonds	30,000.00	28,338	31,899
Verizon Global	Corporate Bonds	35,000.00	35,190	37,028
Calamos Conv FD CL I	Mutual Funds	3,724.81	65,710	65,966
Dreyfus Inflation	Mutual Funds	5,418.02	65,501	67,508
Pimco Total Return Fund	Mutual Funds	9,449.57	100,552	102,055
Templeton Global Bond	Mutual Funds	6,074.17	74,810	77,081
Arbitrage Fund Class I	Mutual Funds	4,693.18	61,544	60,354
Blackrock Global	Mutual Funds	3,588.70	65,097	64,453
Fairholme Fund	Mutual Funds	3,198.96	101,033	96,257
Fidelity Floating Rate	Mutual Funds	8,835.92	78,052	83,146
Harding Loevner Emerging	Mutual Funds	1,062.52	29,032	45,678
Manning & Napier Equity	Mutual Funds	6,171.93	87,718	104,738
Manning & Napier World	Mutual Funds	5,240.14	35,121	42,550
Matthews Asian Growth	Mutual Funds	2,527.52	37,136	39,859
Perkins Mid Cap Value Fund	Mutual Funds	2,147.53	40,076	42,521
Pimco All Asset Instl Cl	Mutual Funds	5,157.00	62,702	59,254
T. Rowe Price Capital	Mutual Funds	3,680.94	52,536	66,846
Vaughan Nelson Small Cap	Mutual Funds	1,613.64	27,036	36,259
Victory Diversified STK	Mutual Funds	6,546.30	86,050	91,517
Wasatch 1st Source	Mutual Funds	11,930.48	116,006	151,279
Van Total Bond Market Index	Pooled Separate Acct	26.10	**	430
Van VIF Money Market	Pooled Separate Acct	12,998.17	70,644	70,644
SPDR Series Trust ETF	Government Bond	621.00	34,997	34,689
Total				<u>\$ 1,645,784</u>

* Represents a party-in-interest.

** Cost information unavailable, plan administrator believes amount to be immaterial

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

SCHEDULE H - LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2009

EIN: 13-3799941

P/N: 002

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Value on	
					Transaction Date	Net Gain (Loss)
Single Transactions in Excess of 5% of Plan Assets						
Oakmark Equity Income FD	Mutual Fund	\$ --	\$ 90,673	\$ 114,369	\$ 90,673	\$ (23,696)
Loomis Sayles Invt Grade Bond	Bond Fund	--	85,477	72,806	85,477	12,671
Series of Transactions in Excess of 5% of Plan Assets						
Loomis Sayles Invt Grade Bond	Bond Fund	\$ 139,339	\$ --	\$ 139,339	\$ 139,339	\$ -
Manning & Nappier Equity	Mutual Fund	105,824	--	105,824	105,824	-
Natixis Gateway Y	Mutual Fund	138,146	--	138,146	138,146	-
Wasatch 1st Source	Mutual Fund	163,661		163,661	163,661	-
Columbia Value & Restructure	Mutual Fund		97,141	135,408	97,141	(38,267)
Loomis Sayles Invt Grade Bond	Mutual Fund		161,558	144,155	161,558	17,403
Natixis Gateway Y	Mutual Fund		140,000	111,297	140,000	28,703
Nuveen Santa Barbara	Mutual Fund		102,566	130,110	102,566	(27,545)
Oakmark Equity Income FD	Mutual Fund		174,926	218,157	174,926	(43,232)

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

SCHEDULE H - LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2009

EIN: 13-3799941

P/N: 002

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Value on	
					Transaction Date	Net Gain (Loss)
Single Transactions in Excess of 5% of Plan Assets						
Oakmark Equity Income FD	Mutual Fund	\$ --	\$ 90,673	\$ 114,369	\$ 90,673	\$ (23,696)
Loomis Sayles Invst Grade Bond	Bond Fund	--	85,477	72,806	85,477	12,671
Series of Transactions in Excess of 5% of Plan Assets						
Loomis Sayles Invst Grade Bond	Bond Fund	\$ 139,339	\$ --	\$ 139,339	\$ 139,339	\$ -
Manning & Nappier Equity	Mutual Fund	105,824	--	105,824	105,824	-
Natixis Gateway Y	Mutual Fund	138,146	--	138,146	138,146	-
Wasatch 1st Source	Mutual Fund	163,661		163,661	163,661	-
Columbia Value & Restructure	Mutual Fund		97,141	135,408	97,141	(38,267)
Loomis Sayles Invst Grade Bond	Mutual Fund		161,558	144,155	161,558	17,403
Natixis Gateway Y	Mutual Fund		140,000	111,297	140,000	28,703
Nuveen Santa Barbara	Mutual Fund		102,566	130,110	102,566	(27,545)
Oakmark Equity Income FD	Mutual Fund		174,926	218,157	174,926	(43,232)

**WARD LEONARD ELECTRIC CO., INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Charge Bases</u>	<u>Valuation Date Established</u>	<u>Initial Period</u>	<u>Initial Amount</u>	<u>Remaining Period 1/1/2009</u>	<u>Present Value of Remaining Installments 1/1/2009</u>	<u>Annual Payment</u>
Shortfall base	1/1/2009	7	\$ 502,858	7	\$ 502,858	\$ 84,994
1. Total Charges					\$ 502,858	\$ 84,994
<u>Credit Bases</u>						
2. Total Credits					\$ 0	\$ 0
3. Net Charges (1-2)					\$ 502,858	\$ 84,994

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V – Statement of Actuarial Assumptions/Methods

Interest Rates for PPA Funding:	5.64% rate for year 1 through 5 6.40% rate for year 6 through 20 6.56% rate after 20 years
Mortality:	IRS mandated table for 2009 Funding - RP2000 Mortality Table separate tables for annuitants and non annuitants, sex distinct.
Marriage:	80% of males and females are assumed to be married. Wives are assumed to be three years younger than their husbands.
Maximum Benefit Limitation:	Maximum benefits as specified in Section 415 of the Internal Revenue Code are assumed to remain at current levels (\$195,000 for 2009).
Assumed Benefit Form for Funding:	Life Annuity
Calculated Single Effective Interest Rate For 2009	6.28%

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V – Statement of Actuarial Assumptions/Methods (continued)

1. Actuarial Cost Method

The Pension Protection Act of 2006 added Section 430 to the Internal Revenue Code, which specified the new required minimum funding standards. In general, the minimum required contribution is the sum the target normal cost and the funding shortfall amortization charge (if any) for the plan year.

The following is the basic terminology under the funding method:

The Target Normal Cost is the present value of all benefits that are expected to accrue or be earned under the plan during the year, plus the amount of plan-related expenses expected to be paid from plan assets during the plan year.

The Funding Target is the present value of all benefits accrued under the plan as of the beginning of the year.

The Funding Shortfall is the excess (if any) of the funding target over the assets of the plan (as reduced by the prefunding balance and the funding standard carryover balance).

The Shortfall Amortization Installment is the amount necessary to amortize the funding shortfall base of the plan in level installments over a seven-year period.

The Shortfall Amortization Charge is the sum of all shortfall amortization installments for a plan year and each of the six (6) preceding plan years.

2. Asset Valuation Method

Market Value of Assets on the valuation date increased by the discounted value of any contributions made for the prior year during the accrual period.

3. Valuation Date

The first day of the plan year.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V - Summary of Plan Provisions

Plan Name: Ward Leonard Electric Company, Inc. Union Employees' Pension Plan (GA-90414-007).

Plan Year: Begins January 1 and ends December 31.

Employer ID No.: 13-3799937

Plan Number: 002

Effective Date: Original: January 1, 1954. Latest substantive amendment: January 1, 2001.

Eligibility: One year of service, no new participants after January 1, 2001.

Service Credit: An employee's credited service (used to determine the amount of his benefit) is computed according to the following schedule and was frozen effective December 31, 2000:

<u>Service Credit</u>	<u>Hours of Service Needed for Credited Service</u>
1.0 year	1800 or more
0.9	1620-1799
0.8	1440-1619
0.7	1260-1439
0.6	1080-1259
0.5	900-1079
0.4	720-899
0.3	540-719
0.2	360-539
0.1	180-359
0.0	Under 179

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V - Summary of Plan Provisions (continued)

Normal Retirement:

Eligibility: Age 65

Annual Benefit: An employee's accrued pension as of a specified date is determined by the applicable benefit rate specified below:

<u>Monthly Benefit per Year of Credited Service during each Period Below:</u>	<u>Monthly Benefit Rate</u>
---	-----------------------------

For Production and Maintenance Unit

Prior to 1/1/1980	\$10.50
On or after 1/1/1980 but before 1/1/1981	\$9.50
On or after 1/1/1981 but before 9/22/1984	\$10.50
On or after 9/22/1984 but before 9/22/1985	\$11.00
On or after 9/22/1985 but before 9/22/1988	\$14.00
On or after 9/22/1988 but before 9/22/1991	\$15.50
On or after 9/22/1991 but before 12/31/2000	\$19.00

For Professional Technical and Salaried Unit

Prior to 1/1/1980	\$12.40
On or after 1/1/1980 but before 1/1/1981	\$10.90
On or after 1/1/1981 but before 9/22/1985	\$11.90
On or after 9/22/1985 but before 9/22/1988	\$14.90
On or after 9/22/1988 but before 9/22/1991	\$17.15
On or after 9/22/1991 but before 12/31/2000	\$17.65

Early Retirement:

Eligibility: Age 55 and 10 years.

Annual Benefit: Accrued benefit actuarially reduced to reflect early commencement. If the participant has attained age 60 and completed at least 30 years of credited service as of his early retirement date he will receive his unreduced accrued benefit as of his early retirement date.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V - Summary of Plan Provisions (continued)

Vesting

Eligibility: 5 years.

Benefit: Accrued benefit payable at age 65.

Disability:

Eligibility: 15 years. (for a participant of the Professional, Technical and Salaried Unit of the Union ("PTS" unit) - age 55 and 15 years of service.)

Benefit: A life-only pension calculated in the same manner as an accrued pension. Payments are reduced by 2/10% for each month by which his Disability Retirement Date precedes his Normal Retirement Date.

Death Benefits:

Preretirement: \$75 (or \$100 if in the "PTS" unit) multiplied by years of credited service on or after 1/1/1954.

REA benefit - Surviving spouse benefit equal to the amount payable to the member's spouse as if the member had survived to early retirement age, retired early, elected a 50% Contingent Annuitant option (with his spouse as contingent annuitant) and then died. Benefit commences on first of month following the date the member would have been eligible to retire early and is payable for lifetime of spouse.

**Postretirement or
Disability:**

\$75 (or \$100 if in the "PTS" unit) multiplied by years of credited service on or after 1/1/1954, reduced by the sum of any retirement payments received.

Form of Retirement Benefit:

Standard form is life annuity.

The annuity is reduced to provide for 50% continuance to the employee's spouse after death.

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)
EIN/PN: 13-3799937/002

January 1, 2009 Valuation

Attachment to 2009 Form 5500 Schedule SB
Line 26 - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	0	0	0	0	1
55 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	1	0	0	0	0	0	0	0	1
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	0	1	0	0	0	0	0	2

Plan Frozen as of 12/31/2000 (No Future Benefit Accruals)

1. Attained Ages as of 1/1/2009.
2. Credited Service as of 12/31/2000.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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

For calendar plan year 2009 or fiscal plan year beginning 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 Ward Leonard Electric Co., Inc. Union Employees' Pension Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WARD LEONARD ELECTRIC CO., INC.	D Employer Identification Number (EIN) 13-3799937
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	1,585,684
b Actuarial value.....	2b	1,585,684
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 119	1,964,599
b For terminated vested participants.....	3b 23	134,973
c For active participants:		
(1) Non-vested benefits.....	3c(1)	0
(2) Vested benefits.....	3c(2)	25,923
(3) Total active.....	3c(3) 2	25,923
d Total.....	3d 144	2,125,495
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	6.28 %
6 Target normal cost.....	6	8,000

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		10/07/2010
Signature of actuary		Date
Andrew A. Gundlach		08-00447
Type or print name of actuary		Most recent enrollment number
Arnold S. Ross & Associates LTD		(212) 408-0505
Firm name		Telephone number (including area code)
1270 Avenue of the Americas		
New York NY 10020-1703		
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)	88,793	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	88,793	0
10	Interest on item 9 using prior year's actual return of (20.61)%	(18,300)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		18,969
b	Interest on (a) using prior year's effective rate of 5.88%		1,115
c	Total available at beginning of current plan year to add to prefunding balance		20,084
d	Portion of (c) to be added to prefunding balance		20,084
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)	70,493	20,084

Part III Funding percentages			
14	Funding target attainment percentage	14	70.34 %
15	Adjusted funding target attainment percentage	15	70.34 %
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	96.59 %
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
09/09/2009	65,521				
Totals ▶			18(b)	65,521	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	62,833

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	8,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	502,858	84,994
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	92,994
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	70,493	20,084
36 Additional cash requirement (item 34 minus item 35)	36	2,417
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	62,833
38 Interest-adjusted excess contributions for current year (see instructions)	38	60,416
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

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Ward Leonard Electric Co., Inc. Union Employees' Pension **EIN** 13-3799937
Plan Sponsor's Name WARD LEONARD ELECTRIC CO., INC. **PN:** 002

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

EIN/PN 13-3799937/002

1/1/2009 Valuation

**WARD LEONARD ELECTRIC CO., INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Charge Bases</u>	<u>Valuation Date Established</u>	<u>Initial Period</u>	<u>Initial Amount</u>	<u>Remaining Period 1/1/2009</u>	<u>Present Value of Remaining Installments 1/1/2009</u>	<u>Annual Payment</u>
Shortfall base	1/1/2009	7	\$ 502,858	7	\$ 502,858	\$ 84,994
1. Total Charges					\$ 502,858	\$ 84,994
<u>Credit Bases</u>						
2. Total Credits					\$ 0	\$ 0
3. Net Charges (1-2)					\$ 502,858	\$ 84,994

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V - Summary of Plan Provisions

Plan Name: Ward Leonard Electric Company, Inc. Union Employees' Pension Plan (GA-90414-007).

Plan Year: Begins January 1 and ends December 31.

Employer ID No.: 13-3799937

Plan Number: 002

Effective Date: Original: January 1, 1954. Latest substantive amendment: January 1, 2001.

Eligibility: One year of service, no new participants after January 1, 2001.

Service Credit: An employee's credited service (used to determine the amount of his benefit) is computed according to the following schedule and was frozen effective December 31, 2000:

<u>Service Credit</u>	<u>Hours of Service Needed for Credited Service</u>
1.0 year	1800 or more
0.9	1620-1799
0.8	1440-1619
0.7	1260-1439
0.6	1080-1259
0.5	900-1079
0.4	720-899
0.3	540-719
0.2	360-539
0.1	180-359
0.0	Under 179

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V - Summary of Plan Provisions (continued)

Normal Retirement:

Eligibility: Age 65

Annual Benefit: An employee's accrued pension as of a specified date is determined by the applicable benefit rate specified below:

<u>Monthly Benefit per Year of Credited Service during each Period Below:</u>	<u>Monthly Benefit Rate</u>
---	-----------------------------

For Production and Maintenance Unit

Prior to 1/1/1980	\$10.50
On or after 1/1/1980 but before 1/1/1981	\$9.50
On or after 1/1/1981 but before 9/22/1984	\$10.50
On or after 9/22/1984 but before 9/22/1985	\$11.00
On or after 9/22/1985 but before 9/22/1988	\$14.00
On or after 9/22/1988 but before 9/22/1991	\$15.50
On or after 9/22/1991 but before 12/31/2000	\$19.00

For Professional Technical and Salaried Unit

Prior to 1/1/1980	\$12.40
On or after 1/1/1980 but before 1/1/1981	\$10.90
On or after 1/1/1981 but before 9/22/1985	\$11.90
On or after 9/22/1985 but before 9/22/1988	\$14.90
On or after 9/22/1988 but before 9/22/1991	\$17.15
On or after 9/22/1991 but before 12/31/2000	\$17.65

Early Retirement:

Eligibility: Age 55 and 10 years.

Annual Benefit: Accrued benefit actuarially reduced to reflect early commencement. If the participant has attained age 60 and completed at least 30 years of credited service as of his early retirement date he will receive his unreduced accrued benefit as of his early retirement date.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V - Summary of Plan Provisions (continued)

Vesting

Eligibility: 5 years.

Benefit: Accrued benefit payable at age 65.

Disability:

Eligibility: 15 years. (for a participant of the Professional, Technical and Salaried Unit of the Union ("PTS" unit) - age 55 and 15 years of service.)

Benefit: A life-only pension calculated in the same manner as an accrued pension. Payments are reduced by 2/10% for each month by which his Disability Retirement Date precedes his Normal Retirement Date.

Death Benefits:

Preretirement: \$75 (or \$100 if in the "PTS" unit) multiplied by years of credited service on or after 1/1/1954.

REA benefit - Surviving spouse benefit equal to the amount payable to the member's spouse as if the member had survived to early retirement age, retired early, elected a 50% Contingent Annuitant option (with his spouse as contingent annuitant) and then died. Benefit commences on first of month following the date the member would have been eligible to retire early and is payable for lifetime of spouse.

**Postretirement or
Disability:**

\$75 (or \$100 if in the "PTS" unit) multiplied by years of credited service on or after 1/1/1954, reduced by the sum of any retirement payments received.

Form of Retirement Benefit:

Standard form is life annuity.

The annuity is reduced to provide for 50% continuance to the employee's spouse after death.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V – Statement of Actuarial Assumptions/Methods

Interest Rates for PPA Funding:	5.64% rate for year 1 through 5 6.40% rate for year 6 through 20 6.56% rate after 20 years
Mortality:	IRS mandated table for 2009 Funding - RP2000 Mortality Table separate tables for annuitants and non annuitants, sex distinct.
Marriage:	80% of males and females are assumed to be married. Wives are assumed to be three years younger than their husbands.
Maximum Benefit Limitation:	Maximum benefits as specified in Section 415 of the Internal Revenue Code are assumed to remain at current levels (\$195,000 for 2009).
Assumed Benefit Form for Funding:	Life Annuity
Calculated Single Effective Interest Rate For 2009	6.28%

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)**

Schedule SB – Part V – Statement of Actuarial Assumptions/Methods (continued)

1. Actuarial Cost Method

The Pension Protection Act of 2006 added Section 430 to the Internal Revenue Code, which specified the new required minimum funding standards. In general, the minimum required contribution is the sum the target normal cost and the funding shortfall amortization charge (if any) for the plan year.

The following is the basic terminology under the funding method:

The Target Normal Cost is the present value of all benefits that are expected to accrue or be earned under the plan during the year, plus the amount of plan-related expenses expected to be paid from plan assets during the plan year.

The Funding Target is the present value of all benefits accrued under the plan as of the beginning of the year.

The Funding Shortfall is the excess (if any) of the funding target over the assets of the plan (as reduced by the prefunding balance and the funding standard carryover balance).

The Shortfall Amortization Installment is the amount necessary to amortize the funding shortfall base of the plan in level installments over a seven-year period.

The Shortfall Amortization Charge is the sum of all shortfall amortization installments for a plan year and each of the six (6) preceding plan years.

2. Asset Valuation Method

Market Value of Assets on the valuation date increased by the discounted value of any contributions made for the prior year during the accrual period.

3. Valuation Date

The first day of the plan year.

WARD LEONARD ELECTRIC COMPANY, INC.
 UNION EMPLOYEES' PENSION PLAN (GA-90414-007)
 EIN/PN: 13-3799937/002

January 1, 2009 Valuation

Attachment to 2009 Form 5500 Schedule SB
Line 26 - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	0	0	0	0	1
55 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	1	0	0	0	0	0	0	0	1
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	0	1	0	0	0	0	0	2

Plan Frozen as of 12/31/2000 (No Future Benefit Accruals)

1. Attained Ages as of 1/1/2009.
2. Credited Service as of 12/31/2000.

**WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN**

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

EIN: 13-3799941

P/N: 002

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Ending Units or Par Value</u>	<u>Cost</u>	<u>Current Value</u>
* Schwab U.S. Treasury	Money Market	6,239	\$ 6,239	\$ 6,239
AT&T Wireless	Corporate Bonds	30,000.00	30,073	32,257
Coca Cola Enterprise	Corporate Bonds	30,000.00	30,570	34,974
Deer & co.	Corporate Bonds	30,000.00	30,553	34,704
IBM	Corporate Bonds	30,000.00	31,032	34,291
Oracle Corp	Corporate Bonds	30,000.00	29,787	31,309
Philip Morris	Corporate Bonds	30,000.00	28,338	31,899
Verizon Global	Corporate Bonds	35,000.00	35,190	37,028
Calamos Conv FD CL I	Mutual Funds	3,724.81	65,710	65,966
Dreyfus Inflation	Mutual Funds	5,418.02	65,501	67,508
Pimco Total Return Fund	Mutual Funds	9,449.57	100,552	102,055
Templeton Global Bond	Mutual Funds	6,074.17	74,810	77,081
Arbitrage Fund Class I	Mutual Funds	4,693.18	61,544	60,354
Blackrock Global	Mutual Funds	3,588.70	65,097	64,453
Fairholme Fund	Mutual Funds	3,198.96	101,033	96,257
Fidelity Floating Rate	Mutual Funds	8,835.92	78,052	83,146
Harding Loevner Emerging	Mutual Funds	1,062.52	29,032	45,678
Manning & Napier Equity	Mutual Funds	6,171.93	87,718	104,738
Manning & Napier World	Mutual Funds	5,240.14	35,121	42,550
Matthews Asian Growth	Mutual Funds	2,527.52	37,136	39,859
Perkins Mid Cap Value Fund	Mutual Funds	2,147.53	40,076	42,521
Pimco All Asset Instl CI	Mutual Funds	5,157.00	62,702	59,254
T. Rowe Price Capital	Mutual Funds	3,680.94	52,536	66,846
Vaughan Nelson Small Cap	Mutual Funds	1,613.64	27,036	36,259
Victory Diversified STK	Mutual Funds	6,546.30	86,050	91,517
Wasatch 1st Source	Mutual Funds	11,930.48	116,006	151,279
Van Total Bond Market Index	Pooled Separate Acct	26.10	**	430
Van VIF Money Market	Pooled Separate Acct	12,998.17	70,644	70,644
SPDR Series Trust ETF	Government Bond	621.00	34,997	34,689
Total				<u>\$ 1,645,784</u>

* Represents a party-in-interest.

** Cost information unavailable, plan administrator believes amount to be immaterial

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name	<u>Ward Leonard Electric Co., Inc. Union Employees' Pension Plan</u>	EIN	<u>13-3799937</u>
Plan Sponsor's Name	<u>WARD LEONARD ELECTRIC CO., INC.</u>	PN:	<u>002</u>

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.