

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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan ABS PUMPS, INC. RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 05/15/1982
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ABS PUMPS, INC. 140 POND VIEW DRIVE MERIDEN, CT 06450-7156	2b Employer Identification Number (EIN) 06-1013926 2c Sponsor's telephone number 203-514-4293 2d Business code (see instructions) 423990

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.	10/15/2010	DAVID F. VEBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	DAVID F. VEBER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ABS PUMPS, INC. 140 POND VIEW DRIVE MERIDEN, CT 06450-7156	3b Administrator's EIN 06-1013926 3c Administrator's telephone number 203-514-4293
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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	123
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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	59
b Retired or separated participants receiving benefits.....	6b	6
c Other retired or separated participants entitled to future benefits.....	6c	36
d Subtotal. Add lines 6a , 6b , and 6c	6d	101
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	101
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
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:
 1G 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

<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 ABS PUMPS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ABS PUMPS, INC.	D Employer Identification Number (EIN) 06-1013926

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	3217407
b Actuarial value	2b	3539148
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 6	498558
b For terminated vested participants	3b 31	450762
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	3249533
(3) Total active	3c(3) 86	3249533
d Total	3d 123	4198853
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	8.15 %
6 Target normal cost	6	0

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

SIGN HERE	09/28/2010
Signature of actuary	Date
RICHARD S. SYCH	08-05065
Type or print name of actuary	Most recent enrollment number
HOOKER & HOLCOMBE, INC.	860-521-8400
Firm name	Telephone number (including area code)
65 LASALLE ROAD WEST HARTFORD, CT 06107-2397	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1176041	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).....	1176041	0
10	Interest on item 9 using prior year's actual return of <u>-31.90</u> %	-375157	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.06</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	620818	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	180066	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	97.11 %
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
03/29/2010	300000				
			Totals ►	18(b)	300000
				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 272260
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
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	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	587840	104693
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	104693
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	104693	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	272260
38 Interest-adjusted excess contributions for current year (see instructions).....	38	272260
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 ABS PUMPS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ABS PUMPS, INC.	D Employer Identification Number (EIN) 06-1013926	

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
CHARLES SCHWAB INVST. MNGMT. INC.
94-3106735

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

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)

HOOKER & HOLCOMBE INVST ADVISORS

06-1461865

(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?
27	NONE	10959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
21	NONE	4873	Yes ☒ No ☐	Yes ☒ No ☐	0	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE H</div> <div>(Form 5500)</div> <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>Financial 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 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	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 ABS PUMPS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ABS PUMPS, INC.	D Employer Identification Number (EIN) 06-1013926	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	300000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	186911	633483
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	3030496	2575140
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	3217407	3508623

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	3217407	3508623
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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)	300000	
(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)		300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	408	
(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)		408
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		755645
c Other income.....	2c		5724
d Total income. Add all income amounts in column (b) and enter total.....	2d		1061777

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	754729	
(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)		754729
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)	4873	
(3) Investment advisory and management fees	2i(3)	10959	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15832
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		770561

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		291216
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BOBROW & CO., P.C.

(2) EIN: 06-1357224

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.

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

A Name of plan <u>ABS PUMPS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABS PUMPS, INC.</u>	D Employer Identification Number (EIN) <u>06-1013926</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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): <u>42-1558009</u>		
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>22</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
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

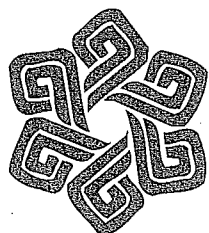
- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



**Bobrow
& Company, P.C.**
Certified Public Accountants

Morris A. Morgenstein, CPA
Ronald G. Mamrosh, CPA, JD
Dawn M. DiStefano, CPA
J. Wayne Thornton, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of:
ABS Pumps, Inc. Retirement Plan
Meriden, Connecticut

We were engaged to audit the financial statements of ABS Pumps, Inc. Retirement Plan as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Charles Schwab Trust Company, custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Bobrow & Company P.C.

Certified Public Accountants

September 21, 2010

Attachment to Schedule SB (2009 Form 5500)
Line 22 – Description of Weighted Average Retirement Age

ABS Pumps, Inc. Retirement Plan
EIN: 06-1013926 PN: 001

The Plan's normal retirement age is age 65 and we have assumed a single retirement age of 65.
Thus the weighted average retirement age is 65.

Attachment to Schedule SB (2009 Form 5500)
Line 32 – Schedule of Amortization Bases

ABS Pumps, Inc. Retirement Plan
EIN: 06-1013926 PN: 001

Schedule SB, line 32 – Schedule of Amortizations Bases				
Date Established	Type of Base	Amortization Installment	Years Remaining	Present Value of Remaining Installments as of 1/1/2009
1. 1/1/2008	Shortfall	\$0	6	\$0
2. 1/1/2009	Shortfall	\$104,693	7	\$587,840
Total		\$104,693		\$587,840

Attachment to Schedule SB (2009 Form 5500)
Line 25- Change in Method

ABS Pumps, Inc. Retirement Plan
EIN: 06-1013926 PN: 001

Asset Valuation Method

Current Valuation:	The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 412 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. It is first being used with this 2009 valuation.
Prior Valuation:	Actuarial Value of assets equals Market Value of Assets.

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

ABS Pumps, Inc. Retirement Plan
 EIN: 06-1013926 PN: 001

Attained Age	Completed Years of Credited Service											
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25												
25 to 29					1							
30 to 34			1		2							
35 to 39			5		1		2					
40 to 44			2		7		2		2			
45 to 49			3		3				5		4	
50 to 54			3		3		5		1			
55 to 59					3		3		1		3	
60 to 64			1		2		1		4		1	
65 to 69									1		1	
70 & over												

E.I.N. # 06-1013926
Plan Number: 001
Page 1

01/01/2009 / 12/31/2009

[illegible]

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**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 ABS Pumps, Inc. Retirement Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ABS Pumps, Inc.		D Employer Identification Number (EIN) 06-1013926
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
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	3,217,407
b Actuarial value.....		2b	3,539,148
3 Funding target/participant count breakdown		(1) Number of participants	
a For retired participants and beneficiaries receiving payment.....		3a	6
b For terminated vested participants.....		3b	31
c For active participants:			
(1) Non-vested benefits.....		3c(1)	0
(2) Vested benefits.....		3c(2)	3,249,533
(3) Total active.....		3c(3)	86
d Total.....		3d	123
4 If the plan is at-risk, check the box and complete items (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	8.15 %
6 Target normal cost.....		6	0

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**

RSS

Signature of actuary

09/28/2010

Date

Richard S. Sych

08-05065

Type or print name of actuary

Most recent enrollment number

Hooker & Holcombe, Inc.

(860) 521-8400

Firm name

Telephone number (including area code)

65 LaSalle Road

West Hartford

CT 06107-2397

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)	1,176,041	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).....	1,176,041	0
10 Interest on item 9 using prior year's actual return of <u>(31.90)%</u>	(375,157)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.06 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	620,818	0
13 Balance at beginning of current year (Item 9 + Item 10 + item 11d - item 12)	180,066	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	80.00 %
15 Adjusted funding target attainment percentage.....	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	97.11 %
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
03/29/2010	300,000				
Totals ▶			18(b)	300,000	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	272,260

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
-------------------	-------------------	-------------------	--

b Applicable month (enter code)..... **21b****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** 0**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment 587,840 104,693**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** 104,693

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	104,693	0	104,693

36 Additional cash requirement (item 34 minus item 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)..... **37** 272,260**38** Interest-adjusted excess contributions for current year (see instructions)..... **38** 272,260**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

For plan year (beginning/ending):

01/01/2009 / 12/31/2009

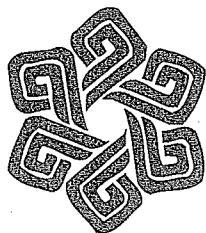
(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Frank Russell Fixed - Income I Fund	2,682 Units	6,035 Units			54,673	120,000	(2,466)
	Frank Russell Equity II Fund	5,300 Units	14,833 Units			51,400	140,000	(11,347)
	Schwab Retirement Advantage Money Fund	1,178,759 Units	708,568 Units			1,178,759	708,568	-
	Schwab Retirement Advtg Money Fund	1,211,372 Units	1,235,000 Units			1,211,372	1,235,000	-

See Accountants' Report.

ABS Pumps, Inc. Retirement Plan
Financial Statements
December 31, 2009 and 2008

Contents

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**Bobrow
& Company, P.C.**
Certified Public Accountants

Morris A. Morgenstein, CPA
Ronald G. Mamrosh, CPA, JD
Dawn M. DiStefano, CPA
J. Wayne Thornton, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of:
ABS Pumps, Inc. Retirement Plan
Meriden, Connecticut

We were engaged to audit the financial statements of ABS Pumps, Inc. Retirement Plan as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Charles Schwab Trust Company, custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Bobrow & Company P.C.

Certified Public Accountants

September 21, 2010

ABS Pumps, Inc. Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

Assets:

	<u>2009</u>	<u>2008</u>
Investments, at fair value:		
Investments in registered investment companies	\$ <u>2,575,140</u>	\$ <u>3,030,496</u>
	2,575,140	3,030,496
Receivables:		
Employer's contribution receivable	300,000	0
Cash and equivalents	<u>633,483</u>	<u>186,911</u>
Total assets	<u>3,508,623</u>	<u>3,217,407</u>
<u>Liabilities:</u>		
Other liabilities	<u>0</u>	<u>0</u>
Total liabilities	<u>0</u>	<u>0</u>
Net assets available for benefits	<u>\$3,508,623</u>	<u>\$3,217,407</u>

**The accompanying accountants' report and notes are an
integral part of these financial statements.**

ABS Pumps, Inc. Retirement Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 674,046	\$(1,827,950)
Interest and dividend income	82,007	189,763
Other income	<u>5,724</u>	<u>6,773</u>
	761,777	(1,631,414)
Contributions:		
Employer's contributions	<u>300,000</u>	<u>0</u>
Total additions	<u>1,061,777</u>	<u>(1,631,414)</u>
Deductions from net assets:		
Benefits paid directly to participants	754,729	706,889
Administrative expenses	<u>15,832</u>	<u>29,462</u>
Total deductions	<u>770,561</u>	<u>736,351</u>
Net increase (decrease)	291,216	(2,367,765)
Net assets available for benefits,		
Beginning of year	<u>3,217,407</u>	<u>5,585,172</u>
End of year	<u>\$3,508,623</u>	<u>\$3,217,407</u>

**The accompanying accountants' report and notes are an
integral part of the financial statements.**

**ABS Pumps, Inc. Retirement Plan
Notes to the Financial Statements**

1. Description of the Plan:

The following brief description of the ABS Pumps, Inc. Retirement Plan (the Plan) is provided for general information only. Participants should refer to the plan agreement for more complete information.

General:

The Plan is a defined benefit pension plan that was established effective May 15, 1982. The Plan and underlying trust was amended and restated effective January 1, 2006. The Plan covers substantially all employees of Cardo USA, Inc. (formerly ABS Pumps, Inc.), Pumpex, Inc. and CH&H, Inc. It is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

Pension Benefits:

Employees with 5 or more years of Plan participation are eligible for annual pension benefits beginning at normal retirement age (65). Employees are eligible to participate in the Plan after completion of 6 months of service and attaining the age of 20 1/2. Benefits are equal to 2% of a participant's average monthly compensation multiplied by the participant's total number of years of service (up to a maximum of 30 years), plus .65% of such average monthly compensation in excess of one-twelfth of covered compensation multiplied by the participant's total number of years of service (up to a maximum of 30 years). However, the Plan was amended and restated effective January 1, 2006 and the trustees of the Plan formally froze the Plan effect December 31, 2006. Therefore, no new employees are eligible to participate in the Plan and each participant's accrued benefit at December 31, 2006 was frozen with no additional benefits accruing to Plan participants.

The normal form of benefit is a single-life annuity but employees may elect to receive their pension benefits in the form of a qualified joint and survivor annuity.

Vesting:

Participants are fully vested after five years of service. However, the Plan was amended and restated effective January 1, 2006 and the trustees of the Plan formally froze the Plan effect December 31, 2006. Therefore, the benefits of participants who were employees as of December 31, 2006 became 100% vested.

2. Summary of Significant Accounting Policies:

Date of Management Review:

Subsequent events were evaluated through September 21, 2010, which is the date the financial statements were available to be issued.

Basis of Accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

**ABS Pumps, Inc. Retirement Plan
Notes to the Financial Statements**

2. **Summary of Significant Accounting Policies:** (continued)

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits:

See Note 5.

Payments of Benefits:

Benefit payments to participants are recorded upon distribution.

Estimates:

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3. **Fair Value Measurements:**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 (formerly Statement of Financial Accounting Standards No. 157, *Fair Value Measurements*) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan utilized certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable inputs and minimize the use of unobservable inputs. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Based on the examination of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy, which ranks the quality and reliability of the information used to determine fair values. When available, the Plan measures fair value using Level 1 inputs (as discussed below) because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs were not available.

ABS Pumps, Inc. Retirement Plan
Notes to the Financial Statements

3. **Fair Value Measurements:** (continued)

Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Quoted market prices in active markets for identical assets or liabilities

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data

Level 3 - Includes significant inputs to the valuation methodology that are unobservable and may include assumptions about market participant assumptions

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The carrying values of receivables and cash, included in the accompanying statements of net assets available for benefits, approximated fair value at December 31, 2009 and 2008 and, therefore, are not included in the following tables.

The following table presents the Plan's financial instruments carried at fair value.

	<u>Fair Value</u> <u>Measurements Using:</u>	
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)
<u>December 31, 2009:</u>		
Cash and equivalents	\$ 633,483	\$ 633,483
Registered investment companies	<u>2,575,140</u>	<u>2,575,140</u>
Total	<u>\$3,508,623</u>	<u>\$3,508,623</u>
<u>December 31, 2008:</u>		
Cash and equivalents	\$ 186,911	\$ 186,911
Registered investment companies	<u>3,030,496</u>	<u>3,030,496</u>
Total	<u>\$3,217,407</u>	<u>\$3,217,407</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits are reported in net appreciation (depreciation) in fair value of investments.

**ABS Pumps, Inc. Retirement Plan
Notes to the Financial Statements**

4. Funding Policy:

The Plan, as amended and restated effective January 1, 2006, states that the sponsors of the Plan expect and intend to make contributions required under the Plan, as determined under accepted actuarial principles to fund the Plan under the actuarial cost method in effect for the Plan. As the amendment and restatement also formally froze the Plan effective December 31, 2006, the Plan's actuarial cost method was changed from the aggregate actuarial cost method to the unit credit actuarial cost method effective January 1, 2007. The Plan's actuary has determined that the sponsor's contributions for 2009 and 2008, were sufficient to comply with the minimum funding standards of ERISA.

Although they have not expressed any intention to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

5. 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 employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, the beneficiaries of employees who have died, and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary from Hooker & Holcombe, Inc. and is that 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 the probability of payment (by means of decrement such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2009 and 2008 were (a) life expectancy of participants, (b) retirement age assumptions (normal retirement age of 65 was used), and (c) investment return. The valuation as of January 1, 2009 and 2008, included an assumed average rate of return of 8.00%.

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. However, the Plan was amended and restated effective January 1, 2006. This amendment and restatement froze the Plan's benefits effective December 31, 2006. Other than the change to the unit credit actuarial cost method (from the aggregate actuarial cost method) there have been no other significant changes in actuarial assumptions. Furthermore, if the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

ABS Pumps, Inc. Retirement Plan
Notes to the Financial Statements

5. **Actuarial Present Value of Accumulated Plan Benefits:** (continued)

The actuarial present values of accumulated plan benefits as of January 1, 2009 and 2008, the dates of the plan years' actuarial valuations, are as follows:

	<u>2009</u>	<u>2008</u>
Vested benefits		
Participants currently receiving payments	\$ 509,675	\$ 522,665
Active participants	3,510,223	3,724,441
Other terminated vested participants	<u>454,545</u>	<u>437,163</u>
Total vested benefits	4,474,443	4,684,269
Nonvested benefits	<u>0</u>	<u>0</u>
Total actuarial present value of accumulated plan benefits	<u>\$4,474,443</u>	<u>\$4,684,269</u>

6. **Plan Termination:**

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

7. **Information Prepared and Certified by Custodians:**

a. **Investments:**

	<u>2009</u>	<u>2008</u>
Investments in registered investment companies, fair value	<u>\$2,575,140</u>	<u>\$ 3,030,496</u>
Investment income (loss)	<u>\$ 761,777</u>	<u>\$(1,631,414)</u>

8. **Tax Status:**

Effective January 1, 2006, the Plan was amended and restated. The Plan has received a favorable determination letter, dated July 7, 2008, from the Internal Revenue Service indicating that the Plan meets the requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ABS Pumps, Inc. Retirement Plan
Notes to the Financial Statements

9. Investments:

The following presents investments that represent 5% or more of the Plan's net assets.

	<u>December 31, 2009</u>
Davis NY Venture Fund CL Y, 6,550 shares	\$204,936
Frank Russell Equity I Fund, 8,336 shares	203,400
Frank Russell Fixed – Income I Fund, 13,022 shares	274,361
Frank Russell Fixed – Income III, 31,189 shares	318,750

	<u>December 31, 2008</u>
Blackrock Mid Cap Val Opp A, 18,146 shares	\$178,190
Davis NY Venture Fund CL Y, 10,122 shares	241,412
Dodge & Cox Intl Stock FD, 10,122 shares	204,078
Eaton Vance Large Cap Value FD CL R, 11,204 shares	162,795
Frank Russell Equity I Fund, 12,718 shares	241,767
Frank Russell Fixed – Income I Fund, 16,373 shares	319,441
Frank Russell Fixed – Income III, 40,721 shares	370,968
Royce FD, 25,477 shares	175,789
Schwab Retirement Advtg Money Fund, 181,441 shares	181,441
UMB Scout Intl Fund, 9,360	203,951

10. Costs of Plan Administration:

Certain administrative expenses of the Plan, as well the cost of insurance required under the Pension Benefit Guaranty Corporation, are paid directly by the sponsor of the Plan. Administrative expenses reflected in the accompanying financial statements reflect costs of administration and investment management fees charged directly to the Plan.

11. Reconciliation of Financial Statements to Form 5500:

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

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$3,508,623	\$3,217,407
Additional funding charge	<u>0</u>	<u>0</u>
Net assets available for benefits per the Form 5500	<u>\$3,508,623</u>	<u>\$3,217,407</u>

ABS Pumps, Inc. Retirement Plan
Notes to the Financial Statements

11. **Reconciliation of Financial Statements to Form 5500:** (continued)

The following is a reconciliation of contributions receivable per the financial statements for the year ended December 31, 2009 and 2008 to Form 5500:

	<u>2009</u>	<u>2008</u>
Contributions receivable per the financial statements	\$300,000	\$ 0
Less: Amounts allocated to additional funding at December 31, 2009 and 2008	<u>0</u>	<u>0</u>
Contributions receivable per Form 5500	<u>\$300,000</u>	<u>\$ 0</u>

12. **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 the amounts reported in the statement of net assets available for benefits.

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

E.I.N. # 06-1013926
Plan Number: 001
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[illegible]

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For plan year (beginning/ending): 01/01/2009 / 12/31/2009

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Frank Russell Fixed - Income I Fund	2,682 Units	6,035 Units			54,673	120,000	(2,466)
	Frank Russell Equity II Fund	5,300 Units	14,833 Units			51,400	140,000	(11,347)
	Schwab Retirement Advantage Money Fund	1,178,759 Units	708,568 Units			1,178,759	708,568	-
	Schwab Retirement Advtg Money Fund	1,211,372 Units	1,235,000 Units			1,211,372	1,235,000	-

Attachment to Schedule SB (2009 Form 5500)
Line 24 - Change in Assumptions

ABS Pumps, Inc. Retirement Plan
EIN: 06-1013926 PN: 001

Changes in Actuarial Assumptions as of January 1, 2009

The valuation reflects changes in the actuarial assumptions listed below. (The assumptions used before and after these changes are more fully described in the Actuarial Methods and Assumptions attachment.)

- Valuation interest rate basis
- PBGC

With the exception of the valuation interest rate basis, the assumptions indicated were changed to represent the Enrolled Actuary's current best estimate of anticipated experience of the Plan. The valuation interest rate basis was changed as permitted by IRS regulation. The administrative expense assumption was changed as required by the Worker, Retiree, and Employer Recovery Act of 2008.

Effective date

Original

May 15, 1982

Latest amendment

Unsigned copy of Amendment effective
January 1, 2006.

Plan year

The calendar year.

Participation

An employee becomes a plan participant on the January 1 coincident with or next following age 20 ½ and completion of 6 months of employment. Any eligible employee in the following divisions who has completed the participation requirements above shall become a participant as of the date of acquisition.

<u>Division</u>	<u>Acquisition Date</u>
C.H.&E Manufacturing Co.	01/03/2000
Odell	07/01/2001

Employees of ABS Pumps Corporation hired on or after January 1, 2003 shall not be eligible to participant in the Plan.

No employee shall commence or resume participation on or after January 1, 2007.

Credited Service

Each plan year of at least 1,000 hours of service, beginning at date of hire or, if a former employee of one of the following divisions, the later of date of hire or date of acquisition.

<u>Division</u>	<u>Acquisition Date</u>
C.H.&E Manufacturing Co.	01/03/2000
Odell	07/01/2001

Year of Service Each plan year of at least 1,000 hours of service, beginning at date of hire for vesting and eligibility purposes. For this purpose, date of hire for former Odell participants is no earlier than 7/1/2001.

Compensation
(plan salary) Total wages and other amounts reportable on Form W-2 for the calendar year, including elective pre-tax salary reductions under IRC Sec. 401(k) and Sec. 125. Compensation is limited as required under law.

Average Compensation The average of Compensation for the five complete and consecutive calendar years which produce the highest average.

Covered compensation The average of Taxable Wage Bases in effect during the 35-year period ending with the calendar year in which the employee attains social security retirement age.

Accrued benefit The product of (C) and [(A) plus (B)] and (D) as follows:

- (A) 2.00% of Average Compensation,
- (B) 0.65% of Average Compensation in excess of covered compensation,
- (C) Years of Service at normal retirement, up to 30,
- (D) Years of Service divided by Years of Service at Normal Retirement Date.

In no event will any benefit be less than the benefit accrued through June 30, 1998.

Each participant's Accrued Benefit is frozen as of December 31, 2006 and no further benefit shall accrue to any Participant in the Plan on or after January 1, 2007.

Normal retirement

Eligibility

Prior to March 1, 2003, the first day of the month coinciding with or next following age 65.
Effective March 1, 2003 the first day of the month coinciding with or next following the later of age 65 or the 5th anniversary of initial participation in the Plan.

Benefit

Accrued benefit as of normal retirement date.

Early retirement

Benefit

Accrued benefit as of early retirement date.

Reduction factors

1/15 for each of the first 5 years, 1/30 for each of the next 5 years and actuarially reduced for years after that, by which benefit commencement precedes Normal Retirement Age.

Late retirement benefit

Accrued benefit as of late retirement date.

Termination prior to retirement

Vesting schedule

100% vesting after 5 years of Vesting

Benefit

Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to reduction factors.

Each Participant who is an employee on December 31, 2006 shall have a 100% vested accrued benefit.

Death prior to retirement

Eligibility

At date eligible for vesting.

Benefit

Actuarial equivalent of the accrued benefit for all vested participants.

Disability retirement

Eligibility

Completion of 5 years of Credited Service.

Benefit

Accrued benefit, first payable upon eligibility for normal retirement.

Form of benefit

Normal form

Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms

Lump sum, life annuity, 100%, 75%, 66 2/3% or 50% joint and survivor annuity, or a life annuity guaranteed for the first 10 years.

Automatic lump sum

Payable immediately, without participant or spousal consent, if the present value is \$1,000 or less.

Actuarial equivalence for
optional forms

All except Lump Sums:

Interest

8% per year.

Mortality

UP-1984(+1) – PBGC Healthy Males.

Lump Sums:

Interest

Prescribed basis.

Mortality

IRC 417(e) Applicable Mortality (IRS Rev. Ruling 2007-67)

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Description of Actuarial Methods and Assumptions

Actuarial Methods

Asset Valuation Method

Current Valuation: The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 412 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. It is first being used with this 2009 valuation.

(Prior Valuation): Plan Assets equal the Market Value of assets.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

Actuarial Assumptions

Changes in Actuarial Assumptions as of January 1, 2009

The valuation reflects changes in the actuarial assumptions listed below. (The assumptions used before and after these changes are more fully described in the next section.)

- Valuation interest rate basis
- PBGC

With the exception of the valuation interest rate basis, the assumptions indicated were changed to represent the Enrolled Actuary's current best estimate of anticipated experience of the Plan. The valuation interest rate basis was changed as permitted by IRS regulation. The administrative expense assumption was changed as required by the Worker, Retiree, and Employer Recovery Act of 2008.

Description of Actuarial Assumptions

Interest rates

Valuation

Spot rate curve for the 2nd month preceding the Valuation Date (i.e., November; October IRS curve).

current year	5.45%
+ 5 years	8.25%
+ 10 years	8.87%
+ 20 years	8.11%
+ 30 years	7.46%

Prior valuation: Segment rates for the 4th month preceding the valuation date, determined without regard to the 2008 and 2009 transition rule. The rates for the current year are shown below.

1 st segment	5.26%
2 nd segment	5.82%
3 rd segment	6.38%

PBGC premium

Current valuation: Valuation basis.

Prior valuation: PBGC spot segment rates for the month preceding the premium payment year. The rates are shown below.

	<u>2008</u>
1 st segment	4.93%
2 nd segment	6.13%
3 rd segment	6.69%

Expected Return for Asset Smoothing

8% not to exceed 6.09% for the 2007 plan year or 6.38% for the 2008 plan year.

Salary increases

None.

Increases in dollar limit on benefits under IRC Sec. 415

As required by law, no increases are assumed.

Actuarial Methods and Assumptions
Continued

Increases in salary limit
under IRC Sec. 401(a)(17)

As required by law, no increases are
assumed.

Entry date

Valuation date anniversary coincident with or next
following completion of eligibility requirements
(determined as if Plan had always been in effect).

Retirement

100% at greatest of age 65 and age on valuation
date.

Mortality

IRS prescribed static mortality table (based on
RP2000) reflecting separate mortality for healthy
annuitants and active employees projected to
valuation date plus 7 and 15 years respectively --
separate male and female rates.

Termination prior to retirement

Vaughn Select and Ultimate Table multiplied by
two, sample rates:

Age	Service			
	1	2	3	4+
25	55.6%	45.0%	37.0%	27.2%
30	51.6	44.0	32.0	20.2
35	47.6	35.6	27.6	15.8
40	43.6	31.6	23.6	13.0
45	39.6	28.2	20.2	11.0
50	35.6	25.2	17.2	9.0
55+	0.0	0.0	0.0	0.0

Lump Sum Basis

Mortality

IRC §417(e) Applicable Mortality (IRS Rev.
Ruling 2007-67).

Interest rates

Valuation basis.

Actuarial Methods and Assumptions
Continued

Form of payment

For terminated vested participants:	100% elect annuities at age 65.
For active participants:	
Retirement benefit	50% elect annuities; 50% elect lump sums.
Termination benefit	50% elect annuities; 50% elect lump sums.
Pre-retirement death benefit	100% elect lump sums upon death.

Administrative expenses

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost. Since expenses are not paid by fund, the amount included is \$0.

(Prior valuation: No provision was made for administrative expenses.)