

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                |                                                                                                                                                                                      |
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| <b>Part II</b>                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information                                                                                                                       |
| <b>1a</b> Name of plan<br>WACHS UTILITY SERVICES EMPLOYEES' SAVINGS & RETIREMENT PLAN                                                                                                                          | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                         |
|                                                                                                                                                                                                                | <b>1c</b> Effective date of plan<br>01/01/2008                                                                                                                                       |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>WACHS UTILITY SERVICES<br><br>801 ASBURY DRIVE<br>BUFFALO GROVE, IL 60089 | <b>2b</b> Employer Identification Number (EIN)<br>36-4377643<br><br><b>2c</b> Sponsor's telephone number<br>224-357-2600<br><br><b>2d</b> Business code (see instructions)<br>541990 |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2010 | DAN GALLAS                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                           |                                                                                                                             |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br><b>WACHS UTILITY SERVICES</b><br><br><b>801 ASBURY DRIVE</b><br><b>BUFFALO GROVE, IL 60089</b> | <b>3b</b> Administrator's EIN<br><b>36-4377643</b><br><br><b>3c</b> Administrator's telephone number<br><b>224-357-2600</b> |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                | <b>5</b>  | 133 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 103 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 33  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 136 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 136 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 116 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 17  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2A 2E 2F 2G 2J 2K 2T 3D

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
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|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                               |
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| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>2009</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                         |            |
| <b>A</b> Name of plan<br><b>WACHS UTILITY SERVICES EMPLOYEES' SAVINGS &amp; RETIREMENT PLAN</b>          | <b>B</b> Three-digit plan number (PN) ► | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WACHS UTILITY SERVICES</b>           |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><b>36-4377643</b>                                       |                                         |            |

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

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 6175                  |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 190139                |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 5440                  |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 82406                 |                 |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 104664                | 227576          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       | 101409          |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 2061                  | 10014           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 438374                | 902432          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 829259                | 1241431         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |        |         |
|-----------------------------------------------------------|-----------|--------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 829259 | 1241431 |
|-----------------------------------------------------------|-----------|--------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 214246     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 214246    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 276        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 204        |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 480       |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 1736       |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 15535      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 17271     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 15392      |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 15933      |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -541      |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 20495      |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 20495     |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 185146    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 437097    |

**Expenses**

|                                                                                            |              |       |       |
|--------------------------------------------------------------------------------------------|--------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 18575 |       |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |       |       |
| (3) Other .....                                                                            | <b>2e(3)</b> |       |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |       | 18575 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |       | 1293  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |       |       |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |       |       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 2115  |       |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |       |       |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 2942  |       |
| (4) Other .....                                                                            | <b>2i(4)</b> |       |       |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |       | 5057  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |       | 24925 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 412172 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**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: MANNING SILVERMAN & COMPANY

(2) EIN: 36-3682564

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 150000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                         |                                                             |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>WACHS UTILITY SERVICES EMPLOYEES' SAVINGS & RETIREMENT PLAN    | <b>B</b> Three-digit plan number (PN) ▶<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>WACHS UTILITY SERVICES | <b>D</b> Employer Identification Number (EIN)<br>36-4377643 |

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

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

|                                                                                                                                                                                                                                                         |          |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                   | <b>1</b> | 0 |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 42-1558009 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                        |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                         | <b>3</b> |   |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

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

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:

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

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

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

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

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

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

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

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

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

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

**MANNING SILVERMAN  
& CO.**

*Certified Public Accountants  
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*phone 847-459-8850 fax 847-537-8954*

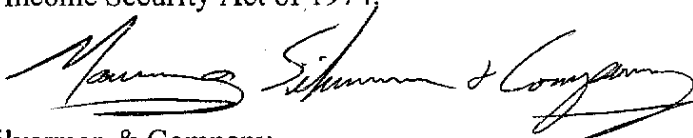
**INDEPENDENT AUDITOR'S REPORT**

Board of Directors and Trustees  
Wachs Water Services  
Employees' Savings & Retirement Plan  
Buffalo Grove, Illinois

We were engaged to audit the accompanying statement of net assets available for benefits of Wachs Water Services Employees' Savings & Retirement Plan as of December 31, 2009 and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental Schedule H, Line 4i-Schedule of Assets Held as of the year ended December 31, 2009. These financial statements and supplemental schedule 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 8, which was certified by Charles Schwab Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 December 31, 2009, 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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee or custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Manning Silverman & Company  
Certified Public Accountants

October 13, 2010

*"Thank you for the opportunity to serve you and for your referrals!"*

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS &  
RETIREMENT PLAN**

**Report on Audited Financial  
Statements  
and Supplementary Information**

**December 31, 2009**

**MANNING SILVERMAN & COMPANY  
CERTIFIED PUBLIC ACCOUNTANTS  
(847) 459-8850**

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
TABLE OF CONTENTS  
DECEMBER 31, 2009**

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| Statement of Changes in Net Assets Available for Benefits      | 4       |
| Notes to Financial Statements                                  | 5 - 10  |
| Supplementary Information:                                     |         |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 12 - 13 |

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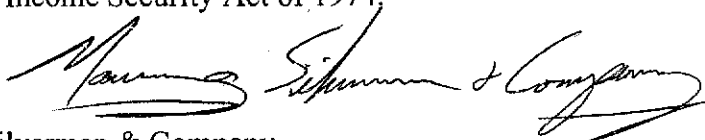
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Wachs Water Services  
Employees' Savings & Retirement Plan  
Buffalo Grove, Illinois

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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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee or custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Manning Silverman & Company  
Certified Public Accountants

October 13, 2010

*"Thank you for the opportunity to serve you and for your referrals!"*

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2009**

Assets

Investments

|                                             |    |               |
|---------------------------------------------|----|---------------|
| Money Market Accounts                       | \$ | 227,576       |
| Corporate Common Stock                      |    | 101,409       |
| Interest in Registered Investment Companies |    | 902,432       |
| Loans to Participants                       |    | <u>10,014</u> |

|              |    |                         |
|--------------|----|-------------------------|
| Total Assets | \$ | <u><u>1,241,431</u></u> |
|--------------|----|-------------------------|

Liabilities and Net Assets Available for Benefits

|             |    |                  |
|-------------|----|------------------|
| Liabilities | \$ | -                |
| Net Assets  |    | <u>1,241,431</u> |

Total Liabilities and

|                                   |    |                         |
|-----------------------------------|----|-------------------------|
| Net Assets Available for Benefits | \$ | <u><u>1,241,431</u></u> |
|-----------------------------------|----|-------------------------|

See Independent Auditor's Report.

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

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2009**

Additions

Additions to Net Assets Attributed to:

|                                               |            |
|-----------------------------------------------|------------|
| Net Appreciation in Fair Value of Investments | \$ 205,642 |
| Net (Loss) on Sale of Investments             | (542)      |
| Interest/Dividends                            | 17,547     |
| Participant Loans Interest Income             | <u>204</u> |

|                 |                |
|-----------------|----------------|
| Total Additions | <u>222,851</u> |
|-----------------|----------------|

Contributions

|              |                |
|--------------|----------------|
| Participants | <u>214,246</u> |
|--------------|----------------|

|                     |                |
|---------------------|----------------|
| Total Contributions | <u>214,246</u> |
|---------------------|----------------|

|                                   |                |
|-----------------------------------|----------------|
| Total Additions and Contributions | <u>437,097</u> |
|-----------------------------------|----------------|

Deductions

Deductions from Net Assets Attributed to:

|                               |              |
|-------------------------------|--------------|
| Benefits Paid to Participants | 19,868       |
| Administrative Expenses       | <u>5,057</u> |

|                  |               |
|------------------|---------------|
| Total Deductions | <u>24,925</u> |
|------------------|---------------|

|                            |                |
|----------------------------|----------------|
| Net Increase in Net Assets | <u>412,172</u> |
|----------------------------|----------------|

|                                             |                |
|---------------------------------------------|----------------|
| Beginning Net Assets Available for Benefits | <u>829,259</u> |
|---------------------------------------------|----------------|

|                                          |                            |
|------------------------------------------|----------------------------|
| Ending Net Assets Available for Benefits | <u><u>\$ 1,241,431</u></u> |
|------------------------------------------|----------------------------|

See Independent Auditor's Report.  
The accompanying notes are an integral part of these financial statements.

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2009**

**1. Description of Plan**

The following description of the Wachs Water Services Employees' Savings and Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution profit sharing and 401(k) plan covering the eligible employees of Wachs Valve and Hydrant Services, LLC d/b/a Wachs Water Services (the Company). Employees are eligible to participate in the Plan upon completion of three months of service.

Contributions – The Plan is funded by voluntary contributions of participants and discretionary matching and profit sharing contributions of the Company. Participants may contribute to the Plan, through regular payroll deductions, an amount subject to the limitations imposed by the Internal Revenue Code. The Company contributes a discretionary matching contribution equal to a uniform percentage of the amount of the eligible employees' contributions to the Plan. The Company will determine the uniform percentage each year. Participants may also roll over amounts representing distributions from other qualified employee benefit plans. The Company did not make a discretionary matching contribution and accrued no discretionary profit sharing contribution for the year ended December 31, 2009.

Participant Accounts – Each participant's account is credited with the participant's contribution, an allocation of the Company's discretionary matching and profit sharing contributions, and an allocation of plan earnings. The Company's discretionary matching allocation is based on a percentage of the participant's contribution. The Company's discretionary profit sharing contribution is allocated to active employees as of the last day of the plan year and is based on a ratio of each participant's compensation to total compensation for all participants. Plan earnings are allocated to participants' accounts in direct proportion to their respective account balances, based on the performance of participants' investment selections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. The portion of the participants' accounts attributable to the Company's contributions becomes 20% vested after one year of service and continues to vest at a rate of 20% for each successive year until 100% vested after five years of service. In the event of death, disability or retirement at designated ages, participants become fully vested.

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS (Continued)  
DECEMBER 31, 2009**

**1. Description of Plan (Continued)**

Investment Options – Participants must direct their salary deferral contributions and the Company's contributions into a variety of investment funds made available and determined by the Plan administrator. Participants may change their investment options at any time.

Participant Loans – Participants are permitted to take loans from the Plan up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are collateralized by the borrowers' respective vested account balances and bear interest at 3.25% to 6.50%. Principal and interest are paid through payroll deductions over a period not to exceed five years, unless for the purchase of a primary residence. Related interest income totaled \$204 for the year ended December 31, 2009.

Payment of Benefits – On termination of service, a participant may elect to receive a single, lump-sum payment equal to the value of his or her vested account balance, installments over a specified period of time, or a direct rollover distribution. Hardship withdrawals are also permitted by the Plan.

Administrative Expenses – Administrative expenses of the Plan are paid by the Company and the Plan. Administrative expenses paid by the Company totaled approximately \$16,800 for the year ended December 31, 2009.

Forfeitures – At December 31, 2009, unallocated Plan assets resulting from forfeited nonvested accounts totaled \$8,035. This amount will be used to reduce future discretionary Company contributions.

**2. Summary of Significant Accounting Policies**

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Asset Valuation – GAAP defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. This includes a consistent definition of fair value, which focuses on an exit price between market participants in an orderly transaction. In addition, GAAP prioritizes within the measurement of fair value, the use of market-based information over entity-specific information and establishes a three-level hierarchy for fair value measurements based on the transparency of information used in the valuation of an asset or liability as of the measurement date.

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS (Continued)  
DECEMBER 31, 2009**

Assets and liabilities subject to the standard, measured and reported at fair value, are classified and disclosed in one of the following categories:

Level I - Quoted prices are available in active markets for identical assets or liabilities as of the reporting date. The type of investments in Level I include listed equities held in the name of the Plan and exclude listed equities and other securities held indirectly through comingled funds.

Level II - Pricing inputs, including broker quotes, are generally those other than exchange quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies.

Level III - Pricing inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value require significant management judgment or estimation. Investments that are included in this category generally include privately held investments and partnership interests.

Estimates – The preparation of financial statements in conformity with 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.

Income Recognition – 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. Unrealized gains or losses from appreciation or depreciation of investments are recognized as increases or decreases in net assets available for benefits.

Payment of Benefits – Benefits are recorded when paid.

**3. Related Party Transactions**

Plan investments are managed by the Charles Schwab Trust Company. The Charles Schwab Trust Company is the custodian, as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid to the related party were approximately \$5,000 for the year ended December 31, 2009.

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS (Continued)  
DECEMBER 31, 2009**

**4. Investments**

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

|                                               |                   |
|-----------------------------------------------|-------------------|
| Schwab Retirement Advantage Money Fund        | \$ 182,289        |
| Alger Capital Appreciation Institutional Fund | 168,247           |
| Schwab S&P 500 Index Fund                     | 130,239           |
| Artio International Equity Fund               | 125,021           |
| Schwab International Index Fund               | 116,942           |
| Dreyfus MidCap Index Fund                     | 82,202            |
| Oakmark Equity Income Fund                    | 73,239            |
| Muhlenkamp Fund                               | <u>70,529</u>     |
| Total                                         | <u>\$ 948,708</u> |

**5. Fair Value Measurements**

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Common collective trusts: Valued at the unit prices established by the funds' sponsors on the last business day of the plan year, based on the fair value of the assets underlying the funds.

Common stocks, corporate debt and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Money market funds: Valued at NAV of units held by the plan at year-end.

Short-term investments: Valued at cost plus accrued interest, which approximates fair value.

Guaranteed investment contracts: Valued at fair value of the underlying investments which consist of mutual funds, short-term investments, corporate debt and U.S. government securities.

Participant loans: Valued at amortized cost, which approximates fair value.

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS (Continued)  
DECEMBER 31, 2009**

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets as of December 31, 2009:

|                                          | <u>Level I</u>      | <u>Level II</u> | <u>Level III</u> | <u>Total</u>        |
|------------------------------------------|---------------------|-----------------|------------------|---------------------|
| Guaranteed Investment                    |                     |                 |                  |                     |
| Contracts                                | \$ 902,432          | \$ -            | \$ -             | \$ 902,432          |
| Money Market Funds                       | 227,576             | -               | -                | 227,576             |
| Common Stocks                            | 101,409             | -               | -                | 101,409             |
| Participant Loans                        | <u>-</u>            | <u>-</u>        | <u>10,014</u>    | <u>10,014</u>       |
| Total Investment Assets<br>at Fair Value | <u>\$ 1,231,417</u> | <u>\$ -</u>     | <u>\$ 10,014</u> | <u>\$ 1,241,431</u> |

The table below sets forth a summary of changes in the fair value of the Plan's Level III assets (participant loans) as of December 31, 2009:

|                            |                  |
|----------------------------|------------------|
| Balance, Beginning of Year | \$ 2,061         |
| New Loans                  | 11,905           |
| Repayments                 | <u>(3,952)</u>   |
| Balance, End of Year       | <u>\$ 10,014</u> |

**6. Tax Status**

Effective April 13, 2006, the Plan adopted a standardized form of a volume submitter sponsored by SunGuard Corbel. The volume submitter has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The volume submitter opinion letter has been relied upon by this Plan. The Plan has been amended and restated since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable provisions of the Internal Revenue Code.

**7. Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**WACHS WATER SERVICES  
EMPLOYEES' SAVINGS & RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS (Continued)  
DECEMBER 31, 2009**

**8. Information Certified by the Asset Custodians**

The following information included in the financial statements and supplemental schedule was provided and certified by the Plan's custodians as complete and accurate:

- Investments
- Accrued Interest Income
- Investment Income
- Schedule of Assets Held for Investment Purpose

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

**9. Subsequent Events**

Under GAAP, the Plan is required to evaluate events occurring subsequent to December 31, 2009, and if appropriate to incorporate in its financial statements the accounting and disclosure requirements related thereto. The Plan has made that evaluation through October 13, 2010, the date the financial statements were available to be issued and is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

## **SUPPLEMENTAL SCHEDULE**

**WACHS WATER SERVICES EMPLOYEES' SAVINGS & RETIREMENT PLAN**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2009**

**EIN: 36-4377643**

**Plan Number: 001**

| (b)<br>Identity of Issue                      | (c)<br>Description of Investment          | (d)<br>Cost (1) | (e)<br>Current Value |
|-----------------------------------------------|-------------------------------------------|-----------------|----------------------|
| <b>Mutual Funds</b>                           |                                           |                 |                      |
| Alger Capital Appreciation Institutional Fund | Interest in Registered Investment Company | \$ -            | \$ 168,247           |
| Artio International Equity Fund               | Interest in Registered Investment Company | -               | 125,021              |
| Dreyfus Bond Market Index Fund                | Interest in Registered Investment Company | -               | 82,202               |
| Dreyfus MidCap Index Fund                     | Interest in Registered Investment Company | -               | 38,912               |
| Muhlenkamp Fund                               | Interest in Registered Investment Company | -               | 70,529               |
| Oakmark Equity and Income Fund                | Interest in Registered Investment Company | -               | 73,239               |
| Schwab International Index Fund               | Interest in Registered Investment Company | -               | 116,942              |
| Schwab S&P 500 Index Fund                     | Interest in Registered Investment Company | -               | 130,239              |
| Schwab Small-Cap Index                        | Interest in Registered Investment Company | -               | 45,891               |
| Third Avenue Value Fund                       | Interest in Registered Investment Company | -               | 51,210               |
|                                               |                                           | -               | 902,432              |
| <b>Short-Term Investments</b>                 |                                           |                 |                      |
| Schwab Investor Money Fund                    | Money Market Account                      | -               | 4,603                |
| Schwab Money Market Fund                      | Money Market Account                      | -               | 40,684               |
| Schwab Retirement Advantage Money Fund        | Money Market Account                      | -               | 182,289              |
|                                               |                                           | -               | 227,576              |
| <b>Corporate Stock</b>                        |                                           |                 |                      |
| American Eagle Outfitters                     | 160 shares Common Stock                   | 1,498           | 2,717                |
| Automatic Data Processing, Inc.               | 70 shares Common Stock                    | 2,754           | 2,997                |
| Bank New York Mellon Corp.                    | 60 shares Common Stock                    | 1,700           | 1,678                |
| Bed, Bath & Beyond, Inc.                      | 130 shares Common Stock                   | 3,305           | 5,019                |
| Berkshire Hathaway Inc.                       | 2 shares Common Stock                     | 5,849           | 6,572                |
| Boeing Co.                                    | 50 shares Common Stock                    | 2,133           | 2,707                |
| Burlington Northern Santa Fe Corp.            | 45 shares Common Stock                    | 2,510           | 4,438                |
| CVS Corp.                                     | 40 shares Common Stock                    | 1,150           | 1,288                |
| Carmax Inc.                                   | 170 shares Common Stock                   | 1,340           | 4,123                |
| Cemex S A Spons ADR Spon ADR                  | 145 shares Common Stock                   | 1,280           | 1,714                |
| Coca-Cola Co.                                 | 40 shares Common Stock                    | 1,811           | 2,280                |
| ConocoPhillips                                | 50 shares Common Stock                    | 2,590           | 2,554                |
| Diageo Plc New Spons ADR                      | 40 shares Common Stock                    | 2,270           | 2,776                |
| Disney (Walt) Co.                             | 120 shares Common Stock                   | 2,723           | 3,870                |
| Emerson Electric Co.                          | 40 shares Common Stock                    | 1,464           | 1,704                |
| Franklin Resources, Inc.                      | 40 shares Common Stock                    | 2,551           | 4,214                |
| Home Depot Inc.                               | 70 shares Common Stock                    | 1,611           | 2,025                |
| Johnson & Johnson                             | 40 shares Common Stock                    | 2,393           | 2,576                |
| Lowes Companies Inc.                          | 90 shares Common Stock                    | 1,937           | 2,105                |
| Mohawk Industries, Inc.                       | 40 shares Common Stock                    | 1,719           | 1,904                |

See Independent Auditor's Report.

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

**WACHS WATER SERVICES EMPLOYEES' SAVINGS & RETIREMENT PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**(Continued)**

**DECEMBER 31, 2009**

**EIN: 36-4377643**

**Plan Number: 001**

| (b)<br>Identity of Issue       | (c)<br>Description of Investment                           | (d)<br>Cost (1)  | (e)<br>Current Value |
|--------------------------------|------------------------------------------------------------|------------------|----------------------|
| Phillip Morris International   | 50 shares Common Stock                                     | 2,175            | 2,410                |
| Proctor & Gamble               | 40 shares Common Stock                                     | 2,473            | 2,425                |
| Private Bancorp Inc.           | 60 shares Common Stock                                     | 1,948            | 538                  |
| Quest Diagnostics Inc.         | 80 shares Common Stock                                     | 4,153            | 4,830                |
| Robert Half International Inc. | 160 shares Common Stock                                    | 3,331            | 4,277                |
| Steak N Shake                  | 6 shares Common Stock                                      | 773              | 1,945                |
| Target Corporation             | 40 shares Common Stock                                     | 1,381            | 1,935                |
| 3M Co.                         | 10 shares Common Stock                                     | 575              | 827                  |
| United Parcel Service Inc      | 60 shares Common Stock                                     | 3,309            | 3,442                |
| UnitedHealth Group Inc.        | 70 shares Common Stock                                     | 1,862            | 2,134                |
| WalMart Stores Inc.            | 160 shares Common Stock                                    | 8,293            | 8,552                |
| Walgreen Co.                   | 70 shares Common Stock                                     | 1,727            | 2,570                |
| Accenture Plc                  | 90 shares Common Stock                                     | 2,951            | 3,735                |
| Royal Caribbean Cruises LTD    | 100 shares Common Stock                                    | 1,375            | 2,528                |
|                                |                                                            | <u>\$ 80,914</u> | <u>101,409</u>       |
| Total Investments              |                                                            |                  | <u>\$ 1,231,417</u>  |
| Participant Loans              | Participant Notes Receivable,<br>Interest at 3.25% - 6.50% |                  | <u>\$ 10,014</u>     |

(1) These investments are valued at fair market value.  
Cost basis information is not available.

See Independent Auditor's Report.  
The accompanying notes are an integral part of these financial statements.

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Wachs Utility Services Employees' Savings & Retirement Plan  **EIN:** 36-4377643  
**Plan Sponsor's Name** Wachs Utility Services **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Schwab Investor Money Fund                                | Money Market                                                                                                 |          | 4,603             |
| *   | Schwab Retirement Advtg Money Fund                        | Money Market                                                                                                 |          | 182,289           |
|     | Alger Cap Appreciation Instl M Fund                       | Mutual Fund                                                                                                  |          | 168,247           |
|     | Artio Intl Equity Fund                                    | Mutual Fund                                                                                                  |          | 125,021           |
|     | Dreyfus Bond Market Index                                 | Mutual Fund                                                                                                  |          | 82,202            |
|     | Dreyfus Midcap Index                                      | Mutual Fund                                                                                                  |          | 38,912            |
|     | Muhlenkamp Fund                                           | Mutual Fund                                                                                                  |          | 70,529            |

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Wachs Utility Services Employees' Savings & Retirement Plan  **EIN:** 36-4377643  
**Plan Sponsor's Name** Wachs Utility Services **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Oakmark Equity Income Fund                                | Mutual Fund                                                                                                  |          | 73,239            |
| *   | Schwab Intl Index Fund                                    | Mutual Fund                                                                                                  |          | 116,942           |
| *   | Schwab S & P 500 Index Fund                               | Mutual Fund                                                                                                  |          | 130,239           |
| *   | Schwab Small Cap Index Fund                               | Mutual Fund                                                                                                  |          | 45,891            |
|     | Third Avenue Value Fund                                   | Mutual Fund                                                                                                  |          | 51,210            |
| *   | Participant Loans                                         | Interest Rates 3.25-6.5%                                                                                     |          | 10,014            |
|     | Accenture PLC Cl A                                        | Common Stock                                                                                                 | 3,145    | 3,735             |

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Wachs Utility Services Employees' Savings & Retirement Plan  **EIN:** 36-4377643  
**Plan Sponsor's Name** Wachs Utility Services **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | American Eagle Outfitters New                             | Common Stock                                                                                                 | 4,311    | 2,717             |
|     | Auto Data Processing                                      | Common Stock                                                                                                 | 2,787    | 2,997             |
|     | Bank of NY Mellon CP New                                  | Common Stock                                                                                                 | 2,581    | 1,678             |
|     | Bed Bath & Beyond                                         | Common Stock                                                                                                 | 4,536    | 5,019             |
|     | Berkshire Hathaway Cl B                                   | Common Stock                                                                                                 | 5,794    | 6,572             |
|     | Boeing Co                                                 | Common Stock                                                                                                 | 3,985    | 2,707             |
|     | Burlington North Santa Fe                                 | Common Stock                                                                                                 | 2,510    | 4,438             |

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Wachs Utility Services Employees' Savings & Retirement Plan  **EIN:** 36-4377643  
**Plan Sponsor's Name** Wachs Utility Services **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | CVS Caremark Corp                                         | Common Stock                                                                                                 | 1,336    | 1,288             |
|     | Carmax Inc                                                | Common Stock                                                                                                 | 3,604    | 4,123             |
|     | CEMEX SAB ADR                                             | Common Stock                                                                                                 | 4,218    | 1,714             |
|     | Coca Cola Company                                         | Common Stock                                                                                                 | 1,713    | 2,280             |
|     | Conocophillips                                            | Common Stock                                                                                                 | 3,003    | 2,554             |
|     | Diageo Plc New Adr                                        | Common Stock                                                                                                 | 2,455    | 2,776             |
|     | Disney Walt Co                                            | Common Stock                                                                                                 | 3,782    | 3,870             |

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Wachs Utility Services Employees' Savings & Retirement Plan  **EIN:** 36-4377643  
**Plan Sponsor's Name** Wachs Utility Services **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Emerson Electric Co                                       | Common Stock                                                                                                 | 1,306    | 1,704             |
|     | Franklin Resources Inc                                    | Common Stock                                                                                                 | 4,831    | 4,214             |
|     | Home Depot Inc                                            | Common Stock                                                                                                 | 2,522    | 2,025             |
|     | Johnson & Johnson                                         | Common Stock                                                                                                 | 2,483    | 2,576             |
|     | Lowes Companies Inc                                       | Common Stock                                                                                                 | 2,645    | 2,105             |
|     | Mohawk Industries Inc                                     | Common Stock                                                                                                 | 3,083    | 1,904             |
|     | Philip Morris Intl Inc                                    | Common Stock                                                                                                 | 2,078    | 2,410             |

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** \_\_\_\_\_ **EIN:** \_\_\_\_\_  
**Plan Sponsor's Name** \_\_\_\_\_ **PN:** \_\_\_\_\_

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Privatebancorp Inc                                        | Common Stock                                                                                                 | 2,002    | 538               |
|     | Proctor & Gamble                                          | Common Stock                                                                                                 | 2,252    | 2,425             |
|     | Quest Diagnostic Inc                                      | Common Stock                                                                                                 | 3,962    | 4,830             |
|     | Robert Half Intl                                          | Common Stock                                                                                                 | 5,400    | 4,277             |
|     | Royal Caribbean Cruise                                    | Common Stock                                                                                                 | 3,809    | 2,528             |
|     | Steak N Shake Company                                     | Common Stock                                                                                                 | 1,802    | 1,945             |
|     | Target Corporation                                        | Common Stock                                                                                                 | 1,641    | 1,935             |

**Attachment to 2009 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Wachs Utility Services Employees' Savings & Retirement Plan  **EIN:** 36-4377643  
**Plan Sponsor's Name** Wachs Utility Services **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | United Parcel Service B                                   | Common Stock                                                                                                 | 4,283    | 3,442             |
|     | UnitedHealth Group Inc                                    | Common Stock                                                                                                 | 3,579    | 2,134             |
|     | Wal-Mart Stores Inc                                       | Common Stock                                                                                                 | 7,711    | 8,552             |
|     | Walgreen Company                                          | Common Stock                                                                                                 | 2,526    | 2,570             |
|     | 3M Company                                                | Common Stock                                                                                                 | 627      | 827               |
| *   | Schwab Money Market Fund                                  | Money Market                                                                                                 |          | 40,563            |
|     | Cash                                                      | Cash                                                                                                         |          | 121               |