

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan JUNO LIGHTING LLC 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/01/1985
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) JUNO LIGHTING LLC 1300 SOUTH WOLF ROAD DES PLAINES, IL 60017-5065	2b Employer Identification Number (EIN) 36-2852993 2c Sponsor's telephone number 847-827-9880 2d Business code (see instructions) 335100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/27/2011	EDWARD LAGINESS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") JUNO LIGHTING LLC 1300 SOUTH WOLF ROAD DES PLAINES, IL 60017-5065	3b Administrator's EIN 36-2852993 3c Administrator's telephone number 847-827-9880
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	756
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	11

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K

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

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

a Pension Schedules

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

b General Schedules

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

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

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

<div>A Name of plan</div> <div>JUNO LIGHTING LLC 401(K) PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>JUNO LIGHTING LLC</div>	<div>D Employer Identification Number (EIN)</div> <div>36-2852993</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ING INSTITUTIONAL PLAN SERVICE LLC
02-0488491

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

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	9800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37	RECORDKEEPER	9800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60	RECORDKEEPER	9800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63	RECORDKEEPER	9800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ING INSTITUTIONAL PLAN SERVICES LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	9800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY HOLDING

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	63043	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan JUNO LIGHTING LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 JUNO LIGHTING LLC	D Employer Identification Number (EIN) 36-2852993	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	381000	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1051334	
(9) Value of interest in common/collective trusts.....	1c(9)	3520019	
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	20052958	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25005311	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25005311	0
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	880687	
(B) Participants	2a(1)(B)	1730243	
(C) Others (including rollovers)	2a(1)(C)	110627	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2721557

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	56625	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		56625

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	426147	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		426147

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5796888
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9001217

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3224953	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3224953
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	9800	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9800
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3234753

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5766464
l Transfers of assets:			
(1) To this plan.....	2l(1)		8451
(2) From this plan	2l(2)		30780226

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: CHARLES J GRIES COMPANY LLP

(2) EIN: 36-3383864

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SCHNEIDER ELECTRIC 401K PLAN	36-4141566	301

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

A Name of plan <u>JUNO LIGHTING LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JUNO LIGHTING LLC</u>	D Employer Identification Number (EIN) <u>36-2852993</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**The Juno Lighting, LLC 401(k) Plan
Financial Statements**

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Independent Auditor's Report

Plan Administrator The Juno Lighting, LLC 401(k) Plan

We were engaged to audit the accompanying financial statements of The Juno Lighting, LLC 401(k) Plan as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and the supplemental schedule as of December 31, 2009 as listed in the accompanying index. 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 ING Institutional Plan Services, LLC, the recordkeeper of the Plan as agent for Reliance Trust Company, the trustee of the Plan, except for comparing that information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the agent on behalf of the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the agent on behalf of the trustee, have been audited by us in accordance with United States of America generally accepted auditing standards 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.

As discussed in Note 1 to the financial statements, the 2009 financial statements have been restated to correct a misstatement.

CHARLES J. GRIES & COMPANY L.L.P.
Certified Public Accountants

Schaumburg, Illinois
October 13, 2010

(except for Note 1, as to which the
date is January 18, 2011)

The Juno Lighting, LLC 401(k) Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2009 and 2008

	<i>2009</i> <i>(Restated)</i>	<i>2008</i>
Assets		
Investments (at Fair Value)		
Cash	\$ 29,580,052	\$ -
Mutual funds	52,894	20,052,958
Common/collective trusts	-	3,520,019
Participant notes receivable	1,013,706	1,051,334
Total Investments	30,646,652	24,624,311
Receivables		
Employer's contributions	46,988	381,000
Employees' contributions	86,586	-
Total Receivables	133,574	381,000
Total Assets	30,780,226	25,005,311
Liabilities		
Due to Schneider Electric 401(k) Plan	30,780,226	-
Total Liabilities	30,780,226	-
Net Assets Reflecting All Investments at Fair Value	-	25,005,311
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	203,514
Net Assets Available for Plan Benefits	\$ -	\$ 25,208,825

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

The Juno Lighting, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Plan Benefits - (Restated)
For the Year Ended December 31, 2009

Additions to Net Assets Attributed to:

Investment Income:	
Net appreciation in fair value of investments	\$ 5,593,374
Dividend income	426,147
Interest income	56,625
Total Investment Income	6,076,146
Contributions	
Participants	1,730,243
Employer	880,687
Rollovers	110,627
Total Contributions	2,721,557
Transfer of Plan Assets	8,451
Total Additions	8,806,154

Deductions from Net Assets Attributed to:

Benefits paid to participants	3,224,953
Administrative expenses	9,800
Transfer of plan assets to Schneider Electric 401(k) Plan	30,780,226
Total Deductions	34,014,979
Net Decrease	(25,208,825)
Net Assets Available for Benefits	
Beginning of Year	25,208,825
End of Year	\$ -

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

The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

1. Summary of Accounting Policies

Basis of Accounting The financial statements of The Juno Lighting, LLC 401(k) Plan ("the Plan") have been prepared under the accrual method of accounting.

Correction of an Error The Plan's previously issued 2009 financial statements were presented as if a merger with the Schneider Electric 401(k) Plan (the "Schneider Plan") was effective on January 1, 2010 (see Note 11). Upon subsequent review, it has been determined that the effective date of the merger was on the close of business at December 31, 2009. Had this error not been made, a liability of \$30,780,226 for a transfer to the Schneider Plan would have been recorded and the net assets available for plan benefits at December 31, 2009 would have been zero. In addition, the statement of changes in net assets available for plan benefits for the year ended December 31, 2009 would have reflected a deduction of \$30,780,226 for the transfer to the Schneider Plan. The following summarizes the correction of the error:

	<i>December 31, 2009 (Restated)</i>	<i>December 31, 2009 (As Previously Issued)</i>
Due to Schneider Electric 401(k) Plan	\$ 30,780,226	\$ -
Net assets available for plan benefits	\$ -	\$ 30,780,226

	<i>For the Year Ended December 31, 2009 (Restated)</i>	<i>For the Year Ended December 31, 2009 (As Previously Issued)</i>
Transfer of plan assets to Schneider Electric 401(k) Plan	\$ 30,780,226	\$ -
Total deductions	\$ 34,014,979	\$ 3,234,753
Net (decrease) increase	\$(25,208,825)	\$ 5,571,401

Estimates The preparation of financial statements in conformity with United States of America generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the reported amounts and disclosure. Actual results could differ from those estimates.

Administrative Expenses The costs incurred in the administration are paid for by Juno Lighting, LLC ("the Company").

The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

1. Summary of Accounting Policies (Continued)

New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") 105, *Generally Accepted Accounting Principles* (formerly Statement of Financial Accounting Standards (SFAS) No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles, a replacement of FASB Statement No. 162*). This established the FASB ASC as the single source of authoritative generally accepted accounting principles. This is effective for reporting periods ending after September 15, 2009, and the Plan adopted this statement as of December 31, 2009. The adoption of this codification had no impact on the Plan's financial statements, but does have an impact on the presentation of notes to the financial statements.

In April 2009, the FASB issued guidance under ASC 820, which was formerly referred to as FASB Staff Position (FSP) FAS 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*. This guidance addresses the factors that determine whether there has been a significant decrease in the volume and level of activity for an asset or liability when compared to the normal market activity. Under this guidance, if the reporting entity has determined that the volume and level of activity has significantly decreased and the transactions are not orderly, further analysis is required and significant adjustments to the quoted prices or transactions may be needed. This guidance was effective for interim and annual reporting periods ending after June 15, 2009, management's adoption did not have a material impact on the financial conditions or results of operations. Management has included the required disclosures in the following notes to the Plan's financial statements where applicable.

In January 2010, the FASB issued a new accounting guidance that requires additional disclosures regarding fair value measurements, amends disclosures about post-retirement benefit plan assets and provides clarification regarding the level of disaggregation of fair value disclosures by investment class. This guidance is effective for interim and annual reporting periods beginning after December 15, 2009, except for certain Level 3 activity disclosure requirements that will be effective for reporting periods beginning after December 15, 2010. The Plan is currently evaluating the impact of the adoption of this guidance.

On January 1, 2009 the Plan adopted FASB ASC Topic 855, *Subsequent Events*. ASC 855 establishes general standards of accounting for and disclosure of events that occur after the net assets available for benefits date but before financial statements are issued or are available to be issued. Specifically, it sets forth the period after the net assets available for benefits date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements. The circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements, and the disclosures that an entity should make about events or transactions that occurred after the net assets available for benefits date. The adoption of ASC 855 had no impact on the Plan's financial statements.

The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

1. Summary of Accounting Policies (Continued)

New Accounting Pronouncements (Continued)

In accordance with ASC 855, the Plan evaluated subsequent events through October 13, 2010, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements, other than disclosed in Note 11.

Investments and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market price, which represent the net asset value of shares held by the Plan at year end. Money markets are valued at cost. Common collective trust funds are stated at fair value as determined by the issuer of the common collective trust funds based on the fair market value of the underlying investments. Common collective trust funds with underlying investments in investments contracts are valued at fair market value of the underlying investments and then adjusted by the issuer to contract value. Participant loans are valued at the outstanding loan balance, plus accrued interest, which approximates fair value.

The Union Bond & Trust Company MCM Stable Asset Fund, a stable value fund (the "Fund"), is a collective trust fund sponsored by ING Institutional Plan Services, LLC on behalf of Reliance Trust Company. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant net asset value of \$1 per unit. Distributions to the Fund's unit holders are declared daily from the net investment income and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable net asset value of \$1 per unit; although there is no guarantee that the Fund will be able to maintain this value.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Fund, plus earnings, less participant withdrawals and administrative expenses. The Fund imposes certain restrictions on the Plan, and the Fund itself may be subject to circumstances that impact its ability to transact at contract value. Plan management believes that the occurrence of events that would cause the Fund to transact at less than contract value is not probable. The average yield of the contract earned and credited to participants was 2.74% in 2009 and 4.33% in 2008.

In accordance with ASC 946, *Financial Services – Investment Companies* (formerly FASB Staff Position AAG INV-1 and SOP 94-4-1 *Reporting of Fully Benefit-Responsive Contract Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*), and ASC 962 – *Plan Accounting – Defined Contribution Pension Plans*, the Fund is included at fair value in the statements of net assets available for benefits, and an additional line item is presented representing the adjustment from fair value to contract value. The statement of changes in net assets available for plan benefits is presented on a contract value basis.

The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

1. Summary of Accounting Policies (Continued)

Investments and Income Recognition (Continued)

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.

Management fees and operating expenses charged to mutual fund investments are deducted from income earned on a daily basis and are not separately reflected. Management fees and operating expenses charged to the Plan for investments in the common collective trust funds are accrued daily and charged to the Plan at the end of each month. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Plan Amendments

Effective January 1, 2009, the Plan was amended to (a) provide for automatic plan enrollment of employees hired on or after January 1, 2009, in the absence of affirmative elections by such employees, (b) increase the limit on elective contributions to 75%, (c) make a Roth 401(k) contribution option available for all participants, and (d) clarify that the accounts of participants who terminate employment with account balances between \$1,000 and \$5,000 and do not file distribution elections shall be rolled over to individual retirement accounts with the Plan's trustee.

2. Plan Description

The following description of The Juno Lighting, LLC 401(k) 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 was adopted by Juno Lighting, LLC (Plan Administrator and Sponsor) on December 1, 1985. The Plan Administrator maintains all necessary employment records and determines participant eligibility. Effective July 1, 2008 the Plan's name was changed to "The Juno Lighting, LLC Plan."

On December 1, 2009 the directors of the Company formally elected to consolidate the Plan into a single plan sponsored by Schneider Electric Holdings, Inc, the parent company of the Sponsor. As a result, substantially all investments held by the Plan were sold, and transferred to cash at year end.

Participation and Vesting

Full-time employees of the Company become eligible to participate in the Plan after one month of employment and attainment of twenty-one years of age. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account is based on years of continuous service. A participant is 100% vested ratably after five years of service, where one year of service is defined as having 1,000 hours worked.

Payments of Benefits

Upon termination of services due to death, disability, or retirement, participants may elect to take a lump-sum distribution, a series of equal installments over a period not exceeding the participant's life expectancy, or the joint and last survivor life expectancies of the participant and the participant's oldest beneficiary.

The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

2. Plan Description
(Continued)

Participants' Accounts	Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution, (b) Plan earnings/(losses), (c) forfeitures of terminated participants' non-vested accounts, and (d) the Company's additional profit sharing contribution. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
Company Contribution	The Company matches participant contributions at a rate of 100% of each employee's elective deferral up to 4% of their compensation. The Plan also provides that the Company's Board of Directors may elect to make a discretionary contribution to participants' accounts. During the years ended December 31, 2009 and 2008, the Company's contributions to the Plan totaled \$880,687 and \$1,381,559, respectively.
Participant Contributions	No contributions are required by participants. However, under the terms of the Plan, a participant may elect to defer between 3% and 75% of earnings, limited to the maximum allowable amount under the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contribution into various investment options offered by the Plan. The Plan currently offers mutual funds and an investment contract as investment options for participants.
Forfeitures	At December 31, 2009 and 2008, forfeited non-vested accounts totaled \$49,756 and \$54,349, respectively. These accounts will first be used to reinstate the employer profit sharing contribution accounts of certain participants and former participants who resume service with the Company and are entitled to have their accounts reinstated. Any remaining forfeited amounts will be allocated in the same manner as employer profit sharing contributions are allocated.
Participant Loans	The Plan allows participants to take out loans secured by their vested account balances. Participants may borrow a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, excluding the employer profit sharing contribution account. Loans will be charged interest, will be for a minimum one-year term, and must be repaid within five years, unless used to purchase the participant's principal residence.

The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

3. Investments

The following table presents the fair value of investments at December 31 that represent 5% or more of the Plan's net assets. The Plan does not have any non-participant directed investments.

	2009	2008
Investments at Fair Value:		
Cash	\$ 29,580,052	\$ *
MCM Stable Value Fund	*	3,520,019
Growth Fund of America	*	3,607,329
Alliance Bernstein Worldwide	*	1,784,536
Van Kampen Equity In	*	1,437,939
MFS Value Fund	*	1,833,633
MFS Total Return Portfolio	*	1,605,873
Pimco Total Return A	*	1,691,086
Legg Mason Aggressive	*	1,428,823
Legg Mason Appreciation	*	1,730,334

* - Represents less than 5% of net assets

During 2009, the Plan's investments (including investments bought, sold, and held during the year) depreciated in value by \$5,593,374.

4. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of assets available for benefits.

	Fair Value Measurements Using			
	Fair Value	(Level 1)	(Level 2)	(Level 3)
December 31, 2009				
Mutual funds	\$ 52,894	\$ 52,894	\$ -	\$ -
Common/ collective trusts	-	-	-	-
Participant loans	1,013,706	-	-	1,013,706
Total	<u>\$ 1,066,600</u>	<u>\$ 52,894</u>	<u>\$ -</u>	<u>\$ 1,013,706</u>
December 31, 2008				
Mutual funds	\$20,052,958	\$20,052,958	\$ -	\$ -
Common/ collective trusts	3,520,019	-	3,520,019	-
Participant loans	1,051,334	-	-	1,051,334
Total	<u>\$24,624,311</u>	<u>\$20,052,958</u>	<u>\$ 3,520,019</u>	<u>\$ 1,051,334</u>

SFAS 157, "Fair Value Measurements", establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This guidance is included in FASB ASC 820. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quotes and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

4. Fair Value Measurements
(Continued)

Level 1 Fair Value Measurements	The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.
Level 2 Fair Value Measurements	The fair value of the common / collective trust (Union Bond & Trust Company MCM Stable Asset Fund) is based on information provided by the issuer of the common / collective trust, by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer of the specific instruments held by the fund at the end of the year.
Level 3 Fair Value Measurements	Participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements:

	Participant Loans	
	2009	2008
Beginning Balance	\$ 1,051,334	\$ 978,780
Total gains or losses (realized and unrealized) included in the changes in net assets available for benefits	-	-
Purchases, sales, issuances and settlements (net)	(37,628)	72,554
Ending Balance	\$ 1,013,706	\$ 1,051,334

Gains and losses (realized and unrealized) included in the changes in net assets available for benefits for the year ended December 31, 2009 are reported in net appreciation in fair value of investments.

- | | |
|-----------------------------------|---|
| 5. 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. |
| 6. Income Tax Status | The Plan obtained its latest determination letter on March 11, 2010, in which the Internal Revenue Service stated that the Plan and related amendments are in compliance with applicable requirements of the IRC. |
| 7. Risks and Uncertainties | The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments securities will occur in the near term, and those changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. |

**The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008**

**8. Summary of Information
Certified by Plan Trustee**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the agent on behalf of the trustees:

	<i>2009</i>	<i>2008</i>
Investments at Fair Value:		
Cash	\$ 29,580,052	\$ -
Mutual funds	52,894	20,052,958
Common collective trusts	-	3,723,533
Participant loans	1,013,706	1,051,334
Investment income / (loss)	6,076,146	(10,569,001)

9. Parties-in-Interest

Certain Plan investments are shares of mutual funds and common collective trusts managed by ING Institutional Plan Services, LLC on behalf of Reliance Trust Company. ING Institutional Plan Services, LLC on behalf of Reliance Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Company to ING Institutional Plan Services, LLC on behalf of Reliance Trust Company for the years ended December 31, 2009 and 2008 totaled \$9,800 and \$9,483, respectively. Other party-in-interest transactions include contributions by the Company.

**10. Reconciliation of Financial
Statements to Schedule H
of Form 5500**

The following is a reconciliation of common collective trusts per the financial statements to Schedule H of Form 5500:

	<i>2009</i>	<i>2008</i>
Net assets available for benefits per the financial statements	\$ -	\$25,208,825
Adjustment to fair value from contract value for fully benefit-responsive investments contracts	-	(203,514)
Net assets available for benefits per Schedule H of Form 5500	\$ -	\$25,005,311

In conjunction with termination criteria for the Form 5500, the following is a reconciliation of total assets and total liabilities per the financial statements to Schedule H of Form 5500:

Total assets per the financial statements	\$ 30,780,226
Total assets per Schedule H of Form 5500	-
Total liabilities per the financial statements	(30,780,226)
Total liabilities per Schedule H of Form 5500	-
Net assets available for benefits per the financial statements and Schedule H of Form 5500	\$ -

The Juno Lighting, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2009 and 2008

10. Reconciliation of Financial Statements to Schedule H of Form 5500 (Continued)

The following is a reconciliation of net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Net decrease in net assets available for benefits per the financial statements	\$(25,208,825)
Add: Transfer of plan assets to Schneider Electric 401(k) Plan	30,780,226
Deduct: Transfer of plan assets from Juno Manufacturing, Inc. 401(k) Plan for Union Employees	(8,451)
Adjustment to fair value from contract value for fully benefit-responsive contracts	203,514
	<hr/>
Net increase in net assets available for benefits per Schedule H of Form 5500	\$ 5,766,464

11. Subsequent Events

Effective December 31, 2009 the Company finalized its adoption of the the Schneider Plan, and on January 1, 2010 became a participating employer. Vanguard Fiduciary Trust Company is the successor trustee of the Schneider Plan. All investments and participant loans were transferred to the Schneider Plan in January 2010.

Supplementary Information



Certified
Public Accountants

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**Independent Auditor's Report on
Supplementary Information**

**Plan Administrator
Juno Lighting, LLC 401(k) Plan**

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4J – Schedule of Reportable Transactions is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we express no opinion on them.

As discussed in Note 1 to the financial statements, the 2009 financial statements have been restated to correct a misstatement.

CHARLES J. GRIES & COMPANY L.L.P.
Certified Public Accountants

Schaumburg, Illinois
October 13, 2010

(except for Note 1, as to which the
date is January 18, 2011)

The Juno Lighting, LLC 401(k) Plan
Schedule H, Line 4J - Schedule of Reportable Transactions
36-2852993
Plan # 001
December 31, 2009

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
MCM Stable Asset Fund	Common Collective Trust	\$ 1,851,744	\$ -	\$ -	\$ -	\$ -	\$ 1,851,744	\$ -
MCM Stable Asset Fund	Common Collective Trust	-	5,658,191	-	-	5,281,243	5,658,191	376,948
American Growth Fund R3	Mutual Fund	-	5,365,242	-	-	5,899,733	5,365,242	(534,491)
Alliance Bernstein Int'l G	Mutual Fund	-	2,803,768	-	-	3,495,253	2,803,768	(691,485)
MFS Value Fund	Mutual Fund	-	2,423,042	-	-	2,846,836	2,423,042	(423,794)
MFS Total Return Port	Mutual Fund	-	2,186,223	-	-	2,478,083	2,186,223	(291,860)
Oppenheimer Global O	Mutual Fund	-	2,290,006	-	-	2,345,043	2,290,006	(55,037)
PIMCO Total Return A	Mutual Fund	-	2,444,783	-	-	2,423,597	2,444,783	21,186
Legg Chrdge Aggressive	Mutual Fund	-	2,241,040	-	-	2,383,059	2,241,040	(142,019)
Legg Chrdge Appreciation	Mutual Fund	-	2,256,980	-	-	2,649,970	2,256,980	(392,990)
Legg Battery S&P 500	Mutual Fund	-	1,891,762	-	-	1,974,358	1,891,762	(82,596)
Van Kampen Equity In	Mutual Fund	-	1,887,971	-	-	2,044,173	1,887,971	(156,202)
		\$ 1,851,744	\$ 31,449,008	\$ -	\$ -	\$ 33,821,348	\$ 33,300,752	\$ (2,372,340)

NAME - MCM Stable Asset Fund
DESCRIPTION - Common Collective Trust
PURCHASE PRICE - 1851744
SELLING PRICE - 0
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 0
CURRENT VALUE - 1851744
NET GAIN OR LOSS - 0

NAME - MCM Stable Asset Fund
DESCRIPTION - Common Collective Trust
PURCHASE PRICE - 0
SELLING PRICE - 5658191
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 5281243
CURRENT VALUE - 5658191
NET GAIN OR LOSS - 376948

NAME - American Growth Fund R3
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 5365242
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 5899733
CURRENT VALUE - 5365242
NET GAIN OR LOSS - -534491

NAME - Alliance Bernstein Int'l G
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 2803768
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 3495253
CURRENT VALUE - 2803768
NET GAIN OR LOSS - -691485

NAME - MFS Value Fund
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 2423042
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 2846836
CURRENT VALUE - 2423042
NET GAIN OR LOSS - -423794

NAME - MFS Total Return Por
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 2186223
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 2478083
CURRENT VALUE - 2186223
NET GAIN OR LOSS - -291860

NAME - Oppenheimer Global O
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 2290006
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 2345043
CURRENT VALUE - 2290006
NET GAIN OR LOSS - -55037

NAME - PIMCO Total Return A
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 2444783
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 2423597
CURRENT VALUE - 2444783
NET GAIN OR LOSS - -21186

NAME - Legg CBrge Agressive Growt
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 2241040
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 2383059
CURRENT VALUE - 2241040
NET GAIN OR LOSS - -142019

NAME - Legg CBrge Appreciation
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 2256980
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 2649970
CURRENT VALUE - 2256980
NET GAIN OR LOSS - -392990

NAME - Legg Battery S&P 500
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 1891762
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 1974358
CURRENT VALUE - 1891762
NET GAIN OR LOSS - -82596

NAME - Van Kampen Equity In
DESCRIPTION - Mutual Fund
PURCHASE PRICE - 0
SELLING PRICE - 1887971
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 2044173
CURRENT VALUE - 1887971
NET GAIN OR LOSS - -156202

