

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 <u>07/01/2009</u> and ending <u>06/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SALARIED EMPLOYEES PENSION PLAN OF WYNNS-PRECISION, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>147</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/14/1959</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>147</u>	1c Effective date of plan <u>06/14/1959</u>	
1b Three-digit plan number (PN) ▶	<u>147</u>				
1c Effective date of plan <u>06/14/1959</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>PARKER HANNIFIN CORPORATION</u> <u>6035 PARKLAND BLVD</u> <u>CLEVELAND, OH 44124-4186</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0451060</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>216-896-3000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0451060</u>	2c Sponsor's telephone number <u>216-896-3000</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>34-0451060</u>					
2c Sponsor's telephone number <u>216-896-3000</u>					
2d Business code (see instructions) <u>333200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>04/15/2011</u>	<u>CRAIG J. MOCKLER</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PARKER HANNIFIN CORPORATION 6035 PARKLAND BLVD CLEVELAND, OH 44124-4186	3b Administrator's EIN 34-0451060 3c Administrator's telephone number 216-896-3000
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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	246
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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	64
b Retired or separated participants receiving benefits.....	6b	20
c Other retired or separated participants entitled to future benefits.....	6c	144
d Subtotal. Add lines 6a , 6b , and 6c	6d	228
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	10
f Total. Add lines 6d and 6e	6f	238
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	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	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **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) ☐ 0 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SALARIED EMPLOYEES PENSION PLAN OF WYNN'S-PRECISION, INC.	B Three-digit plan number (PN) ▶ 147
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKER HANNIFIN CORPORATION	D Employer Identification Number (EIN) 34-0451060

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2009		
2 Assets:		
a Market value	2a	7382443
b Actuarial value	2b	8120687
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 29	763244
b For terminated vested participants	3b 147	2361334
c For active participants:		
(1) Non-vested benefits	3c(1)	41132
(2) Vested benefits	3c(2)	1705196
(3) Total active	3c(3) 70	1746328
d Total	3d 246	4870906
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	7.57 %
6 Target normal cost	6	24064

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

SIGN HERE		03/21/2011
GREGORY H. REYNOLDS	Signature of actuary	Date
HEWITT ASSOCIATES	Type or print name of actuary	08-06401
5005 ROCKSIDE ROAD INDEPENDENCE, OH 44131	Firm name	Most recent enrollment number
	Address of the firm	216-573-9700
		Telephone number (including area code)

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

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____%		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	166.71 %
15 Adjusted funding target attainment percentage.....	15	166.71 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	169.98 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan SALARIED EMPLOYEES PENSION PLAN OF WYNNS-PRECISION, INC.	B Three-digit plan number (PN) ▶ 147
C Plan sponsor's name as shown on line 2a of Form 5500 PARKER HANNIFIN CORPORATION	D Employer Identification Number (EIN) 34-0451060

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

(b)

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

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

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

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

KEYBANK NA

34-0797057

(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?
26	TRUSTEE	7017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANCE BERNSTEIN

31-4069493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	INVESTMENT MANAGER	5269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan SALARIED EMPLOYEES PENSION PLAN OF WYNNS-PRECISION, INC.	B Three-digit plan number (PN) ► 147
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PARKER HANNIFIN CORPORATION	D Employer Identification Number (EIN) 34-0451060

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PARKER HANNIFIN MASTER TRUST CONSOL

b Name of sponsor of entity listed in (a): PARKER HANNIFIN CORPORATION

c EIN-PN 34-0451060-147	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7223221
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name PARKER HANNIFIN CONSOLIDATED PENSI**b** Name of plan sponsor PARKER HANNIFIN**c** EIN-PN 34-0451060-001**a** Plan name SALARIED EMPLOYEES' PENSION PLAN OF**b** Name of plan sponsor PARKER HANNIFIN**c** EIN-PN 34-0451060-147**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

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

For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>		
A Name of plan <u>SALARIED EMPLOYEES PENSION PLAN OF WYNNS-PRECISION, INC.</u>	B Three-digit plan number (PN) ►	<u>147</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PARKER HANNIFIN CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0451060</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	<u>7382443</u>	<u>7223221</u>
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	7382443	7223221

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7382443	7223221
---	-----------	---------	---------

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1167703
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1167703

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1275882	
(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)		1275882
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)	42679	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8364	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		51043
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1326925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-159222
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MULLINS, CLEMMONS & MAYES PLLC

(2) EIN: 62-1409003

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		40000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>SALARIED EMPLOYEES PENSION PLAN OF WYNNS-PRECISION, INC.</u>	B Three-digit plan number (PN) ▶ <u>147</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PARKER HANNIFIN CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0451060</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>1275882</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-6505308</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>7</u>

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

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

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

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):

**SALARIED EMPLOYEES'
PENSION PLAN OF
WYNN'S-PRECISION, INC.**

**FINANCIAL STATEMENTS &
INDEPENDENT AUDITORS' REPORT**

JUNE 30, 2010 and 2009

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

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MULLINS CLEMMONS & MAYES, PLLC

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

Plan Administrator

Salaried Employees' Pension Plan of Wynn's-Precision, Inc.:

We were engaged to audit the financial statements of Salaried Employees' Pension Plan of Wynn's-Precision, Inc. (the "Plan") as of June 30, 2010 and 2009, and for the years then ended, as listed in the foregoing table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by KeyBank National Association, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended June 30, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. 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.

Mullins Clemmons & Mayes, PLLC

Brentwood, Tennessee
March 26, 2011

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments, at fair value:		
Plan interest in Parker-Hannifin Collective Trust	\$ 7,223,221	\$ 7,382,443
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,223,221</u>	<u>\$ 7,382,443</u>

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

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
ADDITIONS:		
Additions to net assets attributed to:		
Plan interest in Parker-Hannifin Collective Trust investment gains	<u>\$ 1,167,703</u>	<u>\$ -</u>
DEDUCTIONS:		
Deductions from net assets attributed to:		
Plan interest in Parker-Hannifin Collective Trust investment losses	-	1,919,130
Benefit payments	1,275,882	539,736
Administrative expenses and premiums	<u>51,043</u>	<u>62,500</u>
Total deductions	<u>1,326,925</u>	<u>2,521,366</u>
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(159,222)	(2,521,366)
NET ASSETS FOR AVAILABLE FOR BENEFITS:		
Beginning of year	<u>7,382,443</u>	<u>9,903,809</u>
End of year	<u><u>\$ 7,223,221</u></u>	<u><u>\$ 7,382,443</u></u>

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

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2010 AND 2009

NOTE 1 – PLAN DESCRIPTION AND RELATED INFORMATION

The following brief description of the Salaried Employees' Pension Plan of Wynn's-Precision, Inc. (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a complete description of the Plan.

Purpose of the Plan - The Plan was established to provide retirement benefits to all salaried employees of Wynn's-Precision, Inc. and its affiliated companies (collectively referred to as the "Company"), who meet certain requirements regarding length of employment and age. Until the applicable freeze dates, employees could voluntarily contribute up to 3% of their compensation to the Plan. Effective January 1, 2001, the Plan was amended in its entirety and accumulation of benefits for the eligible participants ceased as of the following freeze dates:

- Dynamic Seals, Inc. – December 31, 2000;
- Wynn's Keeper, Inc. – February 28, 2001;
- Wynn's-Precision, Inc. – May 1, 2001.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

All of the following information relates only to those eligible participants, who were hired prior to the applicable freeze dates.

Pension Benefits - The normal retirement age is sixty-five years. The standard noncontributory benefit is \$100.00 per month. In no event shall the noncontributory benefit of an employee who was an active participant on December 31, 1982 be less than \$3.50 times credited service at the applicable freeze date. The standard contributory benefit includes the above plus 2.33% of monthly plan compensation multiplied by the number of years of service at retirement date (not to exceed 15 years). In addition, this benefit is increased by .75% of monthly plan compensation for those participants retiring prior to January 1, 1991 and 1.0% for those participants retiring after December 31, 1990 multiplied by benefit service in excess of 15 years. Employee service vests 100% upon the completion of five years of continuous service. Early retirement and disability benefits are available to any participant who has completed five or more years of service and is within ten years of his normal retirement date. An eligible participant may choose an early retirement monthly pension benefit or receive a disability benefit determined as of his Early Retirement Date, reduced actuarially for each month by which such deferred date precedes his Normal Retirement Date. Severance benefits in an amount equal to the participant's accumulated benefit are available to employees who have completed five years of credited service when employment is terminated. Death benefits prior to termination of employment are payable in an amount equal to the participant's accumulated benefit.

Plan Funding Policies and Administration - The Plan is funded by contributions from the Company in such amounts so as to comply with the minimum funding requirements of ERISA. Under ERISA, no company contribution was required, and no contribution was made for 2010 and 2009. The Plan incurs all significant administrative costs.

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) JUNE 30, 2010 AND 2009

NOTE 1 – PLAN DESCRIPTION AND RELATED INFORMATION (CONTINUED)

Plan Termination - Although it has not expressed any intention 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 set forth in ERISA. In the event the Plan terminates, its available net assets will be allocated to benefits as prescribed by ERISA and its related regulations, generally in the following order:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving had they retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations, as discussed below.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Tax Status - The Internal Revenue Service has determined and informed the plan administrator by a letter dated July 21, 1997, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Each year, the Plan Administrator files Form 5500 Annual Return/Report of Employee Benefit Plan with the Employee Benefits Security Administration of the U.S. Department of Labor. Currently, there are no examinations in progress or planned by any federal authorities with respect to these filings.

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) JUNE 30, 2010 AND 2009

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting Periods – All references to 2010 and 2009 in these financial statements refer to the years ended June 30, 2010 and 2009, respectively, unless otherwise noted.

Basis of Accounting - The financial statements of the Plan are maintained on the accrual basis of accounting. Contributions are recognized in the year accrued by the Company. Security transactions are accounted for on the trade date. Interest and dividend income are recorded when earned.

Valuation of Investments - The Company has established the Parker-Hannifin Collective Trust (the "Master Trust") at KeyBank National Association. The only participants in the Master Trust are the various pension plans of the Company. A plan acquires interests and income in the Master Trust based on the fair value as of the date of acquisition. A plan realizes a gain or loss when withdrawing interests from the Master Trust (i.e. selling interests back to the Master Trust) measured by the difference between the average acquisition cost and the fair value of the Master Trust at the withdrawal date.

The investment valuation and income recognition policies of the Master Trust are as follows. Investments in securities traded on the national securities exchange are valued on the last reported sales price on the last business day of the fiscal year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at fair value as determined by the trustee. Purchases and sales of securities are reflected on a trade date basis. Gain or loss on disposition of securities is based on average cost. The Master Trust records dividend income on the ex-dividend date. Income from other investments is recorded as earned on an accrual basis.

See Notes 3 and 4 for further details related to investments.

Benefits - Benefit payments to participants are recorded upon distribution.

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

Events Occurring after Reporting Date - The Plan has evaluated events and transactions that occurred between June 30, 2010 and March 26, 2011, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) JUNE 30, 2010 AND 2009

NOTE 3 – INVESTMENTS

The Plan's net assets consist entirely of its investment in the Master Trust.

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

Investments held by the Master Trust at June 30, 2010 and 2009 are summarized as follows:

	2010		2009	
	Fair Value	Cost	Fair Value	Cost
Cash and cash equivalents	\$ 55,391,905	\$ 55,696,498	\$ 30,589,009	\$ 30,589,009
U.S. government securities	95,285,817	92,658,502	103,649,242	101,859,283
Corporate bonds	24,802,148	33,474,697	41,205,003	48,917,643
Foreign bonds	2,671,283	2,626,775	4,773,528	4,730,450
Convertible bonds	2,165,588	2,110,673	2,652,852	2,637,549
Common stock:				
Parker-Hannifin Corporation	74,000,001	19,393,668	53,716,969	14,578,743
Other	525,456,954	545,257,109	502,681,665	570,487,813
Preferred stock	472,599	519,262	428,588	660,879
Equity mutual funds	-	-	996,821	1,058,752
General obligations	-	-	224,404	229,479
Fixed income mutual funds	120,866,554	116,708,453	116,486,837	130,248,176
Common/collective fixed income funds	88,556,035	77,164,859	52,450,295	32,603,686
Common/collective equity funds	359,843,729	325,904,096	295,117,984	304,571,422
Forward currency contracts/options	7,691,946	7,684,324	574,418	569,475
Limited partnership	68,648,612	72,940,208	42,964,488	55,998,643
Foreign currency	2,596,432	2,622,918	3,122,134	3,094,265
Subtotal	1,428,449,603	1,354,762,042	1,251,634,237	1,302,835,267
Accrued interest and dividends	2,437,717	2,437,717	2,945,902	2,945,902
Net pending (purchases)	(11,821,949)	(11,821,949)	(7,826,312)	(7,826,312)
Total investments	<u>\$ 1,419,065,371</u>	<u>\$ 1,345,377,810</u>	<u>\$ 1,246,753,827</u>	<u>\$ 1,297,954,857</u>

Plan's Interest in net assets of
Master Trust

0.1%

0.2%

Parker-Hannifin Corporation is a related party.

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) **JUNE 30, 2010 AND 2009**

NOTE 3 – INVESTMENTS (CONTINUED)

Investment income (loss) for the Master Trust for the years ending June 30, 2010 and 2009 was as follows:

	<u>2010</u>	<u>2009</u>
Net appreciation (depreciation) in the fair value of investments:		
Cash and cash equivalents	\$ (304,593)	\$ -
U.S. government securities	3,963,064	(468,352)
Corporate bonds	(1,176,657)	(10,226,318)
Foreign bonds	689,463	(631,537)
Convertible bonds	116,501	73,615
Common stock:		
Parker-Hannifin Corporation	15,520,421	(35,784,811)
Other	71,740,090	(220,502,327)
Equity mutual funds	187,752	(160,144)
General obligations	(45,312)	25,307
Fixed income mutual funds	18,170,441	(15,854,316)
Common/collective fixed income funds	3,404,611	3,586,823
Common/collective equity funds	40,041,994	(70,739,331)
Other investments	8,499,579	(8,740,498)
Interest and other income	13,521,962	19,812,841
Dividends	20,397,466	21,108,640
Net appreciation (depreciation)	<u>\$ 194,726,782</u>	<u>\$ (318,500,408)</u>

NOTE 4 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a framework for measuring fair value and expands the related disclosure requirements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The literature establishes a valuation hierarchy for disclosure of the inputs to the valuations used to measure fair value. The hierarchy prioritizes the inputs into three broad levels as follows:

Level 1 – Quoted prices for identical assets in active markets.

Level 2 – Quoted prices for similar assets in active markets; quoted prices for identical or similar assets in markets that are not active; and model-driven valuations whose inputs are observable or whose significant assumptions are observable principally from or corroborated by observable market data through correlation.

Level 3 – Significant inputs to the valuation model are unobservable.

A financial asset or liability's classification within the hierarchy is determined based on the lowest input that is significant to the fair value measurement. Inputs used in valuing financial assets are not necessarily indicative of the risk associate with investing in the assets.

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) JUNE 30, 2010 AND 2009

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

A summary of the assets of the Master Trust that were measured at fair value on a recurring basis at June 30, 2010 follows:

	Total	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	\$ 55,391,905	\$ 55,391,905	\$ -	\$ -
U.S. government securities	95,285,817	-	95,285,817	-
Corporate bonds	24,802,148	-	24,802,148	-
Foreign bonds	2,671,283	-	2,671,283	-
Convertible bonds	2,165,588	-	2,165,588	-
Common stock:				
Parker-Hannifin Corporation	74,000,001	74,000,001	-	-
U.S. equities	354,642,925	354,642,925	-	-
Non U.S. equities	170,814,029	170,814,029	-	-
Preferred stock	472,599	472,599	-	-
Equity mutual funds	-	-	-	-
General obligations	-	-	-	-
Fixed income mutual funds	120,866,554	-	120,866,554	-
Common/collective fixed income funds	88,556,035	-	88,556,035	-
Common/collective equity funds	359,843,729	-	359,843,729	-
Forward currency contracts/options	7,691,946	-	7,691,946	-
Limited partnership	68,648,612	-	68,648,612	-
Foreign currency	2,596,432	2,596,432	-	-
Total	<u>\$ 1,428,449,603</u>	<u>\$ 657,917,891</u>	<u>\$ 770,531,712</u>	<u>\$ -</u>

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) JUNE 30, 2010 AND 2009

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

A summary of the assets of the Master Trust that were measured at fair value on a recurring basis at June 30, 2009 follows:

	Total	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	\$ 30,589,009	\$ 30,589,009	\$ -	\$ -
U.S. government securities	103,649,242	-	103,649,242	-
Corporate bonds	41,205,003	-	41,205,003	-
Foreign bonds	4,773,528	-	4,773,528	-
Convertible bonds	2,652,852	-	2,652,852	-
Common stock:				
Parker-Hannifin Corporation	53,716,969	53,716,969	-	-
Other	502,681,665	502,681,665	-	-
Preferred stock	428,588	428,588	-	-
Equity mutual funds	996,821	996,821	-	-
General obligations	224,404	-	224,404	-
Fixed income mutual funds	116,486,837	-	116,486,837	-
Common/collective fixed income funds	52,450,295	-	52,450,295	-
Common/collective equity funds	295,117,984	-	295,117,984	-
Forward currency contracts/options	574,418	-	574,418	-
Limited partnership	42,964,488	-	42,964,488	-
Foreign currency	3,122,134	3,122,134	-	-
Total	<u>\$ 1,251,634,237</u>	<u>\$ 591,535,186</u>	<u>\$ 660,099,051</u>	<u>\$ -</u>

The valuation techniques used to measure the fair values in the tables above are as follows:

Cash and Cash Equivalents, Common Stock, Preferred Stock, Equity Mutual Funds and Foreign Currency: Measured at fair value using quoted market prices.

U.S. Government Securities and General Obligations: Valued using market observable inputs for similar assets in active markets, such a live data feeds from inter-dealer brokers and active markets.

Corporate Bonds: Certain corporate bonds are valued at the closing price reported on the active market in which the bond is traded. Others are valued based on dealer quotes, available trade information, market color, spreads, bids and offers, or U.S. Treasury curves.

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) JUNE 30, 2010 AND 2009

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

Foreign Bonds: Valued using market observable inputs for similar assets in active markets, such as benchmark curves, observed benchmark yields, credit spreads, primary and secondary market spread activity, or broker quotes.

Convertible Bonds: Valued using market observable inputs for similar assets in active markets, such as dealer quotes, underlying stock prices, conversion values, or security specific information.

Fixed Income Mutual Funds: Valued at the net closing asset values which are based primarily on observable inputs for similar assets in active markets, most notable quoted prices for the underlying assets. The fixed income mutual funds provide exposure to domestic high yield and emerging market debt securities. In the prior year, the classification for fixed income mutual funds was erroneously classified as Level 1. The classification has been corrected in the June 30, 2009 table presented above. There has been no change in the method used to calculate the fair value of the fixed income mutual funds.

Common/Collective Fixed Income Funds and Common/Collective Equity Funds: Valued at the net closing asset values which are based primarily on observable inputs for similar assets in active markets, most notably quoted prices for the underlying assets. The common/collective fixed income funds provide exposure to domestic, international and emerging debt securities. The common/collective equity funds consist of equities, fixed income and hedge funds. The equity funds provide exposure to large, mid and small cap U.S. equities, international large and small cap equities and emerging market equities. The fixed income funds provide exposure to domestic, international and emerging market debt securities. The hedge funds provide exposure to multiple hedge strategies including long/short equity, relative value, event driven and global markets.

Limited Partnerships: Valued at the fair value of the proportionate shares of the partnerships fair value. Limited partnerships consist of investments in small cap equity and hedge funds. Small cap equity provides exposure to domestic small cap value equities. Hedge funds provide exposure to multiple hedge strategies including long/short equity, relative value, event driven and global macro.

Forward Currency Contracts / Options: Valued using evaluated price provided by FT Interactive Data pricing service.

The fair value of fixed income mutual funds, common/collective fixed income funds, common/collective equity funds, and limited partnerships are estimated using a net asset value per share which is based on the underlying value of the investments. These investments can be redeemed daily and without any restrictions on the timing of the redemption. Redemption of the entire investment balance generally requires at least a 30-day notice period. At June 30, 2010, the Master Trust had no unfunded commitments related to these investments.

The primary investment objective of common stock, preferred stock, equity mutual funds, and common/collective equity funds is to obtain capital appreciation in an amount that at least equals various market-based benchmarks. The primary investment objective of U.S. government securities, corporate, foreign and convertible bonds, general obligations, fixed income mutual funds and common/collective fixed income funds is to provide a constant stream of income while preserving capital. The primary investment objective of the limited partnership is to achieve capital appreciation through an investment program focused on specialized investment strategies.

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) **JUNE 30, 2010 AND 2009**

NOTE 5 – ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees and their beneficiaries. Benefits under the Plan are based on employees' compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by Hewitt Associates LLC and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrement such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following presents the actuarial present value of accumulated plan benefits at July 1, 2009 and 2008:

	<u>July 1, 2009</u>	<u>July 1, 2008</u>
Vested benefits:		
Participants currently receiving benefits	\$ 698,810	\$ 735,702
Other participants	4,002,906	4,518,462
Nonvested benefits	<u>39,789</u>	<u>19,734</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 4,741,505</u>	<u>\$ 5,273,898</u>

The following presents the change in the actuarial present value of accumulated plan benefits from July 1, 2008 to July 1, 2009:

Actuarial present value of accumulated plan benefits at July 1, 2008	\$ 5,273,898
Increase (decrease) attributable to:	
Increase for interest due to the decrease in the discount period	425,810
Plan experience changes	(235,758)
Change in actuarial assumptions (primarily related to change in interest rate and the updating of mortality tables)	(182,709)
Plan benefits paid	<u>(539,736)</u>
Actuarial present value of accumulated plan benefits at July 1, 2009	<u>\$ 4,741,505</u>

SALARIED EMPLOYEES' PENSION PLAN OF WYNN'S-PRECISION, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) JUNE 30, 2010 AND 2009

NOTE 5 – ACTUARIAL INFORMATION (CONTINUED)

The significant actuarial assumptions used in the July 1, 2009 valuation were as follows:

Actuarial cost method	Projected Unit Credit Cost Method
Interest rate	8.5%
Assumed mortality rates	RP-2000 Combined Healthy Mortality Table projected with Scale AA to 2009
Retirement age	The incidence of retirement ranges from .02 – 1.0 for participants who are age 55 or older

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

NOTE 6 – INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements that was prepared by KeyBank National Association, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments, at fair value	\$ 7,223,221	\$ 7,382,443
CHANGES IN NET ASSETS:		
Plan interest in Parker-Hannifin Collective		
Trust investment gains (losses)	\$ 1,167,703	\$ (1,919,130)

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

Schedule SB, line 26—Schedule of Active Participant Data as of July 1, 2009
Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	1		1							
35-39		6	6	2						
40-44		2	5	6	1					
45-49	3	6	1	2						
50-54	3	1	2	3		3	1			
55-59		3	1					1		
60-64		1		3	1			1		
65-69				1	1				1	1
70+										

N-70

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates

Based on the full Yield Curve with a three month look-back (March 2009 yield curve), with sample rates as follows:

Yield Curve

Duration 0.5–4.62%
Duration 5.5–7.05%
Duration 10.5–7.54%
Duration 15.5–7.61%
Duration 20.5–7.70%
Duration 25.5–7.77%
Duration 30.5–7.82%

Optional Payment Form Election Percentage

90% lump sum and 10% life annuity.

**Optional Payment Form
Conversion Interest Rate**

Same as funding interest rates for lump sums.

**Optional Payment Form
Conversion Mortality**

Current 417(e) table for lump sums.

Retirement Age

Active Participants

See Table 1.

Terminated Vested Participants

Age 65.

Mortality Rates

Healthy and Disabled

2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).

Withdrawal Rates

See Table 2.

Disability Rates

See Table 3.

Surviving Spouse Benefit

It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

\$15,700 based upon prior year expenses rounded to the nearest \$1,000.

Expected Return on Assets

2007 Plan Year

6.61%.

2008 Plan Year

6.54%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

July 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

Table 1
Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	3.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	15.00%
64	25.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

Table 2
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
20	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
21	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
22	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
23	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
24	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
25	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
26	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
27	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
28	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
29	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
30	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
31	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
32	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
33	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
34	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
35	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
36	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
37	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
38	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
39	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
40	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
41	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
42	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
43	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
44	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
45	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
46	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
47	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
48	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
49	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
50	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
51	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
52	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
53	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
54	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
55	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
56	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
57	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
58	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
59	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

60+	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
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Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.021%	0.023%	45	0.202%	0.323%
16	0.023%	0.025%	46	0.226%	0.354%
17	0.024%	0.026%	47	0.255%	0.391%
18	0.025%	0.027%	48	0.286%	0.434%
19	0.027%	0.029%	49	0.320%	0.480%
20	0.029%	0.030%	50	0.358%	0.533%
21	0.030%	0.032%	51	0.405%	0.592%
22	0.032%	0.035%	52	0.465%	0.660%
23	0.034%	0.038%	53	0.539%	0.745%
24	0.036%	0.042%	54	0.626%	0.847%
25	0.038%	0.047%	55	0.722%	0.952%
26	0.040%	0.052%	56	0.822%	1.045%
27	0.042%	0.058%	57	0.924%	1.115%
28	0.044%	0.065%	58	1.030%	1.130%
29	0.046%	0.072%	59	1.141%	1.144%
30	0.048%	0.080%	60	1.256%	1.159%
31	0.050%	0.089%	61	1.368%	1.173%
32	0.054%	0.099%	62	1.475%	1.188%
33	0.058%	0.110%	63	1.572%	1.234%
34	0.064%	0.123%	64	1.663%	1.292%
35	0.069%	0.136%	65	1.753%	1.358%
36	0.077%	0.150%	66	1.846%	1.430%
37	0.085%	0.165%	67	1.950%	1.505%
38	0.095%	0.180%	68	2.063%	1.582%
39	0.105%	0.195%	69+	2.180%	1.664%
40	0.117%	0.211%			
41	0.131%	0.229%			
42	0.147%	0.250%			
43	0.164%	0.273%			
44	0.182%	0.296%			

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

Salaried Employees' Pension Plan of Wynn's-Precision, Inc

B Three-digit
plan number (PN) ▶

147

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

Parker Hannifin Corporation

D Employer Identification Number (EIN)

34-0451060

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 7 Day 1 Year 2009**2** Assets:

	2a	
a Market value.....	7,382,443	
b Actuarial value.....	8,120,687	

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	29	763,244
b For terminated vested participants.....	147	2,361,334
c For active participants:		
(1) Non-vested benefits.....		41,132
(2) Vested benefits.....		1,705,196
(3) Total active.....	70	1,746,328
d Total.....	246	4,870,906

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	
a Funding target disregarding prescribed at-risk assumptions.....		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		

5 Effective interest rate..... **5** 7.57 %**6** Target normal cost..... **6** 24,064**Statement by Enrolled Actuary**

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

**SIGN
HERE**GREGORY H. REYNOLDS GHR

Signature of actuary

Gregory H. Reynolds

Type or print name of actuary

Hewitt Associates LLC

Firm name

5005 Rockside Road

Independence

OH 44131

Address of the firm

03/21/2011

Date

08-06401

Most recent enrollment number

(216) 573-9700

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____ %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	166.71 %
15 Adjusted funding target attainment percentage	15	166.71 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	169.98 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Salaried Employees' Pension Plan of Wynn's-Precision, Inc	B Three-digit plan number (PN) ▶ 147
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Parker Hannifin Corporation	D Employer Identification Number (EIN) 34-0451060
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	7,382,443
b Actuarial value.....	2b	8,120,687
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 29	763,244
b For terminated vested participants.....	3b 147	2,361,334
c For active participants:		
(1) Non-vested benefits.....	3c(1)	41,132
(2) Vested benefits.....	3c(2)	1,705,196
(3) Total active.....	3c(3) 70	1,746,328
d Total.....	3d 246	4,870,906
4 If the plan is at-risk, check the box and complete items (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	7.57 %
6 Target normal cost.....	6	24,064

Statement by Enrolled Actuary

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

SIGN HERE	<u>GREGORY H. REYNOLDS</u> <i>GHR</i>	03/21/2011
Gregory H. Reynolds		Date
Type or print name of actuary		08-06401
Hewitt Associates LLC		Most recent enrollment number
5005 Rockside Road		(216) 573-9700
Firm name		Telephone number (including area code)
Independence	OH 44131	
Address of the firm		

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____ %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	166.71 %
15 Adjusted funding target attainment percentage	15	166.71 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	169.98 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Form
5558

(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0012

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

Parker Hannifin Corporation

Number, street, and room or suite no. (if a P.O. box, see instructions)

6035 Parkland Blvd

City or town, state, and ZIP code

Cleveland, OH 44124-4186

C Plan name

1 Salaried Employees Pension Plan Of Wynns-Precision

2

3

B Filer's identifying number (see instructions).

☒ Employer identification number (EIN)

34-0451060

☐ Social security number (SSN)

	Plan number	Plan year ending—		
		MM	DD	YYYY
1	4	7	06	2010
2				
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until **04** / **15** / **2011** to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until ____ / ____ / ____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax **a**

b Enter the payment amount attached **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date **c**

3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Cat. No. 12095T

Form **5558** (Rev. 1-2008)

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

Schedule SB, Part V—Summary of Plan Provisions

Plan Sponsor

Parker Hannifin Corporation.

Effective Date

June 14, 1959; as amended effective January 1, 2001 to freeze Plan participation and the accumulation of benefits as of the following "freeze dates."

Freeze Date	Location
12/31/2000	Dynamic Seals, Inc.
02/28/2001	Wynn's Keeper, Inc.
05/01/2001	Wynn's-Precision, Inc.

Effective July 1, 2004, this Plan was further amended to change the Plan Year from a calendar year to the 12-month period beginning each July 1 and ending the following June 30. Most recently amended effective July 1, 2008 by Amendment 6.

Participation

Eligible salaried employees participate in the noncontributory portion of the Plan upon date of hire. Participation in the contributory portion of the Plan is dependent upon the employee's agreement to make the required contributions.

Effective with the January 1, 2001 amendment to the Plan, participation is closed as of the applicable freeze date.

Service

Before January 1, 1976, service for all purposes is credited from last date of hire to nearest $\frac{1}{4}$ year.

Service after January 1, 1976 for all purposes is credited on the basis of full years and month of employment completed as of a participant's applicable freeze date.

Accrual of Benefits

A participant has accumulated a benefit payable at Normal Retirement Date based on Compensation and Benefit Service as of the applicable freeze date.

Employee Contributions

Employees are required to make contributions equal to 3% of compensation (not to exceed \$200,000, as adjusted) to receive contributory benefit accruals.

Employee contribution requirements were suspended as of the applicable freeze date.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

Compensation

Compensation for contribution and pension calculation purposes is equal to 1/12th of the average of basic annual rate of compensation (not to exceed \$200,000 as adjusted) as of each January 1 for the highest five consecutive years of contributory benefit service granted prior to the applicable freeze date.

Normal Retirement

Eligible at age 65 or the fifth anniversary of plan participation, if later.

The monthly benefit is equal to the sum (a) and (b):

- a. Noncontributory Benefit amount determined as a monthly benefit equal to \$100.00, reduced by 1/15th for each year of service less than 15 years at the employee's Normal Retirement Date.

In no event shall the noncontributory benefit of an employee who was an active participant on December 31, 1982 be less than \$3.50 times credited service at his freeze date.

- b. Contributory Benefit amount determined as follows:

1. 2-1/3% of monthly plan compensation times benefit service (not to exceed 15 years), plus
2. 1% of monthly plan compensation times benefit service in excess of 15 years.

For purposes of determining the contributory benefit at the freeze date, benefit service means that period of credited service during which the participant made employee contributions as required by the contributory portion of the plan.

Early Retirement

Eligible at age 55 and 5 years of service.

The early retirement benefit is the accrued retirement benefit reduced 1/180 for each of the first 60 months and 1/360 for each additional month by which the Early Retirement Date precedes the Normal Retirement Date.

Termination

Participants who were active employees at the applicable freeze date became eligible for 100% of their accrued

Schedule SB Attachment (Form 5500)—2009 Plan Year
Salaried Employees' Pension Plan of Wynn's Precision, Inc.
EIN: 34-0451060 PN: 147

retirement benefit payable at their Normal Retirement Date. A participant with five years of service may elect to commence their benefit as early as age 55 reduced as for early retirement.

Spouse Pension

Upon death of an unmarried contributory participant or a married participant with non-vested benefit, the beneficiary receives the participant's accumulation payable in a lump sum. The surviving spouse of a vested participant receives the spouse's portion of a 100% survivor annuity reduced for early commencement and payable at the earliest retirement age of the participant or later date if elected by the spouse.

Disability Retirement

Eligible at age 55 and 5 years of credited service.

The disability retirement benefit is the accrued retirement benefit reduced for early payment.

Late Retirement

Eligible if employment continues after Normal Retirement Date.

The late retirement benefit is equal to the retirement benefit determined at the applicable freeze date based on Normal Retirement Benefit formula and plan compensation and credited service at such date.

Forms of Payment

An employee will normally receive his benefit on a straight-life basis or, if married, the actuarial equivalent of such benefits payable as a 100% joint and survivor annuity. A single life annuity, 10 year certain annuity, and 50% Joint and survivor annuity are also available options.

Actuarial Equivalent

The thirty-year Treasury security rate for May and the 1983 Group Annuity Mortality Table weighted 50% male and 50% female.

Plan Year

July 1 to June 30.

Changes in Plan Provisions since the Prior Year

The July 1, 2009 funding valuation reflects the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$230,000 in 2008 to \$245,000 in 2009.

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- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bond rates for March. As such, "3" was entered on line 21b as the applicable look-back month.

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Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following changes:

- A change in the asset valuation method from a market value method to the 2-year smoothed value method as of July 1, 2009.
- A change in the interest rate assumption from the full yield curve for June 2008 (no look-back) to the full yield curve with a three month look-back (March 2009 yield curve).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates

Based on the full Yield Curve with a three month look-back (March 2009 yield curve), with sample rates as follows:

Yield Curve

Duration 0.5–4.62%

Duration 5.5–7.05%

Duration 10.5–7.54%

Duration 15.5–7.61%

Duration 20.5–7.70%

Duration 25.5–7.77%

Duration 30.5–7.82%

Optional Payment Form Election Percentage

90% lump sum and 10% life annuity.

**Optional Payment Form
Conversion Interest Rate**

Same as funding interest rates for lump sums.

**Optional Payment Form
Conversion Mortality**

Current 417(e) table for lump sums.

Retirement Age

Active Participants

See Table 1.

Terminated Vested Participants

Age 65.

Mortality Rates

Healthy and Disabled

2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).

Withdrawal Rates

See Table 2.

Disability Rates

See Table 3.

Surviving Spouse Benefit

It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

\$15,700 based upon prior year expenses rounded to the nearest \$1,000.

Expected Return on Assets

2007 Plan Year

6.61%.

2008 Plan Year

6.54%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

July 1, 2009.

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Table 1
Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	3.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	15.00%
64	25.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

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Table 2
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
20	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
21	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
22	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
23	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
24	30.00%	25.00%	20.00%	16.70%	13.30%	10.00%
25	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
26	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
27	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
28	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
29	26.40%	22.00%	17.60%	14.70%	11.70%	8.80%
30	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
31	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
32	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
33	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
34	22.50%	18.80%	15.00%	12.50%	10.00%	7.50%
35	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
36	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
37	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
38	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
39	18.90%	15.80%	12.60%	10.50%	8.40%	6.30%
40	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
41	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
42	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
43	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
44	15.00%	12.50%	10.00%	8.30%	6.70%	5.00%
45	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
46	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
47	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
48	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
49	13.50%	11.30%	9.00%	7.50%	6.00%	4.50%
50	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
51	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
52	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
53	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
54	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
55	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
56	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
57	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
58	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
59	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%

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60+	12.00%	10.00%	8.00%	6.70%	5.30%	4.00%
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Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.021%	0.023%	45	0.202%	0.323%
16	0.023%	0.025%	46	0.226%	0.354%
17	0.024%	0.026%	47	0.255%	0.391%
18	0.025%	0.027%	48	0.286%	0.434%
19	0.027%	0.029%	49	0.320%	0.480%
20	0.029%	0.030%	50	0.358%	0.533%
21	0.030%	0.032%	51	0.405%	0.592%
22	0.032%	0.035%	52	0.465%	0.660%
23	0.034%	0.038%	53	0.539%	0.745%
24	0.036%	0.042%	54	0.626%	0.847%
25	0.038%	0.047%	55	0.722%	0.952%
26	0.040%	0.052%	56	0.822%	1.045%
27	0.042%	0.058%	57	0.924%	1.115%
28	0.044%	0.065%	58	1.030%	1.130%
29	0.046%	0.072%	59	1.141%	1.144%
30	0.048%	0.080%	60	1.256%	1.159%
31	0.050%	0.089%	61	1.368%	1.173%
32	0.054%	0.099%	62	1.475%	1.188%
33	0.058%	0.110%	63	1.572%	1.234%
34	0.064%	0.123%	64	1.663%	1.292%
35	0.069%	0.136%	65	1.753%	1.358%
36	0.077%	0.150%	66	1.846%	1.430%
37	0.085%	0.165%	67	1.950%	1.505%
38	0.095%	0.180%	68	2.063%	1.582%
39	0.105%	0.195%	69+	2.180%	1.664%
40	0.117%	0.211%			
41	0.131%	0.229%			
42	0.147%	0.250%			
43	0.164%	0.273%			
44	0.182%	0.296%			