

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>10/01/2009</u> and ending <u>09/30/2010</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 EMERSON POWER TRANSMISSION CORPORATION HOURLY RATED EMPLOYEES AT THE ITHACA PLANT PENSION PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) EMERSON POWER TRANSMISSION CORPORATION EMERSON ELECTRIC COMPANY EMERSON ELECTRIC COMPANY 8000 WEST FLORISSANT AVENUE ST. LOUIS, MO 63136	1b Three-digit plan number (PN) ► <u>029</u>		1c Effective date of plan <u>01/01/1983</u>
	2b Employer Identification Number (EIN) <u>43-1272429</u>		2c Sponsor's telephone number <u>314-553-2000</u>
	2d Business code (see instructions) <u>335900</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>07/03/2011</u>	<u>JAN BANSCH</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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

VICE-PRESIDENT BENEFITS

EMERSON ELECTRIC COMPANY
8000 WEST FLORISSANT AVENUE
ST. LOUIS, MO 63136**3b** Administrator's EIN

43-1209261

3c Administrator's telephone number

314-553-2000

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**5** Total number of participants at the beginning of the plan year**5**

695

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**

80

b Retired or separated participants receiving benefits.....**6b**

259

c Other retired or separated participants entitled to future benefits.....**6c**

296

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

635

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

48

f Total. Add lines **6d** and **6e**.....**6f**

683

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

6

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:

1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

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

b General Schedules

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

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 10/01/2009 and ending 09/30/2010

▶ **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 EMERSON POWER TRANSMISSION CORPORATION HOURLY RATED EMPLOYEES AT THE ITHACA PLANT PENSION PLAN	B Three-digit plan number (PN) ▶ 029
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EMERSON POWER TRANSMISSION CORPORATION	D Employer Identification Number (EIN) 43-1272429
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 10 Day 01 Year 2009
2	Assets:
a	Market value 2a 18895928
b	Actuarial value 2b 20732188
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a 293 12336848
b	For terminated vested participants 3b 238 2583729
c	For active participants:
(1)	Non-vested benefits 3c(1) 254879
(2)	Vested benefits 3c(2) 3893223
(3)	Total active 3c(3) 164 4148102
d	Total 3d 695 19068679
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 6.63 %
6	Target normal cost 6 204450

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	06/28/2011
Signature of actuary	Date
RANDALL K. LYNN	11-03145
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON PENNSYLVANIA, INC.	314-719-5900
Firm name	Telephone number (including area code)
101 SOUTH HANLEY SUITE 900 ST. LOUIS, MO 63105-3411	
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)	4248891	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	212000	0
9	Amount remaining (Item 7 minus item 8).....	4036891	0
10	Interest on item 9 using prior year's actual return of <u>4.17</u> %	168338	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>7.12</u> %		
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.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	4205229	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	86.67 %
15	Adjusted funding target attainment percentage.....	15	108.72 %
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	108.75 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/14/2011	300000	0			
06/13/2011	10000	0			
Totals ►			18(b)	310000	18(c)

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	282316
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	(4) 4th
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 61
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	204450
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	204450
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	200000	200000
36 Additional cash requirement (item 34 minus item 35).....	36	4450
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	282316
38 Interest-adjusted excess contributions for current year (see instructions).....	38	277866
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 10/01/2009 and ending 09/30/2010		
A Name of plan EMERSON POWER TRANSMISSION CORPORATION HOURLY RATED EMPLOYEES AT THE ITHACA PLANT PENSION PLAN	B Three-digit plan number (PN) ▶	029
C Plan sponsor's name as shown on line 2a of Form 5500 EMERSON POWER TRANSMISSION CORPORATION	D Employer Identification Number (EIN) 43-1272429	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NORTHERN TRUST INVESTMENTS, INC.	50 SOUTH LASALLE STREET CHICAGO, IL 60603
36-3608252	

(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)

TOWER WATSON

23-1159360

(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?
11	NONE	16200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(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?
10	NONE	8300	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:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2009</u> and ending <u>09/30/2010</u>		
A Name of plan <u>EMERSON POWER TRANSMISSION CORPORATION HOURLY RATED EMPLOYEES AT THE ITHACA PLANT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>029</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMERSON POWER TRANSMISSION CORPORATION</u>	D Employer Identification Number (EIN) <u>43-1272429</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)	1900000	310000
(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)	17057827	19652017
(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	18957827	19962017

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	18957827	19962017
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	310000	
(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)		310000
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)		
(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)		
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2076963
(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		2386963

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1328888	
(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)		1328888
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)	26515	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	27370	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		53885
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1382773

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1004190
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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>EMERSON POWER TRANSMISSION CORPORATION HOURLY RATED EMPLOYEES AT THE ITHACA PLANT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>029</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMERSON POWER TRANSMISSION CORPORATION</u>	D Employer Identification Number (EIN) <u>43-1272429</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</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>0</u>

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

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

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

**FINANCIAL STATEMENTS AND REPORT OF
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
EMERSON POWER TRANSMISSION CORPORATION
PENSION PLAN FOR HOURLY RATED
EMPLOYEES AT THE ITHACA PLANT
SEPTEMBER 30, 2010 AND 2009**

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Audit – Tax – Advisory

Grant Thornton LLP
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Plan Administrator
Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant

We were engaged to audit the accompanying statements of net assets available for benefits of the Emerson Power Transmission Corporation Pension Plan for Hourly Rated Employees at the Ithaca Plant (the “Plan”) as of September 30, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. 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 I, which was certified by The Northern Trust Company, 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 executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended September 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 auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Chicago, Illinois
June 30, 2011

A handwritten signature in cursive script that reads "Grant Thornton LLP".

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30,**

	<u>2010</u>	<u>2009</u>
Assets		
Investment, at fair value		
Plan interest in Emerson Electric Co. Master Trust (note C)	\$19,652,017	\$17,057,827
Company contribution receivable	<u>310,000</u>	<u>1,900,000</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$19,962,017</u>	<u>\$18,957,827</u>

The accompanying notes are an integral part of these statements.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended September 30,**

	<u>2010</u>	<u>2009</u>
Additions		
Investment income (note C)		
Plan interest in Emerson Electric Co. Master Trust net		
investment income	\$ 2,076,963	\$ 683,045
Company contributions	<u>310,000</u>	<u>1,900,000</u>
Total additions	2,386,963	2,583,045
Deductions		
Benefits paid directly to participants	1,328,888	1,261,991
Plan expenses	<u>53,885</u>	<u>50,813</u>
Total deductions	<u>1,382,773</u>	<u>1,312,804</u>
NET INCREASE	1,004,190	1,270,241
Net assets available for benefits		
Beginning of year	<u>18,957,827</u>	<u>17,687,586</u>
End of year	<u>\$19,962,017</u>	<u>\$18,957,827</u>

The accompanying notes are an integral part of these statements.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009**

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Emerson Power Transmission Corporation Pension Plan for Hourly Rated Employees at the Ithaca Plant (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all hourly employees of the Ithaca plant of the Emerson Power Transmission Corporation (the “Employer”), a subsidiary of Emerson Electric Co. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan’s investments are held by The Northern Trust Company (the “Trustee”).

Pension Benefits

Under terms of the Plan, participants are eligible for monthly benefit payments upon reaching the normal retirement age of 65. The Plan provides for participant vesting with five years of pension-credited services. However, a participant whose employment with the Employer is terminated is eligible for early retirement after attaining age 55, with 10 years of pension-credited service. Monthly benefit payments, subject to minimum amounts, are determined by multiplying the benefit multiplier by the participant’s years of pension-credited service at retirement as follows:

<u>Termination date</u>	<u>Benefit multiplier</u>
April 24, 1989 through September 30, 1993	180
October 1, 1993 through September 30, 1994	186
October 1, 1994 through September 30, 1995	189
October 1, 1995 through September 30, 1996	192
October 1, 1996 through September 30, 1997	195
October 1, 1997 through September 20, 1998	198
September 21, 1998 through September 16, 2000	204
September 17, 2000 through August 31, 2001	210
September 1, 2001 through August 31, 2003	216
September 1, 2003 through August 31, 2005	222
September 1, 2005 through September 24, 2006	228
September 25, 2006 through September 20, 2008	234
September 21, 2008 through September 18, 2010	240
September 19, 2010 and thereafter	246

The Plan also contains provisions for disability, death and automatic survivor benefits.

Vesting

The Plan provides for participant vesting with five years of pension-credited service.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE A - DESCRIPTION OF THE PLAN - Continued

Death and Disability Benefits

If an employee dies after becoming vested, the participant's surviving spouse shall be paid a survivor annuity for the life of the surviving spouse, equal to the annuity which would be payable to the surviving spouse under an automatic survivor benefit commencing at the date the employee would have become eligible for an early retirement benefit had the employee lived. Active employees who become totally disabled after attainment of age 55 and completion of 10 years of credited service receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

Contributions and Funding

Contributions from the Company are subject to Internal Revenue Service ("IRS") limitations and are based upon actuarial calculations of normal cost. The Company satisfied the minimum funding requirements of ERISA.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Adoption of New Accounting Guidance

In April 2009, the Financial Accounting Standards Board ("FASB") issued updates to the initial fair value measurements and disclosures that covered determining fair value when the volume and level of activity for the asset or liability have significantly decreased and identifying transactions when a transaction is not orderly. Such guidance expanded disclosures and required that major categories for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments.

In September 2009, the FASB amended the fair value measurements and disclosures for investments in certain entities that calculate net asset per share (or its equivalent). The amended guidance is effective for the first reporting period ending after December 15, 2009, and expands the required disclosures for certain investments with a reported net asset value ("NAV"). The Plan has adopted both changes in fair value measurement and disclosure guidance on a prospective basis for the year ended September 30, 2010. Adoption of this guidance did not have a material impact on the fair value determination. The effect of the adoption had no impact on the statements of net assets available for benefits and statements of changes in net assets available for benefits. See note D for additional disclosures required.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Adoption of New Accounting Guidance - Continued

In January 2010, the FASB further amended the guidance by adding new disclosure requirements for Level 1 and Level 2, separate disclosures of purchases, sales, issuances and settlements relating to Level 3 measurements, and clarification of existing fair value disclosures. This amended guidance is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the impact that these amendments will have on the Plan's financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, the actuarial present value of accumulated Plan benefits at the date of the financial statements, and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation

The Plan's investments in the Emerson Electric Co. Master Trust ("Master Trust") are stated at fair value as determined based on the fair value of the underlying investments of the Master Trust. See note D for discussion on fair value measurement.

The Plan's interest in the Master Trust is based on an allocation of the Plan's assets compared to total assets in the Master Trust. Purchases and sales of investments are recorded on a trade-date basis. Investment income is recorded as earned.

Investors may use various financial instruments, particularly forward foreign currency contracts, options and futures, commonly referred to as derivatives, to manage risk. No investments are engaged in market making or other speculative activities. Established practices require that derivative financial instruments relate to specific asset, liability or equity transactions or to currency exposure.

Expenses

Investment management and certain administrative expenses are paid by the Plan. Expenses include Pension Benefit Guaranty Corporation ("PBGC") premiums and professional fees.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE C - INTEREST IN MASTER TRUST

The Plan's investments are in the Master Trust that was established for the investment of assets of the Plan and several other Company-sponsored retirement plans. Each plan in the Master Trust has an undivided interest in the Master Trust. At September 30, 2010 and 2009, the Plan's interest in the net assets of the Master Trust was approximately 0.62% and 0.61%, respectively. Investment income and investment expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan. The net assets of the Master Trust at September 30, 2010 and 2009, are summarized as follows (dollars in thousands):

	2010	2009
Assets		
Investments, at fair value		
Cash and cash equivalents	\$ 103,620	\$ 91,983
U.S. Government securities	263,192	310,008
Corporate debt instruments	595,478	466,859
Equity securities	2,028,142	1,756,720
Limited partnerships	130,478	117,691
Other investments	<u>11,590</u>	<u>17,078</u>
Total investments	3,132,500	2,760,339
Accrued income	12,397	12,641
Collateral held under securities lending agreements	<u>-</u>	<u>19,881</u>
Total assets	3,144,897	2,792,861
Pending purchases	57,708	66,408
Pending sales	(46,361)	(60,753)
Liabilities		
Liability to return collateral under securities lending agreements	<u>-</u>	<u>(19,881)</u>
Total net assets in Master Trust	<u>\$3,156,244</u>	<u>\$2,778,635</u>

The Master Trust participated in a securities lending program through the Trustee. Under this program, the Master Trust's investment securities are loaned to investment brokers for a fee. Securities loaned at September 30, 2009, are fully collateralized by cash. At September 30, 2010 and 2009, \$0- and \$19,355,000, respectively, of the Master Trust's securities were on loan under the Trustee's securities lending program. The fair value of the collateral received as a percentage of the total current value of the securities on loan by the Master Trust was approximately 103% at September 30, 2009, and income from the program was approximately \$400 and \$1,224,000 for the years ended September 30, 2010 and 2009, respectively. As of September 30, 2010, the Master Trust no longer participates in this program.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE C - INTEREST IN MASTER TRUST - Continued

The net investment income of the Master Trust for the years ended September 30, 2010 and 2009, is summarized below (dollars in thousands):

	<u>2010</u>	<u>2009</u>
Income		
Dividend and interest income	\$ 62,371	\$ 62,511
Other investment income	<u>2,871</u>	<u>2,191</u>
Total income	65,242	64,702
Net appreciation (depreciation) in fair value of investments		
Cash and cash equivalents	2	(6)
U.S. Government securities	26,353	41,449
Corporate debt instruments	57,356	66,531
Equity securities	167,831	(25,610)
Limited partnerships	16,955	(35,322)
Other investments	<u>6,458</u>	<u>7,428</u>
Total net appreciation in fair value of investments	274,955	54,470
Less investment expenses	<u>(8,039)</u>	<u>(6,485)</u>
Net investment income	<u>\$332,158</u>	<u>\$112,687</u>

NOTE D - FAIR VALUE MEASUREMENTS

The FASB has issued guidance regarding the disclosure of fair value measurements. The guidance establishes a formal hierarchy and framework for measuring fair value and provides guidance on the disclosure of fair value measurements and the reliability of valuation inputs. Under the guidance, measurement assumes the transaction to sell an asset or transfer a liability occurs in the principal or at least the most advantageous market for that asset or liability. Within the hierarchy, Level 1 instruments use observable market prices for the identical item in active markets and have the most reliable valuations. Level 2 instruments are valued through broker/dealer quotations or through market-observable inputs for similar items in active markets, including forward and spot prices, interest rates and volatilities. Level 3 instruments are valued using inputs that are not observable in an active market, such as company-developed future cash flow estimates, and are considered the least reliable.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE D - FAIR VALUE MEASUREMENTS - Continued

	2010			
	Level 1	Level 2	Level 3	Total
Equities				
U.S.	\$ 775,380	\$ 525,899	\$ -	\$1,301,279
International	450,305	87,515	-	537,820
Emerging market	<u>66,642</u>	<u>136,776</u>	<u>-</u>	<u>203,418</u>
Total equities	1,292,327	750,190	-	2,042,517
Limited partnerships	-	-	130,478	130,478
Bonds				
Government	-	482,776	-	482,776
Corporate	-	223,763	-	223,763
High yield	<u>-</u>	<u>132,001</u>	<u>-</u>	<u>132,001</u>
Total bonds	-	838,540	-	838,540
Cash and insurance contracts	<u>114,870</u>	<u>-</u>	<u>6,095</u>	<u>120,965</u>
Total	<u>\$1,407,197</u>	<u>\$1,588,730</u>	<u>\$136,573</u>	<u>\$3,132,500</u>
	2009			
	Level 1	Level 2	Level 3	Total
Equities				
U.S.	\$ 683,896	\$ 455,920	\$ -	\$1,139,816
International	413,854	42,558	-	456,412
Emerging market	<u>45,349</u>	<u>89,867</u>	<u>-</u>	<u>135,216</u>
Total equities	1,143,099	588,345	-	1,731,444
Limited partnerships	-	-	117,691	117,691
Bonds				
Government	16,522	259,745	-	276,267
Corporate	-	395,948	-	395,948
High yield	<u>-</u>	<u>140,354</u>	<u>-</u>	<u>140,354</u>
Total bonds	16,522	796,047	-	812,569
Cash and insurance contracts	<u>92,072</u>	<u>-</u>	<u>6,563</u>	<u>98,635</u>
Total	<u>\$1,251,693</u>	<u>\$1,384,392</u>	<u>\$124,254</u>	<u>\$2,760,339</u>

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE D - FAIR VALUE MEASUREMENTS - Continued

The primary objective for the investment of Plan assets is to secure participant retirement benefits while earning a reasonable rate of return. Plan assets are invested consistent with the provisions of the prudence and diversification rules of ERISA and with a long-term investment horizon. The Company continuously monitors the value of assets by class and routinely rebalances to remain within target allocations. The strategy for equity assets is to minimize concentrations of risk by investing primarily in companies in a diversified mix of industries worldwide, while targeting neutrality in exposure to market capitalization levels, growth versus value profile, global versus regional markets, fund types and fund managers. The approach for bonds emphasizes investment-grade corporate and government debt with maturities matching a portion of the longer-duration pension liabilities. The bonds strategy also includes a high-yield element, which is generally shorter in duration. A small portion of the U.S. Plan assets is allocated to private equity partnerships and real assets fund investments for diversification, providing opportunities for above-market returns. Leveraging techniques are not used and the use of derivatives in any fund is limited to exchange-traded futures contracts and is inconsequential.

U.S. equities reflect companies domiciled in the U.S., including multi-national companies. International equities are comprised of companies domiciled in developed nations outside the U.S. Emerging market equities are comprised of companies domiciled in portions of Asia, Eastern Europe and Latin America.

Government bonds include investment-grade instruments issued by Federal, state and local governments, primarily in the U.S. Corporate bonds represent investment-grade debt of issuers primarily from the U.S. High-yield bonds include non-investment-grade debt from a diverse group of developed market issuers.

Other assets include cash, interests in mixed asset funds investing in commodities, natural resources, agriculture and exchange-traded real estate funds, life insurance contracts (U.S.) and shares in certain general investment funds of financial institutions or insure arrangements (non-U.S.) that typically ensure no market losses or provide for small minimum return guarantee.

Valuations of Level 1 assets for all classes shown above are based on quoted closing market prices from the principal exchanges where the individual securities are traded. Cash is valued at cost, which approximates fair value.

Equity securities categorized as Level 2 assets are primarily non-exchange-traded commingled or collective funds in which the underlying securities have observable prices available from active markets. Valuation is based on the NAV of fund units held as derived from the fair value of the underlying assets.

Debt securities categorized as Level 2 assets are generally valued based on independent broker/dealer bids or by comparison to other debt securities having similar durations, yields and credit ratings. Other Level 2 assets are valued based on an NAV of fund units held, which is derived from either broker/dealer quotations or market-observed pricing for the underlying assets.

Limited partnerships are valued based on units/shares held at year-end, which are obtained from a third-party pricing source obtained by fund manager. Insurance contracts are valued by the applicable insurance company. These are Level 3 investments.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE D - FAIR VALUE MEASUREMENTS - Continued

A reconciliation of the change in value for Level 3 assets, primarily limited partnerships, follows:

Beginning balance, October 1, 2009	\$124,254
Gains (losses) on assets held	11,267
Gains (losses) on assets sold	9,029
Purchases, sales and settlements, net	<u>(7,977)</u>
Ending balance, September 30, 2010	<u>\$136,573</u>

NOTE E - PLAN TERMINATION AND PBGC MATTERS

The Company has not expressed any intention to terminate the Plan. However, in the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE F - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees of their beneficiaries.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE F - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - Continued

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

The significant actuarial assumptions used in the valuations as of September 30, 2009 and 2008, are as follows:

Discount rate	5.5% in 2009; 6.5% in 2008
Mortality	RP2000 Mortality Table without collar adjustments, projected to 2010 using Scale AA
Retirement age	Varies by age between 55 and 69 with 100% retired by age 70

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

The actuarial present value of accumulated Plan benefits as of September 30, 2009, is as follows:

Actuarial present value of accumulated Plan benefits

Vested benefits

Participants and/or beneficiaries currently receiving benefits	\$13,118,723
Other participants	<u>7,483,598</u>

Total vested benefits	20,602,321
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Non-vested benefits	<u>273,975</u>
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Total actuarial present value of accumulated Plan benefits	<u>\$20,876,296</u>
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**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE F - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - Continued

The changes in the actuarial present value of accumulated Plan benefits for the year ended September 30, 2009, consist of the following:

Actuarial present value of accumulated Plan benefits, September 30, 2008	\$18,731,190
Increase (decrease) during the year attributable to	
Benefits accumulation	191,174
Interest accumulation	1,177,158
Benefits paid	(1,261,991)
Change in assumption	<u>2,038,765</u>
Net increase	<u>2,145,106</u>
Actuarial present value of accumulated Plan benefits, September 30, 2009	<u>\$20,876,296</u>

NOTE G - INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated August 30, 2001, that the Plan and related Master Trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and that the Plan and related Master Trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE H - RISKS AND UNCERTAINTIES

The Plan's investment in the Master Trust is exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and may impact the funded position of the Plan. As a result, the Plan may require additional funding in subsequent years.

Plan contributions are made and the actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Emerson Power Transmission Corporation Pension Plan
for Hourly Rated Employees at the Ithaca Plant
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2010 and 2009**

NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Plan interest in Emerson Electric Co. Master Trust, as shown in the statements of net assets available for benefits as of September 30, 2010 and 2009.
- Plan interest in Emerson Electric Co. Master Trust net investment income, as shown in the statements of changes in net assets available for benefits for the years ended September 30, 2010 and 2009.
- Master Trust net assets and net investment income as of and for the years ended September 30, 2010 and 2009, as shown in note C.

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

NOTE J - PARTIES-IN-INTEREST

The Plan's investments are held in the Master Trust at the Trustee. The Trustee charges fees for the management of the account. Fees charged to the Master Trust are ordinary and customary. These fees qualify as permitted party-in-interest transactions under ERISA.

NOTE K - SUBSEQUENT EVENTS

Plan management evaluated subsequent events after the balance sheet date of September 30, 2010 through June 30, 2011, the date the financial statements were available to be issued. Plan management is not aware of any subsequent events that would require recognition or disclosure in the accompanying financial statements.

**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 10/01/2009 and ending 09/30/2010▶ **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 Emerson Power Trans Corp Hrly Pen Plan at Ithaca	B Three-digit plan number (PN) ▶ 029
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Emerson Power Transmission Co. Emerson Electric Co.	D Employer Identification Number (EIN) 43-1272429
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	18,895,928
b Actuarial value.....	2b	20,732,188
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	293
b For terminated vested participants	3b	238
c For active participants:		
(1) Non-vested benefits.....	3c(1)	254,879
(2) Vested benefits.....	3c(2)	3,893,223
(3) Total active	3c(3)	164
d Total.....	3d	695
		19,068,679
4 If the plan is at-risk, check the box and complete items (a) and (b)		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.63 %
6 Target normal cost.....	6	204,450

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>RANDALL K. LYNN</u> Signature of actuary	<u>06-28-2011</u> Date
	<u>RANDALL K. LYNN</u> Type or print name of actuary	<u>11-03145</u> Most recent enrollment number
	<u>TOWERS WATSON PENNSYLVANIA, INC.</u> Firm name	<u>(314) 719-5900</u> Telephone number (including area code)
	<u>101 SOUTH HANLEY, SUITE 900</u> Address of the firm	
	<u>ST. LOUIS</u>	<u>MO 63105-3411</u>

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)	4,248,891	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	212,000	0
9 Amount remaining (Item 7 minus item 8)	4,036,891	0
10 Interest on item 9 using prior year's actual return of <u>4.17</u> %	168,338	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of <u>7.12</u> %		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		0
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)	4,205,229	0

Part III Funding percentages

14 Funding target attainment percentage	14	86.67 %
15 Adjusted funding target attainment percentage	15	108.72 %
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	108.75 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/14/2011	300,000				
06/13/2011	10,000				
Totals ▶			18(b)	310,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 282,316

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 61
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	204,450
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	204,450
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	200,000	0
36 Additional cash requirement (item 34 minus item 35)	36	4,450
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	282,316
38 Interest-adjusted excess contributions for current year (see instructions)	38	277,866
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, line 19 - Discounted Employer Contributions
Emerson Power Transmission Corporation Hourly Pension Plan at Ithaca
EIN: 43 - 1272429
Plan Number: 029

Schedule SB, line 19 - Discounted Employer Contributions

Effective Interest rate - 6.63%

	Date Made	Plan Year Begin	Tax Year End	Contribution Amount	Discounting Period	Discounted Contribution Amount
Contribution allocated toward minimum required	3/14/2011	10/1/2009	9/30/2010	300,000	1.44932	273,349
Contribution allocated toward minimum required	6/13/2011	10/1/2009	9/30/2010	10,000	1.69863	8,967
Total allocated toward minimum required contribution				310,000		282,316
Total made to avoid benefit restrictions				0		0
Total allocated to unpaid minimum contributions from prior plan years				0		0
Totals for tax year				310,000		282,316

Attachment to Schedule SB - Line 22**Description of Weighted Average Retirement Age****Emerson Power Transmission Corporation Hourly Pension Plan at Ithaca****EIN: 43 - 1272429****Plan Number: 029**

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

For illustration purposes only, below is a hypothetical determination of the average retirement age based on retirement as the only decrement.

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	10%	1,000	100	5,500
56	10%	900	90	5,040
57	10%	810	81	4,617
58	10%	729	73	4,234
59	10%	656	66	3,894
60	15%	590	89	5,340
61	15%	501	75	4,575
62	25%	426	107	6,634
63	25%	319	80	5,040
64	25%	239	60	3,840
65	35%	179	63	4,095
66	20%	116	23	1,518
67	20%	93	19	1,273
68	20%	74	15	1,020
69	20%	59	12	828
70	100%	47	47	3,290
			1,000	60,738
				/ 1,000
Weighted Average Retirement Age				61

Attachment to Schedule SB - Line 25**Change in Actuarial Methods****Emerson Power Transmission Corporation Hourly Pension Plan at Ithaca****EIN: 43 - 1272429****Plan Number: 029**

Aspect of Valuation	Old	New
Valuation Interest Rate	Full corporate bond yield curve as of October 2008	Segment rates as of July 2009 as provided under the Pension Protection Act of 2006
Plan-related Expenses	N/A	\$39,000 was added to the Target Normal Cost

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Attachment to Schedule SB - Line 26
Schedule of Active Participant Data
Emerson Power Transmission Corporation Hourly Pension Plan at Ithaca
EIN: 43 - 1272429
Plan Number: 029

Average Age: 49.7
Average Service: 18.6

		Schedule of Active Participant Data Total Years of Credited Service									
Attained Age		0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
0 - 24	Count	0	1	0	0	0	0	0	0	0	0
25 to 29	Count	0	3	3	0	0	0	0	0	0	0
30 to 34	Count	0	3	4	1	0	0	0	0	0	0
35 to 39	Count	0	3	6	1	6	0	0	0	0	0
40 to 44	Count	0	3	5	3	6	6	0	0	0	0
45 to 49	Count	0	2	4	2	3	6	0	0	0	0
50 to 54	Count	0	1	8	2	4	7	0	7	3	0
55 to 59	Count	0	3	6	2	5	3	1	3	15	1
60 to 64	Count	0	0	4	0	1	2	0	2	4	6
65 to 69	Count	0	0	0	0	0	0	0	2	0	0
70 & up	Count	0	0	1	0	0	0	0	0	0	0

Actuarial Assumptions and Methods

Economic Assumptions

Funding interest rate basis:

- ▶ Applicable month
- ▶ Yield curve basis

July 2009

Segment Rates

Funding interest rates:

- ▶ First segment rate 5.21%
- ▶ Second segment rate 6.74%
- ▶ Third segment rate 6.84%

Effective interest rates:

- ▶ Emerson Retirement Plan 6.67%
- ▶ Bristol Union 6.56%
- ▶ Copeland Hourly 6.62%
- ▶ ENP – ES 6.52%
- ▶ EPT – Ithaca 6.63%
- ▶ Fisher Controls Bargaining 6.59%
- ▶ Kato Local # 1999 Pension 6.71%
- ▶ Kop Flex Hourly 6.68%
- ▶ McGill Hourly #1 6.64%
- ▶ PWS Pension Plan 6.67%
- ▶ Urick Foundry Hourly 6.72%

Annual rates of increase

- ▶ Salaries 5.00%
- ▶ Future Social Security wage bases 4.50%

Demographic and Other Assumptions

Mortality

► Healthy

Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2024 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2016 using Scale AA)

► Disabled

Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2024 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2016 using Scale AA)

Termination

Rates varying by age and service, per 1,000 participants as follows:

Age	Years of Service		
	0-3	3-5	5+
20	200	150	150
25	200	150	150
30	200	150	120
35	200	150	100
40	200	150	90
45	200	150	80
50	200	150	70
55	200	150	60
60	200	150	50
65	-	-	-

Disability

Rates varying by age per 1,000 participants as follows:

Age	Male	Female
39 or less	.68	.82
40-44	1.41	2.38
45-49	2.70	3.29
50-54	5.11	4.72
55-59	9.28	7.18
60-64	12.42	8.14

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods
Emerson Power Transmission Corporation Hourly Pension Plan at Ithaca
EIN: 43-1272429
Plan Number: 029

Retirement Rates varying by age per 1,000 participants as follows:

<i>Age</i>	<i>Rate</i>
55-59	100
60-61	150
62-64	250
65	350
66-69	200
70	1,000

Form of payment See plan provisions

Percentage married 80%

Spouse age Wife three years younger than husband

Valuation pay In general, reported 2008 W-2 pay. This pay is projected by the Salary Increase Rate assumption to approximate pay for the 10/1/2009 plan year.

Administrative expenses	<ul style="list-style-type: none"> ▶ Emerson Retirement Plan \$ 3,611,000 ▶ Bristol Union 37,000 ▶ Copeland Hourly 98,000 ▶ ENP-ES 49,000 ▶ EPT-Ithaca 39,000 ▶ Fisher Controls Bargaining 85,000 ▶ Kato Local #1999 Pension 28,000 ▶ Kop Flex Hourly 9,000 ▶ McGill Hourly #1 34,000 ▶ PWS Pension Plan 72,000 ▶ Urick Foundry Hourly 0
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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value at assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable.
Benefits not Valued	All benefits described in the Plan Provisions section of this report were valued.
Changes in Assumptions and Methods Since Prior Valuations	<p>The funding interest rate basis was changed from the full corporate bond yield curve as of October 2008 to the segment rates as of July 2009, as provided under the Pension Protection Act of 2006 (PPA).</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p>

Data Sources

Towers Watson used asset data supplied by the trustee. Emerson furnished participant data. Emerson furnished the dates and amounts of the 2008 contributions that will be paid in 2009. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Towers Watson actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Schedule SB, Part V – Plan Provisions
Emerson Power Transmission Corporation Hourly Pension Plan at Ithaca
EIN: 43-1272429
Plan Number: 029

Plan Provisions

Plan Name	EPT – Ithaca	Plan Effective	01/01/83
Appendix Number	N/A	Last Change Effective	09/25/06
Type of Plan	Flat Dollar		
Normal Form	Life Annuity		
Plan Eligibility	First of month following Date of Employment		
Credited Service	From Date of Employment		
Pension Earnings	N/A		
EE Contributions	Made to Prior Plan		
Class	Union Employees (IAM, Lodges 1607 and 520)		
Accumulated Benefit	\$240 times Credited Service, plus benefits provided by accumulating employee contributions at the 411(c)2(c) interest rate to age 65 and dividing by 9.17 Dollar factor increases to \$246 effective 09/19/2010		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	55	10		AB, reduced 7% per year below age 62
Postponed	>65	--		AB, including service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	55	10		AB at disablement, payable until NRD (reduced by certain Worker's Compensation payments)
Deferred	55	10		AB at disablement, payable at NRD (reduced by certain Worker's Compensation payments)
Pre Ret Death	55	10		50% of ERB, reduced for J&S, payable for life of spouse (employee paid)
	--	5		50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid)

Changes in Plan Provision Since Prior Year

Plan provisions have not changed, except to reflect the current year changes in the Internal Revenue Code maximums on benefits.

Schedule SB, Part V - Plan Provisions

Emerson Power Transmission Corporation Hourly Pension Plan at Ithaca

EIN: 43-1272429

Plan Number: 029

Optional Forms of Payment

In addition to the normal form of payment, based on the provisions, participants are eligible to elect the following optional forms of payment:

Joint and Survivor Annuity

Annuity payable for the participant's lifetime and upon participant's death, an annuity payable to the beneficiary based on the percentage elected.

Attachment to Schedule SB - Line 8

Explanation of Amount Entered on Line 8

Emerson Power Transmission Corporation Hourly Pension Plan at Ithaca

EIN: 43 - 1272429

Plan Number: 029

The amount reported on Line 8 of the 2009 Schedule SB differs from that reported on Line 35 of the 2008 Form. For the 2008 plan year, an amount of credit balance was elected for use that exceeded the "Total funding requirement before reflecting carryover/prefunding balances" as reported on line 34. However, the amount reported on line 35 was not the full amount of credit balance elected for 2008, but was instead limited to the amount on line 34. Line 8 on this year's form shows the full amount of credit balance used.