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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WARD LEONARD ELECTRIC COMPANY, INC. UNION EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1954

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WARD LEONARD ELECTRIC COMPANY, INC.

401 WATERTOWN ROAD
THOMASTON, CT 06787

401 WATERTOWN ROAD
THOMASTON, CT 06787

2b Employer Identification Number (EIN)
13-3799937

2c Sponsor's telephone number
860-283-5801

2d Business code (see instructions)
335900

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.	11/01/2011	SUSAN CASTLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/01/2011	SUSAN CASTLE
	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")
WARD LEONARD ELECTRIC COMPANY, INC.

401 WATERTOWN ROAD
THOMASTON, CT 06787

3b Administrator's EIN
13-3799937

3c Administrator's telephone number
860-283-5801

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**	139
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**	2
b	Retired or separated participants receiving benefits	**6b**	92
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	13
f	Total. Add lines **6d** and **6e**	**6f**	129
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**	0
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 1I 3H

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WARD LEONARD ELECTRIC COMPANY, INC. UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
WARD LEONARD ELECTRIC COMPANY, INC.

D Employer Identification Number (EIN)
13-3799937

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1867050	69140	GA-90414-07	129	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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
WARD LEONARD ELECTRIC COMPANY, INC. UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WARD LEONARD ELECTRIC COMPANY, INC.

D Employer Identification Number (EIN)
13-3799937

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	1670361
b	Actuarial value	**2b**	1670361

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	115	1874018
b	For terminated vested participants	**3b**	22	119212
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		26954
	(3) Total active	**3c(3)**	2	26954
d	Total	**3d**	139	2020184

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**	6.34 %
6	Target normal cost	**6**	8000

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

Signature of actuary	Date: 10/06/2011
ANDREW A. GUNDLACH	11-00447
Type or print name of actuary	Most recent enrollment number
ARNOLD S. ROSS & ASSOCIATES LTD	212-408-0505
Firm name	Telephone number (including area code)
1270 AVENUE OF AMERICAS NEW YORK, NY 10020-1730	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	70493	20084
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	70493	20084
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 18.30 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		60416
b	Interest on (a) using prior year's effective rate of 6.28 %		3794
c	Total available at beginning of current plan year to add to prefunding balance		64210
d	Portion of (c) to be added to prefunding balance		64210
12	Reduction in balances due to elections or deemed elections	0	10000
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	54210

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	70.34 %
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
04/14/2010	16127				
06/15/2010	16127				
09/14/2010	127746				
			Totals ► 18(b)	160000	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	153890

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		8000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		323336	63673
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**		71673

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

36 Additional cash requirement (item 34 minus item 35)	**36**	71673
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	153890
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	82217
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
WARD LEONARD ELECTRIC COMPANY, INC. UNION EMPLOYEES' PENSION PLAN		002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
WARD LEONARD ELECTRIC COMPANY, INC.	13-3799937

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIRST ALLMERICA FINANCIAL LIFE

04-1867050

(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?
13 50 15	NONE	7674	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 ☐

(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: MARCUM LLP	**b** EIN:	11-1986323
c	Position: ACCOUNTANT		
d	Address: 555 LONG WHARF DRIVE 12TH FLOOR NEW HAVEN, CT 06511	**e** Telephone:	203-777-1099

Explanation: CONSOLIDATION OF SERVICES

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WARD LEONARD ELECTRIC COMPANY, INC. UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WARD LEONARD ELECTRIC COMPANY, INC.

D Employer Identification Number (EIN)
13-3799937

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEP INV ACC B DIVERSIFIED BOND FUND

b Name of sponsor of entity listed in (a): FIRST ALLMERICA FINANCIAL LIFE INS

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)
04-1867050-002	P	457

a Name of MTIA, CCT, PSA, or 103-12 IE: SEP INV ACC C MONEY MARKET FUND

b Name of sponsor of entity listed in (a): FIRST ALLMERICA FINANCIAL LIFE INS

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)
04-1867050-003	P	14522

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)

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

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WARD LEONARD ELECTRIC COMPANY, INC. UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WARD LEONARD ELECTRIC COMPANY, INC.

D Employer Identification Number (EIN)
13-3799937

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		31287
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3393	2394
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6239	51660
(2) U.S. Government securities	1c(2)	34689	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	236461	166368
(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)	71074	14978
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1297321	1442433
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	1649177	1709120
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1649177	1709120

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)	160000	
	(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)		160000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	56191	
	(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)		56191
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		96899
d Total income. Add all **income** amounts in column (b) and enter total	2d		313090
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	245413	
(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)		245413
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	7674	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	60	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7734
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		253147
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		59943
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: IMOWITZ KOENIG & CO., LLP (2) EIN: 13-2963250

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WARD LEONARD ELECTRIC COMPANY, INC. UNION EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WARD LEONARD ELECTRIC COMPANY, INC.

D Employer Identification Number (EIN)
13-3799937

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** 0

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): 04-1867050

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

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):

Imowitz Koenig & Co., LLP
Certified Public Accountants

Independent Auditors' Report

The Plan Administrator
Ward Leonard Electric Company, Inc.
Union Employees' Pension Plan

We were engaged to audit the financial statements and supplemental schedule of the Ward Leonard Electric Company, Inc. Union Employees' Pension Plan (the "Plan") as of December 31, 2010, and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan at December 31, 2009 and for the year then ended were audited by other auditors, whose report dated September 27, 2010, expressed an unqualified opinion on those financial statements.

As permitted by 29 CFR 2520.103-8 of the DOL 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 4, which was certified by First Allmerica Financial Life Insurance Company and Charles Schwab Institutional, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information in the Plan's December 31, 2010 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying December 31, 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the December 31, 2010 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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 DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974,

Imowitz Koenig & Co. LLP

Certified Public Accountants

New York, New York
October 31, 2011

622 Third Avenue *New York, New York 10017*

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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

Ward Leonard Electric Co., Inc. Union Employees' Pension Plan

B Three-digit plan number (PN) ▶ 002

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

WARD LEONARD ELECTRIC CO., INC.

D Employer Identification Number (EIN)

13-3799937

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2 Assets:

a	Market value	**2a**	1,670,361
b	Actuarial value	**2b**	1,670,361

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	115	1,874,018
b	For terminated vested participants	**3b**	22	119,212
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		26,954
	(3) Total active	**3c(3)**	2	26,954
d	Total	**3d**	139	2,020,184

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**	6.34 %
6	Target normal cost	**6**	8,000

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

Signature of actuary — Date: 10/06/2011

Andrew A. Gundlach
Type or print name of actuary

11-00447
Most recent enrollment number

Arnold S. Ross & Associates LTD
Firm name

(212) 408-0505
Telephone number (including area code)

1270 Avenue of the Americas
New York NY 10020-1703
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	70,493	20,084
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	70,493	20,084
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 18.30%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		60,416
b	Interest on (a) using prior year's effective rate of 6.28%		3,794
c	Total available at beginning of current plan year to add to prefunding balance		64,210
d	Portion of (c) to be added to prefunding balance		64,210
12	Reduction in balances due to elections or deemed elections		10,000
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	54,210

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	70.34 %
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
04/14/2010	16,127				
06/15/2010	16,127				
09/14/2010	127,746				
			Totals ► 18(b)	160,000	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	153,890

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 8,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	323,226	63,673
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**: 71,673

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

36 Additional cash requirement (item 34 minus item 35) — **36**: 71,673

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 153,890

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 82,217

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

Attachment to 2010 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Ward Leonard Electric Co., Inc. Union Employees' Pension Plan **EIN:** 13-3799937
Plan Sponsor's Name WARD LEONARD ELECTRIC CO., INC. **PN:** 002

The weighted average retirement age is equal to the normal retirement age of 65 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)

Schedule SB – Part V-Statement of Actuarial Assumptions/Method

Interest Rates for PPA Funding:	4.60% for years 1 through 5 6.65% for years 6 through 20 6.76% after 20 years
Mortality:	IRS mandated table for 2010 Funding - RP2000 Mortality Table separate tables for annuitants and non annuitants, sex distinct.
Marriage:	80% of males and females are assumed to be married. Wives are assumed to be three years younger than their husbands.
Maximum Benefit Limitation:	Maximum benefits as specified in Section 415 of the Internal Revenue Code are assumed to remain at current levels ($195,000 for 2010).
Assumed Benefit Form for Funding:	Life Annuity
Calculated Single Effective Interest Rate For 2010	6.34%

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)

Schedule SB – Part V-Statement of Actuarial Assumptions/Method

1. Actuarial Cost Method

The Pension Protection Act of 2006 added Section 430 to the Internal Revenue Code, which specified the new required minimum funding standards. In general, the minimum required contribution is the sum the target normal cost and the funding shortfall amortization charge (if any) for the plan year.

The following is the basic terminology under the funding method:

The Target Normal Cost is the present value of all benefits that are expected to accrue or be earned under the plan during the year, plus the amount of plan-related expenses expected to be paid from plan assets during the plan year.

The Funding Target is the present value of all benefits accrued under the plan as of the beginning of the year.

The Funding Shortfall is the excess (if any) of the funding target over the assets of the plan (as reduced by the prefunding balance and the funding standard carryover balance).

The Shortfall Amortization Installment is the amount necessary to amortize the funding shortfall base of the plan in level installments over a seven-year period.

The Shortfall Amortization Charge is the sum of all shortfall amortization installments for a plan year and each of the six (6) preceding plan years.

2. Asset Valuation Method

Market Value of Assets on the valuation date increased by the discounted value of any contributions made for the prior year during the accrual period.

3. Valuation Date

The first day of the plan year.

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)

Schedule SB- Part V -Summary of Plan Provisions

Plan Name: Ward Leonard Electric Company, Inc. Union Employees' Pension Plan (GA-90414-007).

Plan Year: Begins January 1 and ends December 31.

Employer ID No.: 13-3799937

Plan Number: 002

Effective Date: Original: January 1, 1954. Latest substantive amendment: January 1, 2001.

Eligibility: One year of service, no new participants after January 1, 2001.

Service Credit: An employee's credited service (used to determine the amount of his benefit) is computed according to the following schedule and was frozen effective December 31, 2000:

Service Credit	Hours of Service Needed for Credited Service
1.0 year	1800 or more
0.9	1620-1799
0.8	1440-1619
0.7	1260-1439
0.6	1080-1259
0.5	900-1079
0.4	720-899
0.3	540-719
0.2	360-539
0.1	180-359
0.0	Under 179

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)

Summary of Plan Provisions (continued)

Normal Retirement:

Eligibility: Age 65

Annual Benefit: An employee's accrued pension as of a specified date is determined by the applicable benefit rate specified below:

Monthly Benefit per Year of Credited Service during each Period Below:	Monthly Benefit Rate
For Production and Maintenance Unit	
Prior to 1/1/1980	$10.50
On or after 1/1/1980 but before 1/1/1981	$9.50
On or after 1/1/1981 but before 9/22/1984	$10.50
On or after 9/22/1984 but before 9/22/1985	$11.00
On or after 9/22/1985 but before 9/22/1988	$14.00
On or after 9/22/1988 but before 9/22/1991	$15.50
On or after 9/22/1991 but before 12/31/2000	$19.00
For Professional Technical and Salaried Unit	
Prior to 1/1/1980	$12.40
On or after 1/1/1980 but before 1/1/1981	$10.90
On or after 1/1/1981 but before 9/22/1985	$11.90
On or after 9/22/1985 but before 9/22/1988	$14.90
On or after 9/22/1988 but before 9/22/1991	$17.15
On or after 9/22/1991 but before 12/31/2000	$17.65

Early Retirement:

Eligibility: Age 55 and 10 years.

Annual Benefit: Accrued benefit actuarially reduced to reflect early commencement. If the participant has attained age 60 and completed at least 30 years of credited service as of his early retirement date he will receive his unreduced accrued benefit as of his early retirement date.

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)

Summary of Plan Provisions (continued)

Vesting

Eligibility: 5 years.

Benefit: Accrued benefit payable at age 65.

Disability:

Eligibility: 15 years. (for a participant of the Professional, Technical and Salaried Unit of the Union ("PTS" unit) - age 55 and 15 years of service.)

Benefit: A life-only pension calculated in the same manner as an accrued pension. Payments are reduced by 2/10% for each month by which his Disability Retirement Date precedes his Normal Retirement Date.

Death Benefits:

Preretirement: $75 (or $100 if in the "PTS" unit) multiplied by years of credited service on or after 1/1/1954.
REA benefit - Surviving spouse benefit equal to the amount payable to the member's spouse as if the member had survived to early retirement age, retired early, elected a 50% Contingent Annuitant option (with his spouse as contingent annuitant) and then died. Benefit commences on first of month following the date the member would have been eligible to retire early and is payable for lifetime of spouse.

Postretirement or Disability: $75 (or $100 if in the "PTS unit) multiplied by years of credited service on or after 1/1/1954, reduced by the sum of any retirement payments received.

Form of Retirement Benefit: Standard form is life annuity.

The annuity is reduced to provide for 50% continuance to the employee's spouse after death.

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)
EIN/PN: 13-3799937/002

January 1, 2010 Valuation

Attachment to 2010 Form 5500 Schedule SB
Line 26 - Schedule of Active Participant Data

	YEARS OF CREDITED SERVICE										
	Under 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	
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	Total
Under 25	0	0	0	0	0	0	0	0	0	0	**0**
25 to 29	0	0	0	0	0	0	0	0	0	0	**0**
30 to 34	0	0	0	0	0	0	0	0	0	0	**0**
35 to 39	0	0	0	0	0	0	0	0	0	0	**0**
40 to 44	0	0	0	0	0	0	0	0	0	0	**0**
45 to 49	0	0	0	0	0	0	0	0	0	0	**0**
50 to 54	0	0	0	0	0	0	0	0	0	0	**0**
55 to 59	0	0	0	0	1	0	0	0	0	0	**1**
60 to 64	0	0	1	0	0	0	0	0	0	0	**1**
65 to 69	0	0	0	0	0	0	0	0	0	0	**0**
70 & up	0	0	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**2**

Plan Frozen as of 12/31/2000 (No Future Benefit Accruals)

1. Attained Ages as of 1/1/2010.
2. Credited Service as of 12/31/2000.

WARD LEONARD ELECTRIC CO., INC.
UNION EMPLOYEES' PENSION PLAN (GA-90414-007)

Schedule SB, Line 32 - Schedule of Amortization Bases

Charge Bases	Initial Period	Initial Amount	Remaining Period 1/1/2010	Remaining Amount 1/1/2010	Annual Payment
Shortfall base	7	$ 502,858	6	$ 450,801	$ 84,994
1. Total Charges				$ 450,801	$ 84,994
Credit Bases					
Shortfall base	7	$ (127,575)	7	$ (127,575)	$ (21,321)
2. Total Credits				$ (127,575)	$ (21,321)
3. Net Charges (1+2)				$ 323,226	$ 63,673

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN

Form 5500, Schedule H Part IV Line 4(i)
Schedule of Assets Held for Investment Purposes at Year End
December 31, 2010
(Plan Number 002)
(EIN 13-3799937)

(a)*	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Money Market Funds		
*	First Allmerica Financial Life Insurance Company	Money Market Fund		
	Van VIF Money Market	2,673.391881 Units	$ 14,521	$ 14,521
	Van Total Bond Market Index	26.100461 Units	457	457
*	Charles Schwab Institutional	Money Market Funds (Sweep)		
	Schwab U.S. Treasury Money Fund	51,660.0900 Units	51,660	51,660
	Cash		31,287	31,287
				$ 97,925
		Mutual Funds		
*	Charles Schwab Institutional			
	Dreyfus Inflation Adjusted Sec Inv	1,951.4150 Units	$ 23,962	$ 25,076
	Driehaus Active Income Fund	4,681.6450 Units	51,169	51,732
	Eaton Vance Global Macro Absolute Rtrn I	4,838.5250 Units	50,037	49,692
	Fidelity Adv Floating Rate High Income	9,156.1880 Units	81,133	89,639
	Ridgeworth Seix Float Rate High Income I	4,338.9050 Units	38,429	38,833
	Templeton Global Bond Fund Adv Class	6,423.3260 Units	79,453	87,100
	Wells Fargo Advantage ST High Yld Bd Inv	5,699.0280 Units	46,737	47,074
	Blackrock Global Allocation Instl Class	2,204.9710 Units	40,009	42,997
	Fairholme Fund	4,175.7980 Units	134,231	148,575
	FMI Large Cap Fund	4,707.6830 Units	64,641	73,487
	Harding Loevner Emerging Markets	825.5600 Units	22,644	42,764
	Ivy Asset Strategy Fund Class Y	1,754.0810 Units	40,086	42,887
	Manning & Napier Equity Series	7,438.3900 Units	108,102	143,338
	Matthews Asia Dividend Fund	2,946.6350 Units	41,834	42,225

See accompanying independent auditors' report.

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN

Form 5500, Schedule H Part IV Line 4(i)
Schedule of Assets Held for Investment Purposes at Year End
December 31, 2010
(Plan Number 002)
(EIN 13-3799937)

(a)*	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Matthews Asian Growth & Income Fund	2,633.1780 Units	38,953	47,503
	Perkins Mid Cap Value Fund Class T	2,127.4900 Units	$ 40,947	$ 48,017
	Pimco All Asset All Authority Class Instl	4,140.9750 Units	43,000	43,770
	Steelpath Mlp Income Fund Inst	3,929.9440 Units	40,864	43,229
	T Rowe Price Capital Appreciation Fund	2,484.9630 Units	48,559	50,470
	Vaughan Nelson Small Cap Value Y	1,411.5440 Units	25,231	32,409
	Wasatch 1st Source Income Equity Fund	8,287.7540 Units	80,913	115,200
	Wasatch 1st Source Long Short Fund	3,385.9300 Units	40,022	42,764
	Westcore Select Fund Retail	4,444.7900 Units	86,030	93,652
				$ 1,442,433
		Corporate Bonds		
*	Charles Schwab Institutional			
		30,000 Coca Cola Enterprises Notes Mat. 3/3/14, rate 7.375%	$ 30,570	$ 34,901
		30,000 Deere & Co., Sr. Notes Mat. 4/25/14, rate 6.95%	30,553	34,827
		30,000 IBM Notes Mat. 10/15/13, rate 6.5%	31,032	34,150
		30,000 Oracle Corp Notes Mat. 1/15/11 , rate 5%	29,787	30,041
		30,000 Philip Morris Notes Mat. 5/16/13, rate 4.875%	28,338	32,449
				$ 166,368

*Party-in-interest as defined by ERISA

See accompanying independent auditors' report.

Imowitz Koenig & Co., LLP
Certified Public Accountants

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN

Financial Statements and Supplemental Schedule
For the Years Ended December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

622 Third Avenue *New York, New York 10017*

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN

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Imowitz Koenig & Co., LLP
Certified Public Accountants

Independent Auditors' Report

The Plan Administrator
Ward Leonard Electric Company, Inc.
Union Employees' Pension Plan

We were engaged to audit the financial statements and supplemental schedule of the Ward Leonard Electric Company, Inc. Union Employees' Pension Plan (the "Plan") as of December 31, 2010, and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan at December 31, 2009 and for the year then ended were audited by other auditors, whose report dated September 27, 2010, expressed an unqualified opinion on those financial statements.

As permitted by 29 CFR 2520.103-8 of the DOL 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 4, which was certified by First Allmerica Financial Life Insurance Company and Charles Schwab Institutional, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information in the Plan's December 31, 2010 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying December 31, 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the December 31, 2010 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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 DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974,

Imowitz Koenig & Co. LLP

Certified Public Accountants

New York, New York
October 31, 2011

622 Third Avenue *New York, New York 10017*

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Plan Benefits
December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value:		
First Allmerica Financial Life Insurance Company		
Pooled separate accounts:		
Money market fund	$ 14,978	$ 71,074
Charles Schwab Institutional		
Cash and money market funds	82,947	6,239
Corporate bonds	166,368	236,461
Mutual funds	1,442,433	1,297,321
Government securities	-	34,689
	1,706,726	1,645,784
Accrued interest receivable	2,394	3,393
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 1,709,120	$ 1,649,177

See accompanying notes to financial statements.

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN

Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2010 and 2009

	2010	2009
ADDITIONS		
Investment income, net	$ 56,191	$ 46,657
Appreciation in fair value of investment, net	96,899	234,178
Employer contributions	160,000	65,521
TOTAL ADDITIONS	313,090	346,356
DEDUCTIONS		
Benefits paid to participants	245,413	253,670
Administrative fees	7,734	7,843
TOTAL DEDUCTIONS	253,147	261,513
NET INCREASE	59,943	84,843
NET ASSETS AVAILABLE FOR PLAN BENEFITS - BEGINNING OF YEAR	1,649,177	1,564,334
NET ASSETS AVAILABLE FOR PLAN BENEFITS - END OF YEAR	$ 1,709,120	$ 1,649,177

See accompanying notes to financial statements.

Note 1 – DESCRIPTION OF THE PLAN

General

The following summary of major plan provisions in effect for Ward Leonard Electric Company, Inc. Union Employees' Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

The Plan is a noncontributory defined benefit plan which covers all union employees of Ward Leonard Electric Company, Inc. (the "Employer") who were participants in the Plan on December 31, 2000. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In 2000, the Plan was amended whereby no additional employees are eligible to become participants and no further benefits accrue after December 31, 2000.

Nature of Business of Sponsor

The primary business of the Employer is the design, manufacture and sale of electrical control components and systems as well as A/C and D/C electric motors, generators and motor generator sets for the military and other domestic industrial commercial markets either directly or as a subcontractor.

Management of the Fund

Custodianship and discretionary authority for the management of the accounts of the Plan's participants and Plan investment activity are placed with First Allmerica Financial Life Insurance Company ("First Allmerica") and Charles Schwab Institutional ("Charles Schwab"), the custodians of the Plan.

Retirement Date

A participant's normal retirement date is the first day of the month coincident with or next following his/her 65th birthday. A participant may retire at an early retirement date and receive an actuarially reduced benefit provided he/she had then attained his/her 55th birthday and has completed at least ten years of credited service.

Note 1 – DESCRIPTION OF THE PLAN (Continued)

Normal Retirement Benefit

The monthly retirement benefit payable at the normal retirement date is equal to the sum of:

Monthly Benefit per Year of Credited Service During Each Period Below	Production and Maintenance Unit Monthly Benefit	Professional, Technical and Salaried Unit Monthly Benefit
Prior to 1/1/80	$10.50	$12.40
1/1/80 to 12/31/80	9.50	10.90
1/1/81 to 9/21/84	10.50	11.90
9/22/84 to 9/21/85	11.00	11.90
9/22/85 to 9/21/88	14.00	14.90
9/22/88 to 9/21/91	15.50	17.15
9/22/91 to 12/31/00	19.00	17.65

No further benefits accrue after December 31, 2000.

Death Benefits

Generally, a participant's beneficiary is entitled to a lump-sum cash benefit with credited interest equal to $75.00 for each year of credited service completed after January 1, 1954 and prior to date of death. In addition, upon death of a vested married participant, the surviving spouse will usually receive 50 percent of the monthly benefit the participant would have received or was receiving payable under the 50 percent contingent annuitant opinion.

Funding Policy

Employer contributions to the Plan are determined actuarially, using the entry age normal actuarial cost method, based on a valuation made at the beginning of each plan year. Employer contributions amounted to $160,000 and $65,521 for the years ended December 31, 2010 and 2009, respectively. The Company's contributions for 2010 and 2009 met the minimum funding requirements of ERISA.

Vesting

Vesting is based upon years of continuous service. A participant is fully vested after five years of credited service.

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from these estimates.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Insurance carrier fees such as asset fees, participant fees for processing benefit payments and multi-account fees are paid by the Plan. All other administrative costs are paid by the Employer.

Reclassifications

Certain amounts from prior year financial statements have been reclassified to conform to the current year presentation.

Note 3 – 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 the employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by independent consulting actuaries at Arnold S. Ross & Associates Ltd. 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.

Accumulated plan benefits and changes in accumulated plan benefits as of and for the years ended January 1, 2011 and 2010 are as follows:

	January 1,	
	2011	2010
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 1,660,990	$ 1,791,404
Other participants	143,798	133,076
	$ 1,804,788	$ 1,924,480
Actuarial present value of accumulated plan benefits at beginning of year	$ 1,924,480	$ 2,021,096
Increase (decrease) during the year attributable to:		
Increase for interest due to the decrease in the discount period	125,408	131,808
Benefits paid	(245,413)	(255,010)
Actuarial (gain) loss	(26,642)	26,586
Change in actuarial assumptions	26,955	-
Net decrease during the year	(119,692)	(96,616)
Actuarial present value of accumulated plan benefits at end of year	$ 1,804,788	$ 1,924,480

Note 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in the valuation were:

Investment Return:

Segment Rates	
Years	Percentage
0 – 5	4.60%
5 – 20	6.65%
20+	6.76%

Mortality Basis: The 2000 Retired Pensioners Mortality Table Projected to 2010

Normal Retirement: Age 65

Actuarial cost method: Unit Credit

The significant assumptions related to the Company's retirement plan are as follows:

Weighted-average assumptions:

Discount rate	5.25%
Expected return on plan assets	7.00%
Rate of compensation increase	N/A

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

Note 4 – FAIR VALUE MEASUREMENTS

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Note 4 – FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

- *Pooled separate accounts:* Valued at estimated fair value as provided by First Allmerica Financial Life Insurance Company and Charles Schwab Institutional.

- *Money market funds and mutual funds:* Valued at the net asset value (NAV) of shares held by the Plan at year end.

- *Government securities, mortgage-backed securities and corporate bonds:* Valued at the closing price reported on the active market on which the individual securities are traded.

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

Note 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Pooled separate investment accounts	$ 14,978	$ -	$ -	$ 14,978
Cash and money market funds	82,947	-	-	82,947
Corporate bonds	166,368	-	-	166,368
Mutual funds	1,442,433	-	-	1,442,433
	$ 1,706,726	$ -	$ -	$ 1,706,726

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Pooled separate investment accounts	$ 71,074	$ -	$ -	$ 71,074
Cash and money market funds	6,239	-	-	6,239
Corporate bonds	236,461	-	-	236,461
Mutual funds	1,297,321	-	-	1,297,321
Government obligations	34,689	-	-	34,689
	$ 1,645,784	$ -	$ -	$ 1,645,784

At December 31, 2010, the plan assets were invested in a portfolio consisting of mutual funds (83%), corporate bonds (10%) and cash and money market funds (7%).

Note 5 – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. First Allmerica and Charles Schwab, the custodians of the Plan, has certified to the completeness and accuracy of all investments and related activity in the accompanying financial statements and supplemental schedule as of and for the years ended December 31, 2010 and 2009.

Note 6 – INVESTMENTS

Investments representing greater than 5% of the Plan's net assets available for benefits at December 31, 2010 and 2009, are as follows:

Charles Schwab	2010	2009
Fairholme Fund	$ 148,575	$ 96,257
Fidelity Adv Floating Rate High Income	89,639	83,146
Manning & Napier Equity Series	143,338	104,738
Pimco Total Return Fund	-	102,055
Templeton Global Bond Fund Adv Class	87,100	-
Victory Diversified	-	91,517
Wasatch 1st Source Income Equity Fund	115,200	151,279
Westcore Select Fund Retail	93,652	-

During the years ended December 31, 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $96,899 and $234,178, respectively. Interest and dividends for the years ended December 31, 2010 and 2009 were $56,191 and $46,657, respectively.

Note 7 – PLAN TERMINATION

Although the Plan Sponsor has not expressed an intention to terminate the Plan, it may do so at any time. Under provisions of ERISA, if the Plan is terminated, the Plan Sponsor may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation ("PBGC").

In the event the Plan terminates, the right of all participants in the Plan to benefits accrued to the date of termination, to the extent such benefits have been funded, shall be non-forfeitable. Funds will be allocated to fund the benefits of members, former members and beneficiaries according to the procedures established by the Internal Revenue Service and the PBGC. Generally, the PBGC guarantees the payment of most vested normal retirement benefits, early retirement benefits and certain disability and survivor's benefits, subject to a ceiling amount. Such ceiling applies to benefits payable in the form of a single-life annuity commencing at age 65 or later. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Note 7 – PLAN TERMINATION (Continued)

Should the Plan terminate at some future time, all participants will receive their benefits based on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits and may also depend on the level of the benefits guaranteed by the PBGC. Participants should consult the plan document or Retirement Plan Committee for more complete information relating to guarantees of benefits.

Note 8 – TAX DETERMINATION STATUS

In accordance with a letter from the Internal Revenue Service ("IRS") dated June 6, 1998, the Plan is exempt from Federal income taxes under the applicable sections of the Internal Revenue Code ("IRC"). The Plan was restated effective January 1, 2001 and the IRS issued a new determination letter dated October 1, 2002. The Plan's trustees believe the Plan is designed and is currently being operated in compliance with the applicable provision of the IRC. The following is the major tax jurisdiction for the Plan and the earliest tax year subject to examination: United States 2007.

Note 9 – RISKS AND UNCERTAINTIES

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

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

Note 10 – RELATED PARTY TRANSACTIONS

Certain investments are with Allmerica Financial and Charles Schwab Institutional, the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Administrative fees paid by the Plan for investment management services, processing benefit transactions and record keeping services amounted to $7,734 and $7,843 for the years ended December 31, 2010 and 2009, respectively.

Note 11 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 31, 2011, the date the financial statements were available to be issued, and determined that no disclosure is required.

SUPPLEMENTAL SCHEDULE

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN

Form 5500, Schedule H Part IV Line 4(i)
Schedule of Assets Held for Investment Purposes at Year End
December 31, 2010
(Plan Number 002)
(EIN 13-3799937)

(a)*	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Money Market Funds		
*	First Allmerica Financial Life Insurance Company	Money Market Fund		
	Van VIF Money Market	2,673.391881 Units	$ 14,521	$ 14,521
	Van Total Bond Market Index	26.100461 Units	457	457
*	Charles Schwab Institutional	Money Market Funds (Sweep)		
	Schwab U.S. Treasury Money Fund	51,660.0900 Units	51,660	51,660
	Cash		31,287	31,287
				$ 97,925
		Mutual Funds		
*	Charles Schwab Institutional			
	Dreyfus Inflation Adjusted Sec Inv	1,951.4150 Units	$ 23,962	$ 25,076
	Driehaus Active Income Fund	4,681.6450 Units	51,169	51,732
	Eaton Vance Global Macro Absolute Rtrn I	4,838.5250 Units	50,037	49,692
	Fidelity Adv Floating Rate High Income	9,156.1880 Units	81,133	89,639
	Ridgeworth Seix Float Rate High Income I	4,338.9050 Units	38,429	38,833
	Templeton Global Bond Fund Adv Class	6,423.3260 Units	79,453	87,100
	Wells Fargo Advantage ST High Yld Bd Inv	5,699.0280 Units	46,737	47,074
	Blackrock Global Allocation Instl Class	2,204.9710 Units	40,009	42,997
	Fairholme Fund	4,175.7980 Units	134,231	148,575
	FMI Large Cap Fund	4,707.6830 Units	64,641	73,487
	Harding Loevner Emerging Markets	825.5600 Units	22,644	42,764
	Ivy Asset Strategy Fund Class Y	1,754.0810 Units	40,086	42,887
	Manning & Napier Equity Series	7,438.3900 Units	108,102	143,338
	Matthews Asia Dividend Fund	2,946.6350 Units	41,834	42,225

See accompanying independent auditors' report.

WARD LEONARD ELECTRIC COMPANY, INC.
UNION EMPLOYEES' PENSION PLAN

Form 5500, Schedule H Part IV Line 4(i)
Schedule of Assets Held for Investment Purposes at Year End
December 31, 2010
(Plan Number 002)
(EIN 13-3799937)

(a)*	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Matthews Asian Growth & Income Fund	2,633.1780 Units	38,953	47,503
	Perkins Mid Cap Value Fund Class T	2,127.4900 Units	$ 40,947	$ 48,017
	Pimco All Asset All Authority Class Instl	4,140.9750 Units	43,000	43,770
	Steelpath Mlp Income Fund Inst	3,929.9440 Units	40,864	43,229
	T Rowe Price Capital Appreciation Fund	2,484.9630 Units	48,559	50,470
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	Westcore Select Fund Retail	4,444.7900 Units	86,030	93,652
				$ 1,442,433
		Corporate Bonds		
*	Charles Schwab Institutional			
		30,000 Coca Cola Enterprises Notes Mat. 3/3/14, rate 7.375%	$ 30,570	$ 34,901
		30,000 Deere & Co., Sr. Notes Mat. 4/25/14, rate 6.95%	30,553	34,827
		30,000 IBM Notes Mat. 10/15/13, rate 6.5%	31,032	34,150
		30,000 Oracle Corp Notes Mat. 1/15/11 , rate 5%	29,787	30,041
		30,000 Philip Morris Notes Mat. 5/16/13, rate 4.875%	28,338	32,449
				$ 166,368

*Party-in-interest as defined by ERISA

See accompanying independent auditors' report.