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 11/01/2010 and ending 04/30/2011

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;
- [X] the final return/report;
- [X] an amended return/report;
- [X] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [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
EUROTHERM TARGET BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 022

1c Effective date of plan 11/01/1978

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

C/O INVENSYS, INC

33 COMMERCIAL STREET B51-2C
FOXBORO, MA 02035

2b Employer Identification Number (EIN) 04-3387605

2c Sponsor's telephone number 508-549-6909

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/06/2012	ALLYN JEROME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/06/2012	ALLYN JEROME
	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")

ADMINISTRATIVE COMMITTEE
C/O INVENSYS, INC.
33 COMMERCIAL STREET B51-2C
FOXBORO, MA 02035

3b Administrator's EIN: 04-3387605

3c Administrator's telephone number: 508-549-6909

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: EUROTHERM, INC.

4b EIN: 54-1063099

4c PN: 001

5	Total number of participants at the beginning of the plan year	**5**	162
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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:

2B 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)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)		**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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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 11/01/2010 and ending 04/30/2011

A Name of plan
EUROTHERM TARGET BENEFIT PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500
INVENSYS, INC.

D Employer Identification Number (EIN)
04-3387605

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).. . . . . [X] 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

MELLON BANK, NA

25-6078093

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

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

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

(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 ☐

(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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 04/30/2011

A Name of plan
EUROTHERM TARGET BENEFIT PLAN

B Three-digit plan number (PN) ▶ 022

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

D Employer Identification Number (EIN)
04-3387605

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: EB GOVT/CREDIT BOND INDEX FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-057	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV ENHANCED LARGE CAP CORE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV ENHANCED MID CAP CORE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-207	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB NCML EAFE PLUS FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-108	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DO LARGE CAP CORE FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

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)
25-6078093-263	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON CO US LARGE CAP 130/30 FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
26-0837106-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON CO US SMALL CAP VALUE EQUITY

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
04-3203152-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB INTERMEDIATE BOND FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

c EIN-PN 25-6078093-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): MELLON BANK, NA

c EIN-PN 25-6078093-023	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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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 11/01/2010 and ending 04/30/2011

A Name of plan
EUROTHERM TARGET BENEFIT PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500
INVENSYS, INC.

D Employer Identification Number (EIN)
04-3387605

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	632337	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6021056	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	6653408	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6653408	0

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	185	
	(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)		185
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		627053
	(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		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		627238
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	565875	
	(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)		565875
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		565875
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		61363
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		6714771

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BOIVAN & ASSOC., CPAS, PLLC (2) EIN: 27-1516157

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		10000000
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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

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)
INVENSYS 401(K) PLAN	04-3387605	020

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 11/01/2010 and ending 04/30/2011

A Name of plan
EUROTHERM TARGET BENEFIT PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500
INVENSYS, INC.

D Employer Identification Number (EIN)
04-3387605

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): 27-1709965

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** 14

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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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):

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Eurotherm Target Benefit Plan

Period From November 1, 2010 to April 30, 2011 and

Year Ended October 31, 2010

Eurotherm Target Benefit Plan

Financial Statements and Supplemental Schedule

Period From November 1, 2010 to April 30, 2011 and
Year Ended October 31, 2010

Table of Contents

Report of Independent Auditors 1

Financial Statements

Statements of Net Assets Available for Benefits 2
Statements of Changes in Net Assets Available for Benefits 3
Notes to Financial Statements 4

Supplemental Schedule

Schedule H, Line 4j – Schedule of Reportable Transactions 11

ROBIN L. BOIVIN, CPA, MST

BOIVIN & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

STEVEN R. BOIVIN, CPA

Report of Independent Auditors

The Administrative Committee and Participants
Eurotherm Target Benefit Plan

We were engaged to audit the financial statements of the Eurotherm Target Benefit Plan as of April 30, 2011 and October 31, 2010, and for the period November 1, 2010 to April 30, 2011 and the year ended October 31, 2010 and the supplemental schedule for the period November 1, 2010 to April 30, 2011, as listed in the table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of April 30, 2011 and for the period November 1, 2010 to April 30, 2011 and as of and for the year ended October 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Boivin & Associates, CPAs, PLLC

Boivin & Associates, CPAs, PLLC

Merrimack, New Hampshire

November 15, 2011

395 DANIEL WEBSTER HIGHWAY, UNIT 6 MERRIMACK, NH 03054 (603) 424-0705 WWW.BOIVINCPA.COM

Eurotherm Target Benefit Plan

Statements of Net Assets Available for Benefits

	April 30 2011	October 31 2010
Assets		
Investments:		
Common/collective trust funds	$ –	$ 6,021,056
Receivables		
Employer contributions receivable	–	632,337
Interest	–	15
	–	632,352
Net assets available for benefits	$ –	$ 6,653,408

See accompanying notes.

Eurotherm Target Benefit Plan

Statements of Changes in Net Assets Available for Benefits

	Period from November 1 2010 to April 30 2011	Year Ended October 31 2010
Additions		
Employer contributions	**$ –**	$ 632,337
Net appreciation in fair value of common/collective trust funds	**627,053**	741,829
Interest income	**185**	189
Total additions	**627,238**	1,374,355
Deductions		
Benefit payments directly to participants	**565,875**	168,533
Transfer to Invensys 401(k) Plan	**6,714,771**	–
Total deductions	**7,280,646**	168,533
Net increase (decrease)	**(6,653,408)**	1,205,822
Net assets available for benefits at beginning of period	**6,653,408**	5,447,586
Net assets available for benefits at end of period	**$ -0-**	$ 6,653,408

See accompanying notes.

Eurotherm Target Benefit Plan

Notes to Financial Statements

April 30, 2011

1. Plan Description

The following description of the Eurotherm Target Benefit Plan (Plan) provides only general information. Participants should refer to the Plan agreement, as amended and restated, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally established November 1, 1978, covering all employees of Eurotherm Inc. (Corporation) who have completed one year of service and are age 21 years or older. Effective March 31, 2011, the plan sponsor was changed from the Corporation to Invensys Inc. (Invensys). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective November 1, 2009, benefits under the Plan were frozen. As a result, no participant accrues any additional benefits, and no service or period of employment after that date counts as credited service. No new participants are eligible to participate in the Plan after November 1, 2009.

The Plan has appointed The Bank of New York Mellon/BNY Mellon, N.A. (Mellon) to act as trustee of the Plan. The Plan's assets are held in the custody of Mellon. Mercer Human Resources Consulting serves as the plan recordkeeper and actuary.

Certain administrative functions are performed by officers or employees of the Corporation. No such officer or employee receives compensation from the Plan. Administrative expenses are paid by the Plan or directly by the Corporation.

Effective May 1, 2011, the plan sponsor agreed to merge the Plan with the Invensys 401(k) Plan, such merger to be effected in compliance with Section 414(1) of the Internal Revenue Code of 1986, as amended. The Plan was merged effective May 1, 2011.

Employer Contributions

The contribution of the Corporation is determined on November 1, for the plan year ending the following October 31, and is funded annually. The annual contribution of the Corporation is actuarially determined on the basis of the target benefit for all of its participating employees. The required minimum funding has been contributed to the Plan. The target is based on 2.25% of a participant's career average compensation (1.46% plus 0.5% of participant's primary Social Security covered compensation prior to November 1, 1994), multiplied by the total number of years of credited service up to a

1. Plan Description (continued)

Employer Contributions (continued)

maximum of 40 years (35 years prior to November 1, 1994). Employees are not permitted to make contributions under the Plan. No contributions were made for the period November 1, 2010 to April 30, 2011.

The annual contribution to the Plan is independently calculated using actuarial assumptions of a 7.5% annual interest rate and the 1984 Unisex Mortality Table.

Vesting

Vesting for the Plan is determined as follows, with the exception of participants who attain the age of 65 or participants who have become permanently disabled, in which case the participant is 100% vested. The following table is for a participant credited with at least one hour of service on or after January 1, 2007.

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

For those participants who do not earn an hour of service on or after January 1, 2007, the following schedule shall apply.

Years of Service	Vested Percentage
Less than 3	0%
3	40%
4	60%
5	80%
6 or more	100%

1. Plan Description (continued)

Participant Accounts

Each participating employee has a separate account that is credited with the participant's share of each annual contribution plus or minus earnings or losses on the investments. The allocation of earnings or losses of the investments held in the Plan is based on the proportion of a participants' account balance at each November 1, to the total of all account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Forfeitures of terminated participant's nonvested account balances are used to reduce the Corporation's future contributions. At April 30, 2011 and October 31, 2010, forfeited nonvested accounts totaled $-0- and $-0-, respectively. These amounts will be used to reduce future Corporation contributions. During the period from November 1, 2010 to April 30, 2011 and the year ended October 31, 2010, Corporation contributions were reduced by $-0- and $28,111, respectively, from forfeited nonvested accounts.

Distributions

Upon retirement, early retirement, or termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or an annuity.

2. Summary of Accounting Policies

Basis of Accounting

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

Investment Valuation

Investments are stated at fair value as reported by the trustee. Fair value is defined as 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 (an exit price). Common/collective trust funds are investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

2. Summary of Accounting Policies (continued)

Investment Valuation (continued)

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

The valuation 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 plan management believes the 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.

Use of Estimates

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

3. Investments

All investment information disclosed in the accompanying financial statements and schedule, including investments held at April 30, 2011 and October 31, 2010, and net appreciation in fair value of common/collective trust funds and interest for the period November 1, 2010 to April 30, 2011 and for the year ended October 31, 2010, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee.

3. Investments (continued)

Individual investments that represent 5% or more of the fair value of assets available for benefits as of April 30, 2011 and October 31, 2010 are as follows:

	April 30 2011	October 31 2010
EB Active 1-5 Year Government/Credit Fund of The Bank of New York Mellon	$ –	$ 2,186,688
EB DV Enhanced Large Cap Core Fund of The Bank of New York Mellon	–	1,094,538
EB DV Enhanced Mid Cap Core Fund of The Bank of New York Mellon	–	554,241
EB NCML EAFE Plus Fund of The Bank of New York Mellon	–	552,116
EB DO Large Cap Core Fund of The Bank of New York Mellon	–	537,669
The Boston Company, Inc. Pooled Employee Funds US Large Capitalization Core 130/30 Equity Fund of The Bank of New York Mellon	–	533,306
The Boston Company, Inc. Pooled Employee Funds US Small Capitalization Opportunistic Value Equity Fund of The Bank of New York Mellon	–	356,160

4. Fair Value Measurements

ASC Topic 820, "Fair Value Measurements" (ASC Topic 820) defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

4. Fair Value Measurements (continued)

The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Inputs are quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

There have been no changes in the valuation methodologies (Note 2) used at October 31, 2010.

The following table sets forth by level within the fair value hierarchy the Plan's investment assets and liabilities, if any, as of April 30, 2011 and October 31, 2010.

	Level 2	
	2011	**2010**
Common/collective trust funds:		
Domestic equity investments	**$** –	$ 3,075,914
Fixed income investments	–	2,358,689
International investments	–	552,116
Short-term investments	–	34,337
	$ –	$ 6,021,056

5. Risks and Uncertainties

The Plan provides for various investment options in any combination of domestic equity securities, mutual funds, cash management and corporate obligation investments. Such investments are exposed to various risks, such as interest-rate, market and credit risks. Due to the level of risk associated with certain investments securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks and the value of investments may 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 benefits.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated August 9, 2011, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

Accounting standards require recording uncertain income tax positions that exist in the Plan's financial statements. Plan management has determined there are no uncertain tax positions and believes there is no adjustment or disclosure required in the Plan's financial statements.

7. Parties-In-Interest

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the trustee are considered party-in-interest transactions.

8. Subsequent Events

The Plan has evaluated subsequent events through November 15, 2011, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued. During this period, there have been no material events that would require recognition in the financial statements or disclosures to the financial statements.

Supplemental Schedule

Eurotherm Target Benefit Plan

EIN: 04-3387605 / Plan No. 022

Schedule H, Line 4j - Schedule of Reportable Transactions

Period from November 1, 2010 to April 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i)—Individual security transactions in excess of 5% of plan assets								
The Bank of New York /Mellon	The Boston Company, Inc. Pooled Employee Funds US Small Capitalization Opportunistic Value Equity Fund of The Bank of New York Mellon		$ 398,635			$ 305,692	$ 398,635	$ 92,943
	EB DV Enhanced Large Cap Core Fund of The Bank of New York Mellon		1,166,450			984,682	1,166,450	181,768
	EB DO Large Cap Core Fund of The Bank of New York Mellon		577,408			443,043	577,408	134,365
	EB Active 1-5 Year Government/Credit Fund of The Bank of New York Mellon		2,772,824			2,563,337	2,772,824	209,487
	EB Temporary Investment Fund of The Bank of New York Mellon	$ 2,772,824				2,772,824	2,772,824	
	EB Temporary Investment Fund of The Bank of New York Mellon		2,773,005			2,773,005	2,773,005	-
	BSDT-Late Money Deposit Account	632,337				632,337	632,337	
	BSDT-Late Money Deposit Account		632,337			632,337	632,337	-
	BSDT-Late Money Deposit Account	632,337				632,337	632,337	
	The Boston Company, Inc. Pooled Employee Funds US Large Capitalization Core 130/30 Equity Fund of The Bank of New York Mellon		575,232			471,262	575,232	103,970
	EB DV Enhanced Mid Cap Core Fund of The Bank of New York Mellon		605,953			342,404	605,953	263,549
	EB NCML EAFE Plus Fund of The Bank of New York Mellon		617,995			536,132	617,995	81,863
Category (iii)—A series of securities transactions in excess of 5% of plan assets								
The Bank of New York /Mellon	BSDT-Late Money Deposit Account	632,337				632,337	632,337	
	BSDT-Late Money Deposit Account		637,337			637,337	637,337	-

Eurotherm Target Benefit Plan

EIN: 04-3387605 / Plan No. 022

Schedule H, Line 4j - Schedule of Reportable Transactions (continued)

Period from November 1, 2010 to April 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii)—A series of securities transactions in excess of 5% of plan assets (continued)								
The Bank of New York /Mellon	EB Temporary Investment Fund of The Bank of New York Mellon	$ 3,944,947				$ 3,944,947	$ 3,944,947	
	EB Temporary Investment Fund of The Bank of New York Mellon		$ 3,979,284			3,979,284	3,979,284	$ -
	EB DV Enhanced Large Cap Core Fund of The Bank of New York Mellon	97,812				97,812	97,812	
	EB DV Enhanced Large Cap Core Fund of The Bank of New York Mellon		1,377,350			1,171,045	1,377,350	206,305
	EB Active 1-5 Year Government/Credit Fund of The Bank of New York Mellon	604,625				604,625	604,625	
	EB Active 1-5 Year Government/Credit Fund of The Bank of New York Mellon		2,772,824			2,563,337	2,772,824	209,487
	EB DO Large Cap Core Fund of The Bank of New York Mellon	43,962				43,962	43,962	
	EB DO Large Cap Core Fund of The Bank of New York Mellon		679,508			524,624	679,508	154,884
	The Boston Company, Inc. Pooled Employee Funds US Small Capitalization Opportunistic Value Equity Fund of The Bank of New York Mellon	27,484				27,484	27,484	-
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	EB NCML EAFE Plus Fund of The Bank of New York Mellon	52,733				52,733	52,733	
	EB NCML EAFE Plus Fund of The Bank of New York Mellon		673,895			586,850	673,895	87,045
	The Boston Company, Inc. Pooled Employee Funds US Large Capitalization Core 130/30 Equity Fund of The Bank of New York Mellon	42,018				42,018	42,018	
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Eurotherm Target Benefit Plan

EIN: 04-3387605 / Plan No. 022

Schedule H, Line 4j - Schedule of Reportable Transactions (continued)

Period from November 1, 2010 to April 30, 2011

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Category (iii)—A series of securities transactions in excess of 5% of plan assets (continued)								
The Bank of New York /Mellon	EB DV Enhanced Mid Cap Core Fund of The Bank of New York Mellon	$ 49,481				$ 49,481	$ 49,481	
	EB DV Enhanced Mid Cap Core Fund of The Bank of New York Mellon		729,853			415,320	729,853	$ 314,533

There were no category (ii) or (iv) reportable transactions for the period ended April 30, 2011.

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Eurotherm Target Benefit Plan

Period From November 1, 2010 to April 30, 2011 and

Year Ended October 31, 2010

Eurotherm Target Benefit Plan

Financial Statements and Supplemental Schedule

Period From November 1, 2010 to April 30, 2011 and
Year Ended October 31, 2010

Table of Contents

Report of Independent Auditors 1

Financial Statements

Statements of Net Assets Available for Benefits 2
Statements of Changes in Net Assets Available for Benefits 3
Notes to Financial Statements 4

Supplemental Schedule

Schedule H, Line 4j – Schedule of Reportable Transactions 11

ROBIN L. BOIVIN, CPA, MST

BOIVIN & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

STEVEN R. BOIVIN, CPA

Report of Independent Auditors

The Administrative Committee and Participants
Eurotherm Target Benefit Plan

We were engaged to audit the financial statements of the Eurotherm Target Benefit Plan as of April 30, 2011 and October 31, 2010, and for the period November 1, 2010 to April 30, 2011 and the year ended October 31, 2010 and the supplemental schedule for the period November 1, 2010 to April 30, 2011, as listed in the table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of April 30, 2011 and for the period November 1, 2010 to April 30, 2011 and as of and for the year ended October 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Boivin & Associates, CPAs, PLLC

Boivin & Associates, CPAs, PLLC

Merrimack, New Hampshire

November 15, 2011

395 DANIEL WEBSTER HIGHWAY, UNIT 6 MERRIMACK, NH 03054 (603) 424-0705 WWW.BOIVINCPA.COM

Eurotherm Target Benefit Plan

Statements of Net Assets Available for Benefits

	April 30 2011	October 31 2010
Assets		
Investments:		
Common/collective trust funds	$ –	$ 6,021,056
Receivables		
Employer contributions receivable	–	632,337
Interest	–	15
	–	632,352
Net assets available for benefits	$ –	$ 6,653,408

See accompanying notes.

Eurotherm Target Benefit Plan

Statements of Changes in Net Assets Available for Benefits

	Period from November 1 2010 to April 30 2011	Year Ended October 31 2010
Additions		
Employer contributions	**$ –**	$ 632,337
Net appreciation in fair value of common/collective trust funds	**627,053**	741,829
Interest income	**185**	189
Total additions	**627,238**	1,374,355
Deductions		
Benefit payments directly to participants	**565,875**	168,533
Transfer to Invensys 401(k) Plan	**6,714,771**	–
Total deductions	**7,280,646**	168,533
Net increase (decrease)	**(6,653,408)**	1,205,822
Net assets available for benefits at beginning of period	**6,653,408**	5,447,586
Net assets available for benefits at end of period	**$ -0-**	$ 6,653,408

See accompanying notes.

Eurotherm Target Benefit Plan

Notes to Financial Statements

April 30, 2011

1. Plan Description

The following description of the Eurotherm Target Benefit Plan (Plan) provides only general information. Participants should refer to the Plan agreement, as amended and restated, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally established November 1, 1978, covering all employees of Eurotherm Inc. (Corporation) who have completed one year of service and are age 21 years or older. Effective March 31, 2011, the plan sponsor was changed from the Corporation to Invensys Inc. (Invensys). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective November 1, 2009, benefits under the Plan were frozen. As a result, no participant accrues any additional benefits, and no service or period of employment after that date counts as credited service. No new participants are eligible to participate in the Plan after November 1, 2009.

The Plan has appointed The Bank of New York Mellon/BNY Mellon, N.A. (Mellon) to act as trustee of the Plan. The Plan's assets are held in the custody of Mellon. Mercer Human Resources Consulting serves as the plan recordkeeper and actuary.

Certain administrative functions are performed by officers or employees of the Corporation. No such officer or employee receives compensation from the Plan. Administrative expenses are paid by the Plan or directly by the Corporation.

Effective May 1, 2011, the plan sponsor agreed to merge the Plan with the Invensys 401(k) Plan, such merger to be effected in compliance with Section 414(1) of the Internal Revenue Code of 1986, as amended. The Plan was merged effective May 1, 2011.

Employer Contributions

The contribution of the Corporation is determined on November 1, for the plan year ending the following October 31, and is funded annually. The annual contribution of the Corporation is actuarially determined on the basis of the target benefit for all of its participating employees. The required minimum funding has been contributed to the Plan. The target is based on 2.25% of a participant's career average compensation (1.46% plus 0.5% of participant's primary Social Security covered compensation prior to November 1, 1994), multiplied by the total number of years of credited service up to a

1. Plan Description (continued)

Employer Contributions (continued)

maximum of 40 years (35 years prior to November 1, 1994). Employees are not permitted to make contributions under the Plan. No contributions were made for the period November 1, 2010 to April 30, 2011.

The annual contribution to the Plan is independently calculated using actuarial assumptions of a 7.5% annual interest rate and the 1984 Unisex Mortality Table.

Vesting

Vesting for the Plan is determined as follows, with the exception of participants who attain the age of 65 or participants who have become permanently disabled, in which case the participant is 100% vested. The following table is for a participant credited with at least one hour of service on or after January 1, 2007.

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

For those participants who do not earn an hour of service on or after January 1, 2007, the following schedule shall apply.

Years of Service	Vested Percentage
Less than 3	0%
3	40%
4	60%
5	80%
6 or more	100%

1. Plan Description (continued)

Participant Accounts

Each participating employee has a separate account that is credited with the participant's share of each annual contribution plus or minus earnings or losses on the investments. The allocation of earnings or losses of the investments held in the Plan is based on the proportion of a participants' account balance at each November 1, to the total of all account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Forfeitures of terminated participant's nonvested account balances are used to reduce the Corporation's future contributions. At April 30, 2011 and October 31, 2010, forfeited nonvested accounts totaled $-0- and $-0-, respectively. These amounts will be used to reduce future Corporation contributions. During the period from November 1, 2010 to April 30, 2011 and the year ended October 31, 2010, Corporation contributions were reduced by $-0- and $28,111, respectively, from forfeited nonvested accounts.

Distributions

Upon retirement, early retirement, or termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or an annuity.

2. Summary of Accounting Policies

Basis of Accounting

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

Investment Valuation

Investments are stated at fair value as reported by the trustee. Fair value is defined as 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 (an exit price). Common/collective trust funds are investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

2. Summary of Accounting Policies (continued)

Investment Valuation (continued)

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

The valuation 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 plan management believes the 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.

Use of Estimates

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

3. Investments

All investment information disclosed in the accompanying financial statements and schedule, including investments held at April 30, 2011 and October 31, 2010, and net appreciation in fair value of common/collective trust funds and interest for the period November 1, 2010 to April 30, 2011 and for the year ended October 31, 2010, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee.

3. Investments (continued)

Individual investments that represent 5% or more of the fair value of assets available for benefits as of April 30, 2011 and October 31, 2010 are as follows:

	April 30 2011	October 31 2010
EB Active 1-5 Year Government/Credit Fund of The Bank of New York Mellon	$ –	$ 2,186,688
EB DV Enhanced Large Cap Core Fund of The Bank of New York Mellon	–	1,094,538
EB DV Enhanced Mid Cap Core Fund of The Bank of New York Mellon	–	554,241
EB NCML EAFE Plus Fund of The Bank of New York Mellon	–	552,116
EB DO Large Cap Core Fund of The Bank of New York Mellon	–	537,669
The Boston Company, Inc. Pooled Employee Funds US Large Capitalization Core 130/30 Equity Fund of The Bank of New York Mellon	–	533,306
The Boston Company, Inc. Pooled Employee Funds US Small Capitalization Opportunistic Value Equity Fund of The Bank of New York Mellon	–	356,160

4. Fair Value Measurements

ASC Topic 820, "Fair Value Measurements" (ASC Topic 820) defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

4. Fair Value Measurements (continued)

The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Inputs are quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

There have been no changes in the valuation methodologies (Note 2) used at October 31, 2010.

The following table sets forth by level within the fair value hierarchy the Plan's investment assets and liabilities, if any, as of April 30, 2011 and October 31, 2010.

	Level 2	
	2011	**2010**
Common/collective trust funds:		
Domestic equity investments	**$** –	$ 3,075,914
Fixed income investments	–	2,358,689
International investments	–	552,116
Short-term investments	–	34,337
	$ –	$ 6,021,056

5. Risks and Uncertainties

The Plan provides for various investment options in any combination of domestic equity securities, mutual funds, cash management and corporate obligation investments. Such investments are exposed to various risks, such as interest-rate, market and credit risks. Due to the level of risk associated with certain investments securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks and the value of investments may 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 benefits.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated August 9, 2011, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

Accounting standards require recording uncertain income tax positions that exist in the Plan's financial statements. Plan management has determined there are no uncertain tax positions and believes there is no adjustment or disclosure required in the Plan's financial statements.

7. Parties-In-Interest

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the trustee are considered party-in-interest transactions.

8. Subsequent Events

The Plan has evaluated subsequent events through November 15, 2011, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued. During this period, there have been no material events that would require recognition in the financial statements or disclosures to the financial statements.

Supplemental Schedule

Eurotherm Target Benefit Plan

EIN: 04-3387605 / Plan No. 022

Schedule H, Line 4j - Schedule of Reportable Transactions

Period from November 1, 2010 to April 30, 2011

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	EB DV Enhanced Large Cap Core Fund of The Bank of New York Mellon		1,166,450			984,682	1,166,450	181,768
	EB DO Large Cap Core Fund of The Bank of New York Mellon		577,408			443,043	577,408	134,365
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Schedule H, Line 4j - Schedule of Reportable Transactions (continued)

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Eurotherm Target Benefit Plan

EIN: 04-3387605 / Plan No. 022

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	EB DV Enhanced Mid Cap Core Fund of The Bank of New York Mellon		605,953			342,404	605,953	263,549
	EB NCML EAFE Plus Fund of The Bank of New York Mellon		617,995			536,132	617,995	81,863
Category (iii)—A series of securities transactions in excess of 5% of plan assets								
The Bank of New York /Mellon	BSDT-Late Money Deposit Account	632,337				632,337	632,337	
	BSDT-Late Money Deposit Account		637,337			637,337	637,337	-

Eurotherm Target Benefit Plan

EIN: 04-3387605 / Plan No. 022

Schedule H, Line 4j - Schedule of Reportable Transactions (continued)

Period from November 1, 2010 to April 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii)—A series of securities transactions in excess of 5% of plan assets (continued)								
The Bank of New York /Mellon	EB Temporary Investment Fund of The Bank of New York Mellon	$ 3,944,947				$ 3,944,947	$ 3,944,947	
	EB Temporary Investment Fund of The Bank of New York Mellon		$ 3,979,284			3,979,284	3,979,284	$ -
	EB DV Enhanced Large Cap Core Fund of The Bank of New York Mellon	97,812				97,812	97,812	
	EB DV Enhanced Large Cap Core Fund of The Bank of New York Mellon		1,377,350			1,171,045	1,377,350	206,305
	EB Active 1-5 Year Government/Credit Fund of The Bank of New York Mellon	604,625				604,625	604,625	
	EB Active 1-5 Year Government/Credit Fund of The Bank of New York Mellon		2,772,824			2,563,337	2,772,824	209,487
	EB DO Large Cap Core Fund of The Bank of New York Mellon	43,962				43,962	43,962	
	EB DO Large Cap Core Fund of The Bank of New York Mellon		679,508			524,624	679,508	154,884
	The Boston Company, Inc. Pooled Employee Funds US Small Capitalization Opportunistic Value Equity Fund of The Bank of New York Mellon	27,484				27,484	27,484	-
	The Boston Company, Inc. Pooled Employee Funds US Small Capitalization Opportunistic Value Equity Fund of The Bank of New York Mellon		469,835			362,968	469,835	106,867
	EB NCML EAFE Plus Fund of The Bank of New York Mellon	52,733				52,733	52,733	
	EB NCML EAFE Plus Fund of The Bank of New York Mellon		673,895			586,850	673,895	87,045
	The Boston Company, Inc. Pooled Employee Funds US Large Capitalization Core 130/30 Equity Fund of The Bank of New York Mellon	42,018				42,018	42,018	
	The Boston Company, Inc. Pooled Employee Funds US Large Capitalization Core 130/30 Equity Fund of The Bank of New York Mellon		660,532			543,711	660,532	116,821

Eurotherm Target Benefit Plan

EIN: 04-3387605 / Plan No. 022

Schedule H, Line 4j - Schedule of Reportable Transactions (continued)

Period from November 1, 2010 to April 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii)—A series of securities transactions in excess of 5% of plan assets (continued)								
The Bank of New York /Mellon	EB DV Enhanced Mid Cap Core Fund of The Bank of New York Mellon	$ 49,481				$ 49,481	$ 49,481	
	EB DV Enhanced Mid Cap Core Fund of The Bank of New York Mellon		729,853			415,320	729,853	$ 314,533

There were no category (ii) or (iv) reportable transactions for the period ended April 30, 2011.