# 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. . . . . ▶ [ ]

**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
ENCORE ELECTRIC, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 06/01/2003

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

2107 W COLLEGE AVE
ENGLEWOOD, CO 80110-1107

**2b** Employer Identification Number (EIN)
47-0903643

**2c** Sponsor's telephone number
303-934-1234

**2d** Business code (see instructions)
238210

**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. | 09/12/2012 | VICKI WATERS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/12/2012 | VICKI WATERS |
| | **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")
ENCORE ELECTRIC, INC.

2107 W COLLEGE AVE
ENGLEWOOD, CO 80110-1107

**3b** Administrator's EIN
47-0903643

**3c** Administrator's telephone number
303-934-1234

**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** | 429 |
| **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** | 307 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 42 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 349 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 349 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 280 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 45 |
| **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:
2E 2F 2G 2J 2K 2T

**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)** | X | 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)** | 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)** | 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
ENCORE ELECTRIC, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
47-0903643

**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
PRINCIPAL 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 | Policy or contract year (g) To |
|---|---|---|---|---|---|
| 42-0127290 | 61271 | 610650 | 349 | 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 |
|---|---|
| 23719 | 3788 |

**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
LOCKTON FINANCIAL ADVISORS LLC
C/O UMB BK PO BOX 878188
KANSAS CITY MO
KANSAS CITY, MO 00006-4187

| (b) Amount of sales and base commissions paid | Fees and other commissions paid (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
|---|---|---|---|
| 23719 | 897 | REFERRAL/SERVICE FEE | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON FINANCIAL ADVISORS LLC
C/O UMB BANK
P O BOX 878188
KANSAS CITY, MO 64187-8188

| (b) Amount of sales and base commissions paid | Fees and other commissions paid (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
|---|---|---|---|
| 0 | 2891 | PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN | 3 |

**(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 | 177396 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 6956057 |

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 ▶ FLEXIBLE INVESTMENT ANNUITY

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 152421 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 31369 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 5019 | | |
| | (4) Transferred from separate account | 7c(4) | 71 | | |
| | (5) Other (specify below) | 7c(5) | 454 | | |
| | ▶ LOAN PAYMENT | | | | |
| | (6) Total additions | | | 7c(6) | 36913 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 189334 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 8550 | | |
| | (2) Administration charge made by carrier | 7e(2) | 605 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 1877 | | |
| | ▶ LOAN WITHDRAWAL, 401(K) (M) EXCESS CONTRIBUTION | | | | |
| | (5) Total deductions | | | 7e(5) | 11032 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 178302 |

## 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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**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
ENCORE ELECTRIC, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
47-0903643

## 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

**(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (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 37 50 64 | CONTRACT ADMINISTRATOR | 24255 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(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: | **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 01/01/2010 and ending 12/31/2010

**A** Name of plan
ENCORE ELECTRIC, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
47-0903643

## 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: PRIN MONEY MARKET SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-024 | P | 299471 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL SMALLCAP SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-014 | P | 159218 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-021 | P | 376002 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-027 | P | 409244 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-005 | P | 728199 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-015 | P | 364565 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0127290-016 | P | 321676 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-043 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 397055 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL I SEPARATE ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-048 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 259094 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-028 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 343598 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-023 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 334504 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH II SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-067 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 555906 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP VALUE III SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-068 | **d** Entity code P | **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: PRIN SMALLCAP GROWTH II SA-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-071 | **d** Entity code P | **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: PRIN LIFETIME 2010 SEP ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-075 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2041 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-076 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 14554 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6 | | | |
| **b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY | | | |
| **c** EIN-PN 42-0127290-077 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 31801 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-078 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82029 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-079 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163436 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-080 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2342 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINT GRWTH STR SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-081 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 758358 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS BAL STR SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-082 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217895 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS CON STR SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-083 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196682 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LFPT EQ GROWTH STR SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-084 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 358993 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS MOD STR SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-085 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230291 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE I SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-094 | **d** Entity code P | **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: PRIN REAL ESTATE SECS SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-095 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8760 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2025 SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-111 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35768 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2035 SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-112 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71963 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2045 SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-113 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131220 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2055 SEP ACCT-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-114 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44419 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SA-R6

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **c** EIN-PN 42-0127290-115 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56973 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**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
ENCORE ELECTRIC, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
47-0903643

## 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) | 12856 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 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) | 82849 | 162454 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 5623927 | 6956057 |
| **(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) | 5767 | 711859 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 151085 | 177396 |
| **(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 | 5876484 | 8007766 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | |
| **h** | Operating payables | 1h | 0 | |
| **i** | Acquisition indebtedness | 1i | 0 | |
| **j** | Other liabilities | 1j | 0 | |
| **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 | 5876484 | 8007766 |

## 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) | 888866 | |
| | **(B)** Participants | 2a(1)(B) | 880588 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 15829 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1785283 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 5819 | |
| | **(F)** Other | 2b(1)(F) | 5019 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 10838 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1976 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1976 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(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) | 0 | |
| | (B) Other | 2b(5)(B) | 0 | |
| | (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) | | 0 |
| | (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 916572 |
| | (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| | (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| | (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 60045 |
| c | Other income | 2c | | 429 |
| d | Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2775143 |
| | **Expenses** | | | |
| e | Benefit payment and payments to provide benefits: | | | |
| | (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 599062 | |
| | (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| | (3) Other | 2e(3) | 36 | |
| | (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 599098 |
| f | Corrective distributions (see instructions) | 2f | | 20508 |
| g | Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h | Interest expense | 2h | | |
| i | Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| | (2) Contract administrator fees | 2i(2) | 24255 | |
| | (3) Investment advisory and management fees | 2i(3) | 0 | |
| | (4) Other | 2i(4) | 0 | |
| | (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 24255 |
| j | Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 643861 |
| | **Net Income and Reconciliation** | | | |
| k | Net income (loss). Subtract line 2j from line 2d | 2k | | 2131282 |
| l | Transfers of assets: | | | |
| | (1) To this plan | 2l(1) | | 0 |
| | (2) From this plan | 2l(2) | | 0 |

## 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: BRADLEY CONSULTING GROUP **(2)** EIN: 27-1239580

**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 | 0 |
| **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 | 0 |
| **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 | 0 |
| **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 | 0 |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 500000 |
| **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** | | | |

**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
ENCORE ELECTRIC, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
47-0903643

## 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): 42-0127290

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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

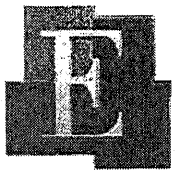
**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding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



ENCOREelectric

**Encore Electric, Inc. 401(k) Plan**

Years Ended December 31, 2010 and 2009
with
Report of Independent Auditors

**Encore Electric, Inc. 401(k) Plan**

Years Ended December 31, 2010 and 2009
with
Report of Independent Auditors

Contents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BRADLEY CONSULTING GROUP
CERTIFIED PUBLIC ACCOUNTANTS
LISTEN. LEARN. ADVISE.

Board of Directors
Encore Electric, Inc. 401(k) Plan
Englewood, Colorado

Independent Auditor's Report

We were engaged to audit the statements of net assets available for benefits of Encore Electric, Inc. 401(k) Plan as of December 31, 2010 and 2009 and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of and for the year ended December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Principal Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The plan administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 and 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bradley Consulting Group PC

July 14, 2011



225 UNION BOULEVARD, SUITE 450 LAKEWOOD, CO 80228
PH 303.988.1900 FX 303.986.6861 BCGPC.COM

## Encore Electric, Inc. 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2010 and 2009
(See Independent Auditors' Report)

| | 2010 | 2009 |
|---|---|---|
| Investments: | | |
| At fair value: | | |
| Shares of registered investment companies: | | |
| American Century Large Cap Growth II | $ 555,906 | $ - |
| American Funds Growth Fund of America R3 Fund | 21,937 | 2,937 |
| Columbus Circle Investors Mid Cap Growth | 376,002 | - |
| Fidelity International I | 259,094 | - |
| First American Nuveen Small Cap Select R Fund | 110,873 | 333 |
| Franklin Small Cap Value R Fund | 16,970 | 666 |
| Goldman Sachs Mid Cap Value I | 397,055 | - |
| Guaranteed Interest Account | 177,396 | 151,085 |
| Heartland Value Plus Fund | 208,431 | - |
| MFS Value R2 Fund | 353,649 | 1,831 |
| PIMCO Core Plus Bond I | 56,973 | 7,302 |
| Principal Bond and Mortgage | 728,199 | 587,680 |
| Principal Diversified International | 364,565 | 258,047 |
| Principal International I | - | 195,223 |
| Principal International Small Cap | 159,218 | 91,423 |
| Principal Large Cap S&P 500 Index | 321,676 | 251,621 |
| Principal Large Cap Value III | - | 279,630 |
| Principal LifeTime Strategic Income | 2,342 | 217 |
| Principal LifeTime 2010 | 2,041 | - |
| Principal LifeTime 2020 | 14,554 | - |
| Principal LifeTime 2025 | 35,768 | 11,715 |
| Principal LifeTime 2030 | 31,801 | 3,971 |
| Principal LifeTime 2035 | 71,963 | 8,076 |
| Principal LifeTime 2040 | 82,029 | 18,714 |
| Principal LifeTime 2045 | 131,220 | 8,075 |
| Principal LifeTime 2050 | 163,436 | 18,044 |
| Principal LifeTime 2055 | 44,419 | 1,299 |
| Principal Mid-Cap Growth | - | 244,875 |
| Principal Mid-Cap S&P 400 Index | 334,504 | 229,035 |
| Principal Money Market | 299,471 | 385,369 |
| Principal Partners Large-Cap Growth II | - | 402,860 |
| Principal Partners Mid-Cap Value I | - | 304,969 |
| Principal Real Estate Securities | 8,760 | 697 |
| Principal Small Cap Growth II | - | 66,840 |
| Principal Small Cap S&P 600 Index | 343,598 | 238,066 |
| Principal Small Cap Value I | - | 144,779 |
| Principal U.S. Property | 409,244 | 386,114 |
| Russell LifePoints Aggressive Strategy | 758,358 | - |
| Russell LifePoints Balance Strategy | 217,895 | 219,706 |
| Russell LifePoints Conservative Strategy | 196,682 | 164,490 |
| Russell LifePoints Equity Growth Strategy | 358,993 | 262,104 |
| Russell LifePoints Growth Strategy | - | 649,091 |
| Russell LifePoints Moderate Strategy | 230,291 | 183,895 |
| Total investments available for benefits | 7,845,313 | 5,780,779 |
| Receivables: | | |
| Participant loans | 162,454 | 82,849 |
| Employer's contributions | - | 12,856 |
| | 162,454 | 95,705 |
| Total assets and net assets available for benefits | $ 8,007,767 | $ 5,876,484 |

(See Notes to Financial Statements)

**Encore Electric, Inc. 401(k) Plan**

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2010 and 2009
(See Independent Auditors' Report)

| | 2010 | 2009 |
|---|---|---|
| Additions to net assets attributed to: | | |
| Contributions: | | |
| Employer matching | $ 888,866 | $ 363,446 |
| Participant | 880,588 | 966,712 |
| Rollover | 15,829 | 14,297 |
| Total contributions | 1,785,283 | 1,344,455 |
| Investment income: | | |
| Interest | 10,838 | 12,790 |
| Dividends | 1,976 | 23 |
| Realized/unrealized appreciation | 977,047 | 863,657 |
| Total investment income | 989,861 | 876,470 |
| Total additions | 2,775,144 | 2,220,925 |
| Deductions from net assets attributed to: | | |
| Administrative expenses, participants | 24,255 | 19,040 |
| Benefits paid to participants | 599,098 | 1,090,651 |
| Corrective distributions | 20,508 | - |
| Total deductions | 643,861 | 1,109,691 |
| Net increase | 2,131,283 | 1,111,234 |
| Net assets available for benefits: | | |
| Beginning of year | 5,876,484 | 4,765,250 |
| End of year | $ 8,007,767 | $ 5,876,484 |

(See Notes to Financial Statements)

**Encore Electric, Inc. 401(k) Plan**

Notes to Financial Statements
Years Ended December 31, 2010 and 2009
(See Independent Auditors' Report)

## 1. Description of Plan

The following description of Encore Electric, Inc. 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which became effective October 1, 2006, is a defined contribution plan covering all employees of Encore Electric, Inc. ("the Company") who have thirty days of service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

Contributions

Each year, participants may contribute an amount per pay period equal to at least 1%, but no more than 100% of annual compensation, as defined in the Plan. Deferral contributions shall not exceed certain limits as set forth by the Internal Revenue Code ($16,500 for 2010 and 2009). The Internal Revenue Service adjusts this limitation each year for cost of living increases. Participants may change their contribution percentage throughout the year and may cease making contributions at any time.

The Company may contribute amounts as a match of participant elective contributions for the Plan year. The amount of the match will equal such an amount as the employer deems appropriate except that a participant's elective contributions in excess of a percentage of compensation for the payroll period as determined by the Company shall not be taken into account.

Rollover contributions transferred from other qualified retirement plans or from Individual Retirement Accounts are accepted as permitted by the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions and allocation of (a) the Company's contribution, and, (b) Plan earnings. In addition, participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's matching portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested in the Company's matching contributions after one year of continuous service.

**1. Description of Plan (continued)**

Forfeitures

Pursuant to the Plan, forfeitures shall be utilized to offset expenses and employer contributions. Total forfeitures used for these purposes in 2010 and 2009 were approximately $2,700 and $1,300, respectively.

Participant loans

The Plan allows for loans to be taken against the vested benefits of a participant's account. The term of the loan is a maximum of five years unless the loan is for the purchase of a primary residence. A participant may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000 minus the difference of the largest unpaid loan balance during the last twelve months and the unpaid loan balance outstanding the day the loan is made. The interest rate charged for loans are determined by Principal which are similar to commercial lending rates.

As of December 31, 2010 and 2009, there were thirty-four and thirty-seven outstanding participant loans maturing in five years or less, with principal balances of $162,454 and $82,849, respectively.

Payment of benefits

In the event of termination of services, retirement, disability or death, a participant will receive their accumulated contributions made to the plan, the vested portion of the accumulated contributions made by the Company and the investment earnings that have accumulated on those contributions while they were in the plan. Benefits can be rolled into another qualified plan, received in a lump-sum or paid in installments over a specific period based on age at retirement. Account balances less than $1,000 at termination will be rolled to another qualified plan or paid in a lump sum

**2. Summary of Significant Accounting Policies**

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

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

**2. Summary of Significant Accounting Policies (continued)**

Administrative fees

At the Company's discretion the Company or the Plan is to pay administrative fees.

Investment valuation and income recognition

The Plan's investments are held in pooled separate accounts managed by Principal Life Insurance Company, an investment contract with Principal Life Insurance Company and individual mutual funds. Plan assets are stated at fair value. Investments in pooled separate accounts are valued using the net asset value of the underlying mutual fund investment. The investment contract with Principal Life Insurance Company is valued based on the amount Plan participants would receive were they to withdraw their funds prior to maturity of the contract. Investments in mutual funds are valued at quoted market prices that represent the net asset value of shares held by the Plan at year end.

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

Payment of benefits

Benefits are recorded when paid.

**3. Investments**

The following table presents investments held by the Plan as of December 31, 2010. Investments that represent 5% or more of the Plan's net assets are separately identified:

| | |
|---|---|
| Pooled separate accounts: | |
| American Century Large Cap Growth II | $ 555,906 |
| Principal Bond and Mortgage | 728,199 |
| Principal U.S. Property | 409,244 |
| Russell LifePoints Agressive Strategy | 758,358 |
| Others (each less than 5% of net assets) | 4,504,351 |
| | 6,956,058 |
| Mutual Funds | 711,859 |
| Funds held in insurance company general account, less than 5% | 177,396 |
| | $ 7,845,313 |

**3. Investments (continued)**

The following table presents investments held by the Plan as of December 31, 2009. Investments that represent 5% or more of the Plan's net assets are separately identified:

| | |
|---|---|
| Pooled separate accounts: | |
| Principal Bond and Mortgage | $ 587,680 |
| Principal Money Market | 385,369 |
| Principal Partners Large-Cap Growth II | 402,860 |
| Principal Partners Mid-Cap Value I | 304,969 |
| Principal U.S. Property | 386,114 |
| Russell LifePoints Growth Strategy | 649,091 |
| Others (each less than 5% of net assets) | 2,907,844 |
| | 5,623,927 |
| Mutual funds and funds held in insurance company general account, less than 5% | 156,852 |
| | $ 5,780,779 |

Upon enrollment in the Plan, a participant may direct employee contributions to any of the investment options summarized as follows:

*American Century Large Cap Growth II* – Funds are invested primarily in the equity securities of companies with large market capitalizations.

*American Funds Growth Fund of America R3 Fund* – Funds are invested primarily in foreign companies with high growth potential and may invest a small portion in lower quality nonconvertible debt securities.

*Columbus Circle Investors Mid Cap Growth* – Funds are invested in the stocks of companies within the market capitalization range of the Russell Mid Cap Growth Index.

*Fidelity International I* – Funds are invested in foreign stocks of companies with large market capitalization.

*First American Small Cap Select R Fund* – The fund seeks capital appreciation by investing in common stocks of companies with small market capitalization that comprise the Russell 2000 index.

*Franklin Small Cap Value R Fund* – Funds are invested in stocks of U.S. companies believed to be undervalued with small market capitalization and the potential for capital appreciation.

**3. Investments (continued)**

Investment options (continued)

*Goldman Sachs Mid Cap Value I* – Funds are invested primarily in U.S. stocks of companies with medium market capitalization and may invest in foreign companies as well.

*Guaranteed Interest Account* – This account provides a guaranteed interest rate for a set period of time, investing primarily in private market bonds, commercial mortgages, and mortgage-backed securities as part of the general assets of Principal Life Insurance Company.

*Heartland Value Plus Fund* – The fund seeks long term capital appreciation and modest current income by investing in a concentrated number of equity securities of companies with small market capitalization.

*MFS Value R2 Fund* – Funds are invested in stocks of U.S. and foreign companies believed to be undervalued, generally focusing on large capitalization companies.

*PIMCO Core Plus Bond I* – Funds are invested primarily in fixed income instruments with varying maturities and may include options, futures contracts and swap agreements.

*Principal Bond & Mortgage* – Funds are invested in public and private corporate bonds, commercial and residential mortgages, asset-backed securities, and U.S. government and agency-backed securities.

*Principal Diversified International* – Funds are invested in securities of foreign companies from at least three different countries.

*Principal International Small Cap* – The fund seeks long term growth of capital by investing in stocks of foreign companies with small market capitalization.

*Principal Large Cap S&P 500 Index* – Funds are invested in stocks of companies that make up the S&P 500 Index.

*Principal LifeTime Strategic Income* – Funds are invested in fixed income funds, equity funds and hybrid funds according to an asset allocation designed for investors seeking current income.

*Principal LifeTime 2010* – Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

**3. Investments (continued)**

Investment options (continued)

*Principal LifeTime 2015* - Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

*Principal LifeTime 2020* - Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

*Principal LifeTime 2025* – Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

*Principal LifeTime 2030* – Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

*Principal LifeTime 2035* – Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

*Principal LifeTime 2040* – Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

*Principal LifeTime 2045* – Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

*Principal LifeTime 2050* – Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

**3. Investments (continued)**

Investment options (continued)

*Principal LifeTime 2055* – Funds are invested in U.S. and foreign equity funds, hybrid funds and fixed income funds managed by Principal Life Insurance Company according to an asset allocation designed for investors with the retirement time horizon comparable to that of the fund.

*Principal Mid-Cap S&P 400 Index* – Funds are invested in common stocks of companies that comprise the S&P Mid-Cap 400 Index.

*Principal Money Market* – Funds are invested in short-term money market instruments.

*Principal Real Estate Securities* – Funds are invested primarily in equity securities of companies engaged in the real estate industry.

*Principal Small Cap S&P 600 Index* – Funds are invested in stocks of companies that comprise the S&P Small-Cap 600 Index.

*Principal U.S. Property* – Funds are invested in commercial real estate holdings that return both lease income and appreciation of the real estate's market value.

*Russell LifePoints Aggressive Strategy* – The fund seeks long term capital appreciation by investing in class Y shares of several other Russell Investment Company funds.

*Russell LifePoints Balance Strategy* – The fund seeks above average capital appreciation and moderate current income by investing in class Y shares of several other Russell Investment Company funds.

*Russell LifePoints Conservative Strategy* – The fund seeks high levels of current income and low long term capital appreciation by investin in class Y shares of several other Russell Investment Company funds.

*Russell LifePoints Equity Growth Strategy* – The fund seeks long term capital appreciation by investing in class Y shares of several other Russell Investment Company funds.

*Russell LifePoints Growth Strategy* – The fund seeks high long term capital appreciation and low current income by investing in class Y shares of several other Russell Investment Company funds.

*Russell LifePoints Moderate Strategy* – The fund seeks high levels of current income and moderate long term capital appreciation by investing in class Y shares of several other Russell Investment Company funds.

Participants may change their investment options daily and may suspend at any time.

## 4. Fair Value Measurements

During 2008, the Plan adopted Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") Topic 820, *Fair Value Measurements and Disclosures*. FASB ASC Topic 820 establishes a single authoritative definition of fair value and sets a hierarchy for measuring fair value. The adoption of FASB ASC Topic 820 has no impact on the Company's accounting policies for investments, but requires additional disclosures about fair value measurement. The hierarchy for measuring fair value prioritizes the inputs to valuation techniques used to measure fair value and gives the highest priority to unadjusted quoted prices for securities traded in active markets (level 1) and the lowest priority to unobservable inputs (level 3). The asset 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.

The hierarchies for measuring fair value under FASB ASC Topic 820 are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for financial instruments traded in active markets.

Level 2 – Inputs to the valuation methodology include quoted prices for financial instruments not traded in active markets, quoted prices for similar financial instruments traded in active markets and inputs other than quoted prices for which all significant inputs are observable, either directly or indirectly. In addition, inputs that are derived principally from or corroborated by observable market data by correlation or other means are also included in the valuation methodology.

Level 3 – Inputs to the valuation methodology include prices or valuations of financial instruments that are not traded in active markets and inputs significant to the fair value measurement are unobservable.

As required by FASB ASC Topic 820, the Plan's portfolio investments as of December 31, 2010 were classified as follows, based on the lowest level of input that is significant to the fair value measurement:

| Description | Level 1 | Level 2 | Level 3 | Totals |
|---|---|---|---|---|
| Guaranteed interest investment contract | $ - | $ - | $ 177,396 | $ 177,396 |
| Mutual funds | 711,859 | | - | 711,859 |
| Pooled separate accounts | - | 6,546,814 | - | 6,546,814 |
| Principal U.S. Property separate account | - | - | 409,244 | 409,244 |
| Participant loans | - | - | 162,454 | 162,454 |
| | $ 711,859 | $ 6,546,814 | $ 749,093 | $ 8,007,767 |

**4. Fair Value Measurements (continued)**

As required by FASB ASC 820, the Plan's portfolio investments as of December 31, 2009 were classified as follows, based on the lowest level of input that is significant to the fair value measurement:

| Description | Level 1 | Level 2 | Level 3 | Totals |
|---|---|---|---|---|
| Guaranteed interest investment contract | $ - | $ - | $ 151,085 | $ 151,085 |
| Mutual funds | 5,767 | 5,237,823 | - | 5,243,590 |
| Principal U.S. Property separate account | - | - | 386,114 | 386,114 |
| Participant loans | - | - | 82,849 | 82,849 |
| | $ 5,767 | $ 5,237,823 | $ 620,048 | $ 5,863,638 |

Total portfolio investments of the Plan classified within level 3 total $749,093 and $620,048 as of December 31, 2010 and 2009, respectively, which consist of the Plan's stable value guaranteed interest fund. Such amounts represent approximately 9% and 11% of the Plans' net assets available for benefits as of December 31, 2010 and 2009, respectively.

As required by FASB ASC 820, the following is a reconciliation of the changes in the fair value of the Plan's level 3 investment assets for the year ended December 31, 2010:

| | Principal U.S. Property Separate Account | Guaranteed Interest Account | Participant Loans | Total |
|---|---|---|---|---|
| Balance, December 31, 2009 | $ 386,114 | $ 151,085 | $ 82,849 | $ 620,048 |
| Total gains and (losses), realized and unrealized | 57,551 | 429 | - | 57,980 |
| Interest | - | 5,019 | - | 5,019 |
| Purchases, issuances and settlements, net | (34,421) | 20,863 | 79,605 | 66,047 |
| Balance, December 31, 2010 | $ 409,244 | $ 177,396 | $ 162,454 | $ 749,093 |
| Total unrealized gains and (losses) | $ 89,820 | $ 429 | $ - | $ 90,249 |

**4. Fair Value Measurements (continued)**

In addition to quoted market prices in active markets, valuation techniques for level 3 inputs for Principal U.S. Property Separate Account were based on the appraised fair value of the real estate holdings in the account's portfolio. Level 3 inputs for the Guaranteed Interest Account were based on the amount participants would receive currently if they were to withdraw funds prior to maturity for an event other than death, disability, termination or retirement. This value represents contract value adjusted to reflect current market interest rates to the extent that current market rates exceed the contract crediting rates. Level 3 inputs for participant loans were based on stated interest rates, and payment history of participant loans held by the Plan.

**5. Investment Contract with Insurance Company**

The Plan entered into a non-benefit responsive investment contract with Principal Life Insurance Company. The contract offers a fixed interest investment option, the Guaranteed Interest Account, and a number of variable investment options held by Principal Life Insurance Company in pooled separate accounts. Participants investing in the pooled separate accounts can select the investment options that reflect their individual investment style and risk tolerance. A distribution from the Guaranteed Interest Account for termination, death, disability or retirement will be paid at contract value; however there is a possible surrender charge if funds are withdrawn prior to their maturity. If the Plan withdraws or transfers funds prior to their maturity, the Plan would receive fair market value. Fair market value represents contract value adjusted to reflect current market interest rates to the extent that current market rates exceed contract crediting rates.

Contributions allocated to the Guaranteed Interest Account earn interest at the rate in effect on the day when each deposit is directed into the account. All rates credited during a twelve month period are averaged into a single composite rate.

**6. Tax Status**

Compliance

The Internal Revenue Service has determined and informed Principal Life Insurance Company, the Plan's third party administrator, by a letter dated July 22, 2003 that the prototype Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

**6. Tax Status (continued)**

Compliance (continued)

The plan was amended effective January 2, 2008 to allow employees to make Roth elective deferral contributions. Participant contributions for December 31, 2008 and future years include pre-tax elective deferral contributions, as permitted by §401(k) of the Internal Revenue Code and Roth elective deferral contributions, which reflect after-tax dollars. Pre-tax earnings deferrals are subject to federal incomes taxes when distributed to participants. After-tax earnings deferred into a Roth 401(k) account are not subject to federal income taxes when distributed to participants. Earnings from the Plan's investments are not taxable to the participants until partial or complete distribution of such earnings is made. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Uncertain tax positions

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

**7. Reconciliation of Financial Statement to Form 5500**

There are no discrepancies between the net assets available for benefits per the financial statements at December 31, 2010 and 2009 and the respective Form 5500.

**8. Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their total accounts.

## 9. Information Prepared and Certified by Trustee

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

| | 2010 | 2009 |
|---|---|---|
| Investments at fair value: | | |
| Mutual funds | $ 7,667,917 | $ 5,629,694 |
| Guaranteed interest fund | 177,396 | 151,085 |
| Participant loans | 162,454 | 82,849 |
| Net investments available for benefits | $ 8,007,767 | $ 5,863,628 |
| Investment gain, as certified by trustee | $ 975,523 | $ 830,039 |

## 10. Refunds of Excess Contributions

In order to satisfy the relevant non-discrimination provisions of the Plan, excess deferral contributions were refunded to certain participants in March 2010 for the year ended December 31, 2009; the amount refunded was $20,508. There were no refunded amounts for the year ended December 31, 2010.

## 11. Risks and Uncertainties

The Plan is required by FASB ASC Topic 825, *Financial Instruments,* to disclose significant concentrations of credit risk regardless of the degree of such risk. At December 31, 2010 and 2009, the financial instruments that potentially subject the Plan to a concentration of credit risk consist principally of investments.

The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as interest rates, credit, and overall market volatility risk. Due to the level of risk associated with investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that such change could materially affect participants' account balances and amount presented in the statements of net assets available for benefits.

## 12. Party-In-Interest and Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Principal Life Insurance Company, the asset custodian of the Plan as of December 31, 2010 and 2009. These transactions qualify as exempt party-in-interest transactions.

## 13. Subsequent Events

Subsequent events have been evaluated by management as of the date of these financial statements. This date represents the date the financial statements were available to be issued.

Accompanying Supplemental Information
(See Independent Auditors' Report)

**Encore Electric, Inc. 401(k) Plan**
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2010
(See Independent Auditors' Report)

EIN: 47-0903643
Plan Number: 001

| (a) | (b) Identity of issue, borrower lessor or similar party | (c) Description of investment, interest rate | (d) Cost | e) Current value | |
|---|---|---|---|---|---|
| * | The American Funds | Registered Investment Company AM Funds Growth Fund of American R3 Fund | $ (1) | 21,937 | |
| | Franklin Templeton Investments | Registered Investment Company Franklin Small cap Value R Fund | (1) | 16,970 | |
| * | Principal Life Insurance Company | Insurance Company General Guaranteed Interest | (1) | 177,396 | |
| | Heartland Funds | Registered Investment Company Heartland Value Plus Fund | (1) | 208,431 | |
| | MFS Investment Management | Registered Investment Company MFS Value R2 Fund | (1) | 353,649 | |
| | First American | Registered Investment Company Nuveen Small Cap Select R Fund | (1) | 110,873 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Bond and Mortgage SA-R6 | (1) | 728,199 | # |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Core Plus Bond I SA-R6 | (1) | 56,973 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Diversified Intl SA-R6 | (1) | 364,565 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Intl I Sep Acct R6 | (1) | 259,094 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Intl Small Cap Sep Acct R6 | (1) | 159,218 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Large Cap Growth II SA-R6 | (1) | 555,906 | # |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Large Cap S&P 500 Index SA-R6 | (1) | 321,676 | |
| | Subtotal | | | 3,334,887 | |

(continued)

**Encore Electric, Inc. 401(k) Plan**
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2010
(See Auditors' Report)

EIN: 47-0903643
Plan Number: 001

| (a) | (b) Identity of issue, borrower lessor or similar party | (c) Description of investment, interest rate | (d) Cost | e) Current value |
|---|---|---|---|---|
| | Subtotal from previous page | | | 3,334,887 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime Strategic Inc SA-R6 | (1) | 2,342 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2025 Sep Acct-R6 | (1) | 35,768 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2030 Sep Acct-R6 | (1) | 31,801 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2035 Sep Acct-R6 | (1) | 71,963 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2040 Sep Acct-R6 | (1) | 82,029 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2045 Sep Acct-R6 | (1) | 131,220 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2050 Sep Acct-R6 | (1) | 163,436 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2055 Sep Acct-R6 | (1) | 44,419 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Mid Cap Growth Sep Acct-R6 | (1) | 376,002 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Mid Cap S&P 400 Index SA-R6 | (1) | 334,504 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Mid Cap Value I SA-R6 | (1) | 397,055 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Money Market Sep Acct-R6 | (1) | 299,471 |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Real Estate Secs SA-R6 | (1) | 8,760 |
| | Subtotal | | | 5,313,658 |

(continued)

**Encore Electric, Inc. 401(k) Plan**
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2010
(See Auditors' Report)

EIN: 47-0903643
Plan Number: 001

| (a) | (b) Identity of issue, borrower lessor or similar party | (c) Description of investment, interest rate | (d) Cost | e) Current value | |
|---|---|---|---|---|---|
| | Subtotal from previous page | | | 5,313,658 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal Small Cap S&P 600 Index SA-R6 | (1) | 343,598 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal U.S. Property Sep Acct-R6 | (1) | 409,244 | # |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2010 Sep Acct-R6 | (1) | 2,041 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Principal LifeTime 2020 Sep Acct-R6 | (1) | 14,554 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Russ LfPt Eq Growth Str SA-R6 | (1) | 358,993 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Russ LifePoint Growth Str SA-R6 | (1) | 758,358 | # |
| * | Principal Life Insurance Company | Pooled Separate Accounts Russ LifePoint Bal Str SA-R6 | (1) | 217,895 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Russ LifePoint Con Str SA-R6 | (1) | 196,682 | |
| * | Principal Life Insurance Company | Pooled Separate Accounts Russ LifePoint Mod Str SA-R6 | (1) | 230,291 | |
| | Subtotal | | | 7,845,313 | |
| * | Participant loans | Interest rates ranging from 5.25% to 10.25%; maturity dates ranging from April 2011 through June 2016; balances ranging from $312 to $26,000 | - | 162,454 | |
| | | | $ - | $ 8,007,767 | |

* A party-in-interest as defind by ERISA
(1) The cost of participant-directed investments is not reqired to be disclosed
\# Represents 5% or more of total Plan assets

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# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ENCORE ELECTRIC, INC. 401(K) PLAN

EIN 47 0903643
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

| (A) | (B) Identity of issuer, 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 |
|---|---|---|---|---|
| | The American Funds | Registered Investment Company AM FDS GRTH FD OF AM R3 FUND | $ 0.00 | $ 21,936.78 |
| | Franklin Templeton Investments | Registered Investment Company FRANKLIN SMALL CAP VALUE R FD | $ 0.00 | $ 16,970.37 |
| * | Principal Life Insurance Company | Insurance Company General GUARANTEED INTEREST | $ 0.00 | $ 177,395.76 |
| | Heartland Funds | Registered Investment Company HEARTLAND VALUE PLUS FUND | $ 0.00 | $ 208,430.59 |
| | MFS Investment Management | Registered Investment Company MFS VALUE R2 FUND | $ 0.00 | $ 353,648.89 |
| | First American | Registered Investment Company NUVEEN SMCAP SELECT R FUND | $ 0.00 | $ 110,872.82 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN BOND AND MORTGAGE SA-R6 | $ 0.00 | $ 728,199.39 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN CORE PLUS BOND I SA-R6 | $ 0.00 | $ 56,973.29 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN DIVERSIFIED INTL SA-R6 | $ 0.00 | $ 364,564.63 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN INTL I SEPARATE ACCT-R6 | $ 0.00 | $ 259,093.68 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN INTL SMALLCAP SEP ACCT-R6 | $ 0.00 | $ 159,217.91 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LARGECAP GROWTH II SA-R6 | $ 0.00 | $ 555,906.40 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LGCAP S&P 500 INDEX SA-R6 | $ 0.00 | $ 321,676.22 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME STRAT INC SA-R6 | $ 0.00 | $ 2,341.80 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2010 SEP ACCT-R6 | $ 0.00 | $ 2,040.51 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ENCORE ELECTRIC, INC. 401(K) PLAN

EIN 47 0903643
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

| (A) | (B) Identity of issuer, 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 |
|---|---|---|---|---|
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2020 SEP ACCT-R6 | $ 0.00 | $ 14,554.33 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2025 SEP ACCT-R6 | $ 0.00 | $ 35,767.51 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2030 SEP ACCT-R6 | $ 0.00 | $ 31,801.44 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2035 SEP ACCT-R6 | $ 0.00 | $ 71,962.93 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2040 SEP ACCT-R6 | $ 0.00 | $ 82,029.41 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2045 SEP ACCT-R6 | $ 0.00 | $ 131,220.42 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2050 SEP ACCT-R6 | $ 0.00 | $ 163,435.95 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN LIFETIME 2055 SEP ACCT-R6 | $ 0.00 | $ 44,419.27 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN MIDCAP GROWTH SEP ACCT-R6 | $ 0.00 | $ 376,002.23 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN MIDCAP S&P 400 IDX SA-R6 | $ 0.00 | $ 334,503.58 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN MIDCAP VALUE I SA-R6 | $ 0.00 | $ 397,055.14 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN MONEY MARKET SEP ACCT-R6 | $ 0.00 | $ 299,470.87 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN REAL ESTATE SECS SA-R6 | $ 0.00 | $ 8,760.37 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN SMCAP S&P 600 INDEX SA-R6 | $ 0.00 | $ 343,597.78 |
| * | Principal Life Insurance Company | Pooled Separate Accounts PRIN U.S. PROPERTY SEP ACCT-R6 | $ 0.00 | $ 409,243.66 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ENCORE ELECTRIC, INC. 401(K) PLAN

EIN 47 0903643
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

| (A) | (B) Identity of issuer, 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 |
|---|---|---|---|---|
| * | Principal Life Insurance Company | Pooled Separate Accounts RUSS LFPT EQ GROWTH STR SA-R6 | $ 0.00 | $ 358,992.80 |
| * | Principal Life Insurance Company | Pooled Separate Accounts RUSS LIFEPOINT GRWTH STR SA-R6 | $ 0.00 | $ 758,357.76 |
| * | Principal Life Insurance Company | Pooled Separate Accounts RUSS LIFEPOINTS BAL STR SA-R6 | $ 0.00 | $ 217,895.18 |
| * | Principal Life Insurance Company | Pooled Separate Accounts RUSS LIFEPOINTS CON STR SA-R6 | $ 0.00 | $ 196,681.99 |
| * | Principal Life Insurance Company | Pooled Separate Accounts RUSS LIFEPOINTS MOD STR SA-R6 | $ 0.00 | $ 230,291.01 |
| | Participant Loans | Range of Interest Rates Rates Range From 5.25% To 10.25% | $ 0.00 | $ 162,454.00 |
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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)