

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>12/01/2009</u> and ending <u>11/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1959</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/1959</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/01/1959</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MADISON/STANDARD ELECTRIC COMPANIES</u> <u>31855 VAN DYKE</u> <u>WARREN, MI 48093-1047</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-0783210</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>586-825-0200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>425110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-0783210</u>	2c Sponsor's telephone number <u>586-825-0200</u>	2d Business code (see instructions) <u>425110</u>	
2b Employer Identification Number (EIN) <u>38-0783210</u>					
2c Sponsor's telephone number <u>586-825-0200</u>					
2d Business code (see instructions) <u>425110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2011	BENJAMIN F. ROSENTHAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2011	BENJAMIN F. ROSENTHAL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MADISON/STANDARD ELECTRIC COMPANIES 31855 VAN DYKE WARREN, MI 48093-1047	3b Administrator's EIN 38-0783210 3c Administrator's telephone number 586-825-0200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	355
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	234
b Retired or separated participants receiving benefits.....	6b	10
c Other retired or separated participants entitled to future benefits.....	6c	94
d Subtotal. Add lines 6a , 6b , and 6c	6d	338
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	338
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☒ 6 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES		
D Employer Identification Number (EIN) 38-0783210		

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.
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1 Coverage Information:

(a) Name of insurance carrier
SECURITY LIFE OF DENVER

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0499703	68713	E440000375	15	12/01/2009	11/30/2010

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
1337	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid THE ENTERPRISE GROUP 1000 TOWN CENTER, SUITE 700 SOUTHFIELD, MI 48075
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1337			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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ IND RATES AS FILED WITH INSUR COMM		
b Premiums paid to carrier	6b	14937
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. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

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 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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES		
D Employer Identification Number (EIN) 38-0783210		

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.
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1 Coverage Information:

(a) Name of insurance carrier

SECURITY LIFE OF DENVER

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0499703	68713	E440000376	3	12/01/2009	11/30/2010

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
275	0

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

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

THE ENTERPRISE GROUP
1000 TOWN CENTER, SUITE 700
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
275			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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **IND RATES AS FILED WITH INSUR COMM****b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)****d** Total of balance and additions (add **b** and **c(6)**). **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f**

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. ▶

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	

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
SECURITY LIFE OF DENVER

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0499703	68713	E440000141	15	12/01/2009	11/30/2010

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ IND RATES AS FILED WITH INSUR COMM		
b Premiums paid to carrier	6b	11235
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. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

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 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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES		
D Employer Identification Number (EIN) 38-0783210		

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.
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1 Coverage Information:

(a) Name of insurance carrier
CNA - VALLEY FORGE LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-6200031	70211	IND POLICIES	2	12/01/2009	11/30/2010

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
9	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE ENTERPRISE GROUP 1000 TOWN CENTER, SUITE 700 SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9			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	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ IND RATES AS FILED WITH INSUR COMM		
b	Premiums paid to carrier	6b	258
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. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	
d	Total of balance and additions (add b and c(6)).	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract e(5) from d)	7f	

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 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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES		
D Employer Identification Number (EIN) 38-0783210		

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.
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1 Coverage Information:

(a) Name of insurance carrier NEW ENGLAND FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2708937	91626	003284-000	15	12/01/2009	11/30/2010

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
1407	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid WILLIAM H. MCCOY 3000 TOWN CENTER, SUITE 550 SOUTHFIELD, MI 48075
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1255			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid JOSEPH H. LACKEY 3000 TOWN CENTER, SUITE 550 SOUTHFIELD, MI 48075
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
152			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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ SEE ATTACHMENT		
b Premiums paid to carrier	6b	32824
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. Specify nature of costs ▶	6d	
e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

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 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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES		
D Employer Identification Number (EIN) 38-0783210		

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.
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1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	001354-051	25	12/01/2009	11/30/2010

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
864	0

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

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

WILLIAM H. MCCOY
3000 TOWN CENTER, SUITE 550
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
771			3

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

JOSEPH H. LACKEY
3000 TOWN CENTER, SUITE 550
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93			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****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ [SEE ATTACHMENT](#)**b** Premiums paid to carrier **6b** 30944**c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)****d** Total of balance and additions (add **b** and **c(6)**). **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	D Employer Identification Number (EIN) <u>38-0783210</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>10751590</u>
b	Actuarial value 2b <u>10751590</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>9</u> <u>1466248</u>
b	For terminated vested participants 3b <u>73</u> <u>403985</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>39841</u>
(2)	Vested benefits 3c(2) <u>10637600</u>
(3)	Total active 3c(3) <u>278</u> <u>10677441</u>
d	Total 3d <u>360</u> <u>12547674</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.67</u> %
6	Target normal cost 6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>08/30/2011</u>
Signature of actuary	Date
<u>DIANE STORM</u>	<u>11-03737</u>
Type or print name of actuary	Most recent enrollment number
<u>DIANE STORM</u>	<u>248-895-8473</u>
Firm name	Telephone number (including area code)
<u>495 ROLLING GREEN CIRCLE</u> <u>ROCHESTER, MI 48309-1259</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		271019
b Interest on (a) using prior year's effective rate of <u>6.41</u> %		17372
c Total available at beginning of current plan year to add to prefunding balance		288391
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	85.68 %
15 Adjusted funding target attainment percentage.....	15	85.68 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	69.74 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/17/2010	51747	11742	10/15/2010	66666	4931
05/25/2010	14920	17612	11/15/2010	66667	9861
06/15/2010	66667	5852	12/15/2010	66666	
07/16/2010	66666	5852	01/17/2011	66667	
08/17/2010	66667	5382	02/15/2011	66666	
09/15/2010	66667	5179	03/15/2011	133334	
			Totals ►	18(b)	800000
				18(c)	66411

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	754394
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.81 %	2nd segment: 6.69 %	3rd segment: 6.78 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1043224	229984
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	229984
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	229984
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	754394
38 Interest-adjusted excess contributions for current year (see instructions).....	38	524410
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MADISON/STANDARD ELECTRIC COMPANIES		D Employer Identification Number (EIN) 38-0783210

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

GLASS RETIREMENT STRATEGIES, INC.

27-0148468

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 11 15 17 38 64 70	NONE	46767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO ADVISORS

23-2384840

(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?
27 51	NONE	11416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY VIRCHOW KRAUSE, LLP

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7500	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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	

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)	333333	333332
(2) Participant contributions	1b(2)	5871	4931
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	674154	997868
(2) U.S. Government securities	1c(2)		122714
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		1567902
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1261	863
(B) Common	1c(4)(B)	1651835	2931269
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	5670757	2508743
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		0
(15) Other	1c(15)	125000	125000

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8462211	8592622

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8462211	8592622
---	----	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	799999	
(B) Participants	2a(1)(B)	66411	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		866410

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	212	
(B) U.S. Government securities	2b(1)(B)	-240	
(C) Corporate debt instruments	2b(1)(C)	12615	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3325	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15912

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	55922	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	95544	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		151466

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

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4642362	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4627777	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		14585

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	124939	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		124939
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		149805
c Other income.....	2c		356846
d Total income. Add all income amounts in column (b) and enter total.....	2d		1679963

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1350360	
(2) To insurance carriers for the provision of benefits	2e(2)	90361	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1440721
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	56370	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	12970	
(4) Other	2i(4)	39491	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		108831
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1549552

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		130411
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **BAKER TILLY VIRCHOW KRAUSE LLP**

(2) EIN: **39-0859910**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

A Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	D Employer Identification Number (EIN) <u>38-0783210</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-6102918</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>10</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

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

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND
TRUST**

Warren, Michigan

FINANCIAL STATEMENTS

Including Independent Auditors' Report

November 30, 2010 and 2009

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

To the Trustees
Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust
Warren, Michigan

We have audited the accompanying Statements of Net Assets Available for Benefits of Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust as of November 30, 2010 and 2009 and the related Statement of Changes in Net Assets Available for Benefits for the year ended November 30, 2010, as listed in the accompanying table of contents. These financial statements are the responsibility of the plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the plan as of November 30, 2010 and 2009 and changes in its financial status for the year ended November 30, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule of Assets Held for Investment Purposes, as listed in the table of contents, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Baker Tilly Virchow Krause, LLP

Southfield, Michigan
August 25, 2011

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS November 30, 2010 and 2009

ASSETS		
	<u>2010</u>	<u>2009</u>
Cash and cash equivalents	\$ 997,868	\$ 674,154
Receivables		
Employer contributions	333,333	333,333
Employee contributions	<u>4,931</u>	<u>5,871</u>
Total receivables	<u>338,264</u>	<u>339,204</u>
Investments, at fair market value		
Common stock	2,932,132	1,653,096
Mutual funds	2,508,743	5,670,757
Bonds	<u>1,815,616</u>	<u>125,000</u>
Total investments, at fair market value	<u>7,256,491</u>	<u>7,448,853</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 8,592,623</u></u>	 <u><u>\$ 8,462,211</u></u>

See accompanying notes to financial statements.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Year ended November 30, 2010

	<u>2010</u>	<u>2009</u>
ADDITIONS		
Investment income:		
Net appreciation in fair market value of investments	\$ 289,329	\$ 1,712,619
Interest	15,912	5,108
Dividends	<u>151,466</u>	<u>42,521</u>
Net investment income	456,707	1,760,248
Contributions:		
Employers	800,000	800,000
Employees	<u>66,411</u>	<u>73,360</u>
Total contributions	866,411	873,360
Other income	<u>356,846</u>	<u>-</u>
Total Additions to Net Assets	<u>1,679,964</u>	<u>2,633,608</u>
DEDUCTIONS		
Deductions from net assets:		
Benefits paid to participants	1,350,360	646,260
Insurance premiums - Participants' life	90,361	106,418
Insurance premiums - Pension Benefit Guaranty Corp	33,247	20,430
Professional and investment advisor fees	69,341	87,197
Miscellaneous	<u>6,243</u>	<u>-</u>
Total deductions	<u>1,549,552</u>	<u>860,305</u>
Net increase	130,412	1,773,303
NET ASSETS AVAILABLE FOR BENEFITS -		
Beginning of year	<u>8,462,211</u>	<u>6,688,908</u>
NET ASSETS AVAILABLE FOR BENEFITS -		
End of year	<u>\$ 8,592,623</u>	<u>\$ 8,462,211</u>

See accompanying notes to financial statements.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 1 - Description of the Plan

The following description of the Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust (the "plan") provides only general information. Participants should refer to the Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust summary plan description for a more complete description of the plan's provisions.

General

The plan is a defined benefit pension plan established by Madison Electric Company, Standard Electric Company and M & S Data Service Corporation (collectively, the "company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan covers all eligible employees of the company, except those employees excluded under a collective bargaining agreement of a labor organization. Prior to the 2009 plan amendment (see below), eligibility began upon completion of six months of continuous service and the attainment of age twenty and one-half.

The plan requires that an insurance contract be purchased for certain participants, who must contribute 40% of annual premiums (not exceeding 6% of their compensation) as a condition for participation.

The plan was amended as of February 6, 2009 with the resulting changes to the plan noted as follows:

- (a) On or after April 1, 2009, no future employees can become a participant, and no rehired employee can again become an active participant.
- (b) As of April 1, 2009, the participants' accrued normal benefit retirement is frozen, and no additional benefits will accrue after that date.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, demand deposits and short-term investments with original maturities of three months or less. The plan maintains cash and cash equivalent balances in financial institutions exceeding federally insured amounts. The plan has not incurred any losses in connection with these deposits.

Pension Benefits

The plan calls for benefits to be paid to eligible employees, at retirement, based primarily upon years of service with the company and the average of their five highest consecutive years of compensation. Eligible employees will normally receive either a joint or survivor annuity, although, an alternative form of payment may be determined by the administrator. Participants become fully vested in their accrued retirement benefit after seven years of service.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 1 - Description of Plan (cont.)

Death and Disability Benefits

The plan provides a death benefit equal to the greater of the present value of the participant's accrued benefit or the proceeds of any insurance contract purchased for such participant, as allowed by the plan. Active employees who become totally or permanently disabled receive annual disability benefits based on the present value of the participant's accrued benefit as of the date they become disabled. Disability benefits are paid until age 65 at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to age 65 with their annual compensation remaining the same as at the date they became disabled.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with generally accepted accounting principles requires the plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Investments

The plan's investments are valued at fair value using quoted market prices.

Net appreciation/depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The plan pays all significant administrative expenses of the plan.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Other Income

Other income reflected on the statement of changes in net assets available for benefits represents proceeds from insurance policies received by the plan, primarily for policy surrender values.

Funding Policy

The company's funding policy is to make annual contributions to the plan, determined by an actuary, to fund the present value of accumulated plan benefits in agreement with ERISA's minimum funding requirements.

Risks and Uncertainties

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

The plan has various investments in any combination of funds whose underlying assets consist of stock, equities, fixed income securities, mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Subsequent Events

The plan has evaluated subsequent events through August 25, 2011, which is the date that the financial statements were approved and available to be issued for events requiring recording or disclosure in the plan's financial statements.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 3 - Investments

The following presents investments as of November 30, 2010 and 2009 and investment income for the year ended November 30, 2010.

	<u>2010</u>	<u>2009</u>	
Investments			
Common stocks (none greater than 5% of assets)	\$ 2,932,132	\$ 1,653,096	
Mutual funds			
Prudential Stable Value Fund	-	609,915	*
Prudential Dryden Stock Index Fund	-	1,998,499	*
Growth Fund of America CLA	1,433,607	1,625,702	*
Europacific Growth Fund	-	82,463	
American High Income Trust	352,022	492,817	*
Bond Fund of America	167,550	253,740	
PIMCO Total Return	265,087	284,732	
PIMCO Real Return Fund	290,477	322,889	
Bonds			
Corporate (none greater than 5% of assets)	1,569,200	-	
Other	<u>246,416</u>	<u>125,000</u>	
Total Investments	<u>\$ 7,256,491</u>	<u>\$ 7,448,853</u>	

Investments that represent 5% or more of the plan's net assets are separately identified with an "***".

During the year ended November 30, 2010, the plan's investments (including dividends, interest, gains and losses on investments bought, sold, and held during the year) appreciated in value as follows:

Common stocks	\$ 196,776
Mutual funds	245,349
Bonds	<u>14,582</u>
Investment Gain	<u>\$ 456,707</u>

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 4 - Fair Value of Financial Instruments

The plan follows accounting principles generally accepted in the United States of America for measuring, reporting and disclosing fair value. These standards apply to all assets and liabilities that are measured, reported, and/or disclosed on a fair value basis.

As defined in the accounting standards, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Quoted market prices in active markets for identical investments.

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data. Level 2 inputs include (a) quoted prices for similar investment in active markets; (b) quoted prices for identical or similar investments in markets that are not active; and (c) inputs other than quoted prices that are observable for the investment.

Level 3 - Unobservable inputs that are not corroborated by market data. Unobservable inputs are inputs that reflect the plan's own assumptions used in pricing an investment based on the best information available.

The plan sponsor is responsible for the determination of fair value. Accordingly, they perform periodic analysis on the process received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the plan sponsor has not historically adjusted the process obtained from the pricing services.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2010 and November 30, 2009.

- > Mutual Funds: Valued at the net asset value of shares held by the plan at year-end.
- > Common Stocks: Valued at the per share value of shares held by the plan at year-end.
- > Bonds: Valued at their fair values held by the plan at year-end based on quoted market prices.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 4 - Fair Value of Financial Instruments (cont.)

The table below presents the balance of assets measured at fair value on a recurring basis by level within the hierarchy.

November 30, 2010				
	Total	Level 1	Level 2	Level 3
Mutual funds				
Large Growth Funds	\$ 1,433,607	\$ 1,433,607	\$ -	\$ -
Bond Funds	1,075,136	1,075,136	-	-
Common stocks	2,932,132	2,932,132	-	-
Bonds				
Corporate	1,567,902	1,567,902	-	-
Government & Agency	122,714	122,714	-	-
Foreign	125,000	125,000	-	-
 Total Assets	 <u>\$ 7,256,491</u>	 <u>\$ 7,256,491</u>	 <u>\$ -</u>	 <u>\$ -</u>

November 30, 2009				
	Total	Level 1	Level 2	Level 3
Mutual funds				
Large Growth Funds	\$ 3,624,201	\$ 3,624,201	\$ -	\$ -
Bond Funds	1,354,178	1,354,178	-	-
Foreign Large Blend Funds	82,463	82,463	-	-
Stable Value Funds	609,915	609,915	-	-
Common stocks	1,653,096	1,653,096	-	-
Bonds				
Foreign	125,000	125,000	-	-
 Total Assets	 <u>\$ 7,448,853</u>	 <u>\$ 7,448,853</u>	 <u>\$ -</u>	 <u>\$ -</u>

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 5 - Plan Termination

Presently, the company has no intention to terminate the plan; however, it may do so at any time. In the event of termination, the net assets of the plan will be allocated as prescribed by ERISA and the Pension Benefits Guaranty Corporation ("PBGC"). Certain benefits under the plan are insured by the PBGC if the plan terminates. Whether all participants receive their benefits should the plan terminate at some future time will depend on the sufficiency, at that time, of the plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 6 - Tax Status

The plan obtained its latest determination letter on February 28, 2003, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. The plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator is not aware of any events that have occurred that might adversely affect the plan's qualified status.

NOTE 7 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the plan's provisions to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered through the valuation date. The plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for such factors as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits is determined by the plan's actuary. Significant actuarial assumptions used in the valuation as of December 1, 2009 and 2008 are as follows:

	2009	2008
Calculated effective interest rate	6.67%	6.41%
Compensation increase rate	None	None
Mortality basis	IRS Prescribed Table	IRS Prescribed Table
Normal retirement age	65	65

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 7 - Actuarial Present Value of Accumulated Plan Benefits (cont.)

A comparison of actuarial present value of accumulated benefits and assets available for benefits as of December 1, 2009 and 2008 is presented below:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits		
Vested Benefits		
Active participants	\$ 8,449,447	\$ 9,374,196
Retirees and beneficiaries	1,904,473	1,360,716
Terminated participants	<u>748,897</u>	<u>366,320</u>
Total vested benefits	11,102,817	11,101,232
Nonvested benefits	<u>16,167</u>	<u>34,268</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 11,118,984</u>	 <u>\$ 11,135,500</u>

The actuarial present value of accumulated plan benefits has been calculated on the assumption that the plan will continue indefinitely. Values calculated pursuant to a plan termination would be different, and would depend on the timing and circumstances of the termination.

The changes in the actuarial present value of accumulated plan benefits for the year ended December 1, 2009 are presented below:

Actuarial present value of accumulated plan benefits at the beginning of the year		\$11,135,500
Increase (decrease) during the plan year attributable to:		
Net benefits accumulated (including actuarial gains and losses)	601,622	
Increase for interest due to the decrease in the discount period	732,222	
Benefits paid	<u>(1,350,360)</u>	
Net increase (decrease)		<u>(16,516)</u>
 Actuarial present value of accumulated plan benefits at year end		 <u>\$11,118,984</u>

The plan invests in insurance contracts for certain individual plan participants to fund their benefit obligation. These funds are allocated to purchase annuities for individual participants and may not be withdrawn or otherwise invested by the plan. Accordingly, the obligation to fund benefits is transferred to the insurance company, and these assets are not included in the assets of the plan. As of November 30, 2010 and 2009 the fair value of these contracts were approximately \$2,140,000 and \$2,319,000, respectively.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2010 and 2009

NOTE 8 - Party-In-Interest Transactions

The plan uses Glass Retirement Strategies, Inc. as the actuarial service provider. The plan also uses R.H. Bluestein & Company as investment advisors. Transactions with Glass Retirement Strategies, Inc. and R.H. Bluestein & Company qualify as party-in-interest, as defined by ERISA. In addition, certain plan-related audit and legal fees are paid by the plan. Total fees for all professional and investment advisor services amounted to approximately \$69,000 for the year ended November 30, 2010.

SUPPLEMENTAL INFORMATION

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001

EIN: 38-0783210

November 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	American High Income Trust	31,514.921 shares	\$ 326,393	\$ 352,022
	Bond Fund of America	13,577.795 shares	161,986	167,550
	Growth Fund of American Class A	49,674.533 shares	1,338,474	1,433,607
	PIMCO Total Return	23,071.124 shares	254,578	265,087
	PIMCO Real Return Fund	28,880.98 shares	280,772	290,477
	Common Stock			
	Agrium Inc	70 shares	3,910	5,616
	AXA	145 shares	3,590	2,079
	BAE Systems Plc	210 shares	4,538	4,341
	BASF SE	150 shares	9,089	11,264
	BHP Billiton Ltd	320 shares	24,096	26,368
	British Amern TOB PLC	150 shares	9,191	10,935
	Brookfield Asset Mgt	145 shares	3,077	4,238
	Canadian Natl Ry Co	175 shares	9,205	11,191
	Canadian National Resources Ltd	140 shares	4,700	5,384
	Canadian Pacific Railway	140 shares	10,794	13,438
	Cooper Industries Ltd	275 shares	11,740	14,988
	Core Laboratories Inc	80 shares	4,250	6,848
	Diageo PLC	160 shares	10,818	11,466
	Ensign Energy Service Inc	115 shares	1,587	1,468
	Fibria Celulose	50 shares	929	810
	Ingersol Rand Co	290 shares	10,257	11,890
	Manulife Finl Corp	130 shares	2,270	1,808
	Nabors Industries Ltd	600 shares	12,390	13,254
	Nestle SA	387 shares	18,423	21,181
	Noble Corp	540 shares	22,307	18,317
	Novartis AG	190 shares	10,564	10,148
	Partnerre Ltd	70 shares	5,393	5,425
	Potash Corp of Saskatchewan	145 shares	16,301	20,844
	Rio Tinto PLC	260 shares	13,267	16,674
	RWE Aktiengesellschaft	40 shares	3,668	2,500
	Schlumberger Ltd	245 shares	15,653	18,948
	Suncor Energy Inc	385 shares	13,941	12,940
	Talisman Energy Inc	255 shares	4,452	4,891
	Teck Cominco Ltd	225 shares	7,835	11,138

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001

EIN: 38-0783210

November 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stock (continued)			
	Tenaris SA	335 shares	13,219	14,264
	Transocean Inc	200 shares	17,078	13,406
	Trican Well Service	50 shares	606	968
	UBS AG	450 shares	7,061	6,782
	Unilever NV	350 shares	10,784	9,933
	Vale	600 shares	17,202	19,008
	Weatherford Intl Ltd	570 shares	9,519	11,634
	Yara International ASA	15 shares	644	715
	Aegon	1,646 shares	13,065	9,102
	AKZO Nobel	126 shares	9,985	6,822
	Alcatel-Lucent SA	3,405 shares	12,343	9,330
	Astellas Pharma-Unso ADR	365 shares	12,375	13,005
	Astrazenca PLC	470 shares	20,817	22,057
	Barclays PLC	560 shares	11,649	9,038
	BP Plc	180 shares	10,292	7,200
	Brasil Telecom	24 shares	380	198
	Canon Inc	505 shares	18,842	23,765
	Carrefour	2,650 shares	23,847	23,506
	Cemex	1,616 shares	16,732	14,609
	Centrais Elec Braz Com	1,857 shares	25,259	17,755
	CRH OLC ADR	925 shares	16,051	16,225
	DAI Nippon Printing Ltd	780 shares	9,827	9,781
	Daiichi Sankyo Co-Unspon	280 shares	6,187	6,084
	Deutsche Bank	75 shares	3,658	3,597
	Deutsche Telekom AG	2,130 shares	34,637	27,307
	ENI	600 shares	30,034	24,192
	Ericsson (LM) Tel-SP	1,730 shares	16,224	17,854
	First Pac Co Ltd	3,575 shares	9,644	15,087
	France Telecom	1,131 shares	30,543	23,084
	Fuji Heavy Inds Ltd	205 shares	4,529	15,201
	Fujifilm Holdings Corp	528 shares	14,123	17,757
	Glaxosmithkline PLC	580 shares	25,747	22,202
	H Lundbeck A/S	775 shares	14,423	13,408
	Honda Motor Ltd	360 shares	11,393	13,043
	Intesa Sanpaolo	645 shares	18,736	10,062
	Italcementi SPA	720 shares	9,605	4,968
	J Sainsbury Plc	652 shares	14,521	14,370

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001

EIN: 38-0783210

November 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stock (continued)			
	Kingfisher Plc	2,490 shares	20,667	18,127
	Koninklijke Ahold	1,757 shares	24,034	21,225
	Korea Elec Pwr Corp	855 shares	11,054	10,183
	Marks & Spencer Plc	2,309 shares	31,951	26,923
	Mitsubishi UFJ Financial	2,910 shares	16,969	13,706
	Mitsui Sumitomo Ins	14,785 shares	19,983	16,874
	Mizuho Financial Group	3,005 shares	11,376	9,406
	Nippon Telegraph & Telephone Corp	1,255 shares	27,700	28,413
	Nissan Motor	910 shares	13,314	17,072
	Nokia Corp	1,570 shares	22,441	14,491
	Petroleo Brasileiro	260 shares	7,882	7,613
	Portugal Telecom	1,399 shares	17,883	17,865
	Promise Co Ltd	1,390 shares	4,615	3,767
	Repsol YPF	165 shares	3,118	3,988
	Sanofi-Aventis	630 shares	28,847	21,211
	Seiko Epson Corp	1,920 shares	15,950	15,744
	Seven & I Jolding	185 shares	8,893	9,056
	SK Telecommunications Co	1,095 shares	18,602	19,688
	Sony Corp	480 shares	12,518	17,030
	ST Microelectronics	14,758 shares	11,791	13,201
	Sumitomo Mitshi Finl Group Inc	2,287 shares	15,758	13,882
	Swiss Reins Co	435 shares	20,679	20,054
	Swisscom AG	625 shares	25,735	25,531
	Takeda Pharaceutical	550 shares	11,319	12,716
	TDK Corp	235 shares	11,776	14,988
	Tele Norte Leste Participacoes	165 shares	3,590	2,325
	Telecom Argentina	485 shares	4,531	11,756
	Telecom Co New Zealand Ltd	881 shares	7,850	7,110
	Telecom Italia SPA	2,033 shares	36,651	25,042
	Telefonica SA	134 shares	11,864	8,576
	Telefonos de Mexico	565 shares	1,014	9,040
	TIM Participacoes	30 shares	810	965
	Tokio Marine Holdings	507 shares	14,808	14,292
	Total S.A. Spons	490 shares	26,057	23,897
	Toyota Motor Corporation	270 shares	21,153	20,976
	Tyco Electronics Ltd	598 shares	9,085	13,020

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001

EIN: 38-0783210

November 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stock (continued)			
	UBS AG - REG	820 shares	10,824	12,357
	Unilever NV	603 shares	19,179	17,113
	Vivo Participacoes	56 shares	1,708	1,617
	Vodafone Group Plc	275 shares	6,240	6,892
	Wolseley Plc	1,110 shares	2,165	2,930
	Wolters Kluwer NV	466 shares	10,697	9,273
	3M Company	400 shares	34,106	33,592
	Alcoa Inc	2,000 shares	28,124	26,250
	Allergan Inc.	400 shares	29,500	26,508
	American Express Company	1,000 shares	42,107	43,220
	Anheuser Busch Inbev	500 shares	25,939	27,470
	Apple Inc	200 shares	52,554	62,230
	BHP Billiton LTD	250 shares	14,429	20,600
	Bristol Myers Squibb Company	1,500 shares	39,016	37,860
	Caterpillar Inc.	600 shares	39,284	50,760
	Celgene Corporation	500 shares	27,884	29,690
	Cisco Systems Inc.	2,500 shares	57,330	47,900
	Citrix Systems Inc.	300 shares	20,081	19,929
	Coca Cola Company	600 shares	32,269	37,902
	Corning Inc.	2,000 shares	36,182	35,320
	Costco Wholesale Corporation	500 shares	29,171	33,805
	Deere & Company	300 shares	16,616	22,410
	Devon Energy Corporation	500 shares	35,009	35,285
	Direct TV	1,000 shares	40,169	41,530
	Disney Company	1,000 shares	34,563	36,510
	Fedex Corporation	500 shares	41,457	45,560
	FMC Technologies Inc.	500 shares	29,432	42,120
	Ford Motor Company	3,000 shares	32,702	47,820
	Freeport-McMoran Copper & Gold	600 shares	69,036	60,792
	Gilead Sciences Inc.	600 shares	21,417	21,900
	Google Inc.	100 shares	49,200	55,571
	Hess Corporation	500 shares	28,560	35,025
	HSBC Holdings PLC	800 shares	42,492	40,448
	ITC Holdings Corporation	500 shares	28,608	30,275
	Johnson & Johnson	500 shares	29,750	30,775
	McDonalds Corporation	500 shares	35,683	39,150
	McDonalds Corporation	500 shares	30,832	29,960

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001
EIN: 38-0783210
November 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stock (continued)			
	National Oilwell Varco Inc.	500 shares	19,851	30,645
	Nestle SA Sponsored	500 shares	25,245	27,365
	Netflix Inc.	150 shares	20,191	30,885
	Peabody Energy Corporation	500 shares	21,157	29,405
	Procter & Gamble Company	500 shares	30,749	30,535
	Republic Services Inc.	900 shares	27,999	25,326
	Roche Holdings LTD	500 shares	17,428	17,210
	Schlumberger LTD	800 shares	46,898	61,872
	Teva Pharm Insd	400 shares	21,799	20,016
	Union Pacific Corporation	500 shares	36,990	45,055
	US Bancorp	1,200 shares	28,235	28,536
	Vale SA	1,000 shares	32,410	31,680
	Visa Inc.	500 shares	36,123	36,925
	Brasil Telecom	42 shares	1,261	863
	Other			
	State of Israel - Bond	4.67% Due 04/01/12	25,000	25,000
	State of Israel - Bond	3.56% Due 12/01/12	25,000	25,000
	State of Israel - Bond	1.70% Due 10/01/11	50,000	50,000
	State of Israel - Bond	1.41% Due 02/01/12	25,000	25,000
	3M Company'	4.50% Due 11/01/11	104,978	103,882
	Abbot Labs	5.60% Due 05/15/11	103,865	102,436
	Berkshire Hathaway Fin	4.60% Due 05/15/13	108,528	107,887
	Caterpillar Financial Services	4.625% Due 06/01/15	55,107	54,724
	Chevron Corporation	3.95% Due 03/03/14	107,000	108,299
	Coca Cola Corporation	5.35% Due 11/15/17	112,500	116,447
	Colgate Palmolive	4.20% Due 05/15/13	108,000	108,045
	Eli Lilly & Co	3.55% Due 03/06/12	104,329	103,425
	Eli Lilly & Co	4.20% Due 03/06/14	108,003	108,799
	General Electric Company	5.00% Due 02/01/13	162,951	161,309
	Procter & Gamble Company	4.95% Due 08/15/14	111,513	113,138
	Walt Disney Company	6.375% Due 03/01/12	108,681	106,882
	Walt Disney Company	4.70% Due 12/01/12	108,499	107,700
	Wyeth	5.50% Due 03/15/13	165,306	164,930
	US Treasury Note Infl Index	112,300 shares	132,980	122,714
	TOTAL		<u>\$ 7,022,178</u>	<u>\$ 7,256,491</u>

* Represents a party in interest

**MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION
PLAN AND TRUST**

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

Plan # 001 EIN: 38-0783210

Year ended November 30, 2010

Description of asset (include interest rate and maturity in case of loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction	Net Gain/ (Loss)
Stable Value Fund	\$ 42.42	\$ 42.99	\$ -	-	\$ 609,915	\$ 618,155	\$ 8,240
Pru Stock Index Fund Cla Z	24.04	24.19	-	-	1,998,499	2,010,969	12,470
US Treasury Bills	0.99995875		-	-	499,979		
US Treasury Bills		0.99995875	-	-		499,979	
US Treasury Bills	0.99982500		-	-	499,913		
US Treasury Bills	-	0.99995875	-	-	-	499,913	-
Total Reportable Transactions			\$ -	\$ -	\$ 3,608,306	\$ 3,629,016	\$ 20,710

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2009 or fiscal plan year beginning	12/01/2009
and ending	11/30/2010
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan; ☒ a single-employer plan; </div> <div> ☐ a multiple-employer plan; or ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report; ☐ an amended return/report; </div> <div> ☐ the final return/report; ☐ a short plan year return/report (less than 12 months). </div> </div>	
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558; ☐ special extension (enter description) </div> <div> ☐ automatic extension; </div> <div> ☐ the DFVC program; </div> </div>	

Part II Basic Plan Information—enter all requested information					
1a Name of plan MADISON/STANDARD ELECTRIC COMPANIES PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 12/01/1959</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 12/01/1959	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 12/01/1959					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MADISON/STANDARD ELECTRIC COMPANIES 31855 VAN DYKE WARREN MI 48093-1047	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 38-0783210</td> </tr> <tr> <td>2c Sponsor's telephone number (586) 825-0200</td> </tr> <tr> <td>2d Business code (see instructions) 425110</td> </tr> </table>	2b Employer Identification Number (EIN) 38-0783210	2c Sponsor's telephone number (586) 825-0200	2d Business code (see instructions) 425110	
2b Employer Identification Number (EIN) 38-0783210					
2c Sponsor's telephone number (586) 825-0200					
2d Business code (see instructions) 425110					

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		9/9/11	BENJAMIN F. ROSENTHAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/9/11	BENJAMIN F. ROSENTHAL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		9/9/11	BENJAMIN F. ROSENTHAL
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	3b Administrator's EIN 3c Administrator's telephone number
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	5 355
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..... b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a, 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e..... g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a 234 6b 10 6c 94 6d 338 6e 0 6f 338 6g 6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1G 1I

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 6 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010

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

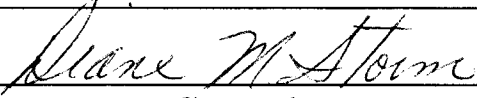
A Name of plan		B Three-digit plan number (PN)	001
Madison/Standard Electric Companies Pension Plan			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Identification Number (EIN)	
Madison/Standard Electric Companies		38-0783210	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a	10,751,590	
b Actuarial value	2b	10,751,590	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	9	1,466,248
b For terminated vested participants	3b	73	403,985
c For active participants:			
(1) Non-vested benefits	3c(1)		39,841
(2) Vested benefits	3c(2)		10,637,600
(3) Total active	3c(3)	278	10,677,441
d Total	3d	360	12,547,674
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.67 %	
6 Target normal cost	6	0	

Statement by Enrolled Actuary

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

SIGN HERE		08/30/2011
Signature of actuary		Date
Diane M. Storm		11-03737
Type or print name of actuary		Most recent enrollment number
Diane M. Storm		(248) 895-8473
Firm name		Telephone number (including area code)
495 Rolling Green Circle		
Rochester Hills MI 48309-1259		
Address of the firm		

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of <u>21.83</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		271,019
b	Interest on (a) using prior year's effective rate of <u>6.41</u> %		17,372
c	Total available at beginning of current plan year to add to prefunding balance		288,391
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages			
14	Funding target attainment percentage	14	85.68 %
15	Adjusted funding target attainment percentage	15	85.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	69.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/17/2010	51,747	11,742	10/15/2010	66,666	4,931
05/25/2010	14,920	17,612	11/15/2010	66,667	9,861
06/15/2010	66,667	5,852	12/15/2010	66,666	
07/16/2010	66,666	5,852	01/17/2011	66,667	
08/17/2010	66,667	5,382	02/15/2011	66,666	
09/15/2010	66,667	5,179	03/15/2011	133,334	
Totals ►			18(b)	800,000	18(c) 66,411

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	754,394

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
4.81 %2nd segment:
6.69 %3rd segment:
6.78 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

1

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

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

0

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

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

1,043,224

229,984

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

229,984

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

36 Additional cash requirement (item 34 minus item 35)**36**

229,984

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

754,394

38 Interest-adjusted excess contributions for current year (see instructions)**38**

524,410

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

0

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
Employer ID# 38-0783210: Plan No. 001**

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 1, 2009

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Adj Ctb</u>
02-17-2010	51,747.00	2009	6.67%	51,051.13
05-25-2010	14,920.00	2009	6.67%	14,463.57
06-15-2010	66,667.00	2009	6.67%	64,392.37
07-16-2010	66,666.00	2009	6.67%	64,034.74
08-17-2010	66,667.00	2009	6.67%	63,681.01
09-15-2010	66,667.00	2009	6.67%	63,361.27
10-15-2010	66,666.00	2009	6.67%	63,020.30
11-15-2010	66,667.00	2009	6.67%	62,683.05
12-15-2010	66,666.00	2009	6.67%	62,345.73
01-17-2011	66,667.00	2009	6.67%	61,990.57
02-15-2011	66,666.00	2009	6.67%	61,678.39
03-15-2011	9,170.00	2009	6.67%	8,438.42
04-15-2011	66,667.00	2009	6.67%	61,019.10
05-27-2011	57,497.00	2009	6.67%	52,234.65
Totals:	800,000.00			754,394.30

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year			
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a		0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b		0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	754,394.30	

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Statement of Actuarial Assumptions and Method

Plan Year: 12/1/2009 to 11/30/2010

Valuation Date: 12/1/2009

	<u>For PPA Funding</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Segment 1 4.81%	Segment 1 3.55%	Pre-Retirement 5.00%
	Segment 2 6.69%	Segment 2 4.75%	Post-Retirement 5.00%
	Segment 3 6.78%	Segment 3 4.94%	
Pre-Retirement			
Turnover	T-5 LESS GA51M WITHDRAWAL RATES	None	None
Mortality	Male-RP2000 Employee Male Table Projected to 2024 with Scale AA Female-RP2000 Employee Female Table Projected to 2024 with Scale AA	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Future Insurance	Insurance is assumed to be carried at the current level until retirement		Not applicable
Post-Retirement			
Mortality	Male-RP2000 Healthy Male Retiree Projected to 2016 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2016 with Scale AA	Male-modified RP2000 combined healthy male projected 24 & 16 yrs Female-modified RP2000 combined healthy female projected 24 & 16 yrs	GA 51 M projected to '70 with scale C set back 2 years
Assumed Benefit Form For Funding		Normal Form	
Calculated Effective Interest Rate		6.67%	

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Statement of Actuarial Assumptions and Method

Plan Year: 12/1/2009 to 11/30/2010

Valuation Date: 12/1/2009

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Summary of Plan Provisions
Plan Year: 12/1/2009 to 11/30/2010

Plan Effective Date	December 1, 1959
Plan Year	From December 1 to November 30
Eligibility	<p>All employees not excluded by class are eligible to enter on the December 1 coincident with or following the completion of the following requirements:</p> <p>6 months of service Minimum age 20 years and 6 months old</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 65 Completion of 5 years of participation</p>
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p>Maximum benefit is \$16,250 per month Maximum percent of salary is 100%</p> <p>Benefit is based on average salary during the highest 5 consecutive years of employment during the last 10 years</p>
Early Retirement Age	<p>Attainment of age 60</p> <p>10 years of service</p>
Early Retirement Benefit	1/15th, 1/30th
Normal Form of Benefit	A benefit payable for the life of the participant and payments guaranteed for 5 years
Accrued Benefit	<p>A fraction of the normal retirement benefit calculated based on the assumption that the average salary preceding termination equals the average salary at retirement such fraction being equal to the years to date divided by what the years at retirement would have been had employment continued until retirement</p> <p>Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:</p> <p>Years before December 1, 2005 Years with less than 1,000 hours</p>

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Summary of Plan Provisions
Plan Year: 12/1/2009 to 11/30/2010

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	20
4	40
5	60
6	80
7	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each non-key participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours
excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Vesting

In any year the plan is top-heavy the participants will vest in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Summary of Plan Provisions
Plan Year: 12/1/2009 to 11/30/2010

Credited Years	Vested Percent
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

The greater of the proceeds of any insurance policies on the life of the participant or the actuarial equivalent of the accrued benefit earned to date of death but in no event more than the larger of 100 times the anticipated retirement benefit or the reserves under a typical Individual Level Premium funding method

Insurance

83GAMU TERM RISK 83GAMU Mortality Risk per \$1,000 Death Benefit--

No one with less than 1 years of service over age 60 will be issued new insurance

Early Retirement

Equal to the accrued benefit with a pre-NRA reduction of 1/15, 1/30

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Optional Forms of Benefit

The following forms of benefit are provided under this plan:

The normal form of benefit under this plan is Life With 5 Years Certain.

This benefit is payable for the life of the participant. Should the participant die within 5 years of benefit commencement, payments will continue to his/her beneficiary for the balance of the 5-year period.

For married participants, the actuarial equivalent of this benefit will be paid in the form of Joint and 50% Survivor unless the participant elects otherwise and his/her spouse consents. This benefit is payable for the life of the participant. Should the participant die before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.

The following forms of benefit are also available under this plan:

Life Only	This benefit is payable for the life of the participant.
Life With 5 Years Certain	This benefit is payable for the life of the participant. Should the participant die within 5 years of benefit commencement, payments will continue to his/her beneficiary for the balance of the 5-year period.
Life With 15 Years Certain	This benefit is payable for the life of the participant. Should the participant die within 15 years of benefit commencement, payments will continue to his/her beneficiary for the balance of the 15-year period.
Life With 20 Years Certain	This benefit is payable for the life of the participant. Should the participant die within 20 years of benefit commencement, payments will continue to his/her beneficiary for the balance of the 20-year period.
Joint and 100% Survivor	This benefit is payable for the life of the participant. This benefit is payable for the life of the participant and his/her beneficiary.
Joint and 75% Survivor	This benefit is payable for the life of the participant. Should the participant die before his/her beneficiary, 75% of the benefit will continue for the life of the beneficiary.
Joint and 50% Survivor	This benefit is payable for the life of the participant. Should the participant die before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.
Single Lump Sum	This is a one-time payment of the lump sum equivalent of the plan's normal form of benefit.

Attachment to 2009 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name Madison/Standard Electric Companies Pension Plan

EIN: 38-0783210

Plan Sponsor's Name Madison/Standard Electric Companies

PN: 001

Describe the change:

The method of valuing the insured Death Benefit was changed from a term cost method to valuing the Death Benefit using the PPA funding method.

MADISON/STANDARD ELECTRIC COMPANIES**DEFINED BENEFIT PENSION PLAN AND TRUST**

Schedule of Active Participant Data
Plan Year: 12/1/2009 to 11/30/2010
Valuation Date: 12/1/2009

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1-4	5	6	4	8	11	6	5	2	3	1	2	53
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2770
5-9	0	0	7	8	12	11	18	8	4	2	1	71
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4337
10-14	0	0	3	13	4	12	10	4	4	1	0	51
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4786
15-19	0	0	0	5	8	6	7	7	3	2	0	38
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5147
20-24	0	0	0	0	2	10	4	9	8	0	0	33
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5122
25-29	0	0	0	0	0	0	5	4	3	2	0	14
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	0	0	0	1	6	5	0	0	12
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	0	0	0	0	0	4	1	0	5
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40+	0	0	0	0	0	0	0	0	0	1	0	1
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	5	6	14	34	37	45	50	40	34	10	3	278
Ave Sal	n/a	n/a	n/a	3873	4105	4827	4935	6004	8805	n/a	n/a	5545

*Employees who have not met the minimum eligibility requirements are excluded

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Shortfall Amortization
Valuation Date: December 1, 2009

<u>Year</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
(a) Six Years Prior	1	\$0	\$0
(b) Five Years Prior	2	\$0	\$0
(c) Four Years Prior	3	\$0	\$0
(d) Three Years Prior	4	\$0	\$0
(e) Two Years Prior	5	\$0	\$0
(f) One Year Prior	6	\$484,034	\$2,558,150
(g) Current Plan Year	7	<u>\$(254,050)</u>	<u>\$(1,514,926)</u>
(h) Total		\$229,984	\$1,043,224

EIN: 38-0783210 / PN 001

Attachment to 2008 Form 5500
Schedule SB, line 22 – Description of Weighted Average Retirement Age

MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
EIN: 38-0783210 / PLAN # 001

FOR THE PLAN YEAR
DECEMBER 1, 2009 THROUGH NOVEMBER 30, 2010

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

Actives are assumed to retire on their normal retirement date of 65 with 5 years of participation. In this plan 264 are assumed to retire at age 65 and the remaining 18 are retiring with 5 years of participation at ages from 66 to 79.

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2009 and Ending 11/30/2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>EQUITIES</u>			
	Agrium Inc	70 shares	\$ 3,910	\$ 5,616
	AXA	145 shares	\$ 3,590	\$ 2,079
	BAE Systems Place	210 shares	\$ 4,538	\$ 4,341
	BASF SE	150 shares	\$ 9,089	\$ 11,264
	BHP Billiton Ltd	320 shares	\$ 24,096	\$ 26,368
	British Amern TOB PLC	150 shares	\$ 9,191	\$ 10,935
	Brookfield Asset Mgt	145 shares	\$ 3,077	\$ 4,238
	Canadian Natl Ry Co	175 shares	\$ 9,205	\$ 11,191
	Canadian National Resources Ltd	140 shares	\$ 4,700	\$ 5,384
	Canadian Pacific Railway	140 shares	\$ 10,794	\$ 13,438
	Cooper Industries Ltd	275 shares	\$ 11,740	\$ 14,988
	Core Laboratories Inc	80 shares	\$ 4,250	\$ 6,848
	Diageo PLC	160 shares	\$ 10,818	\$ 11,466
	Ensign Energy Service Inc	115 shares	\$ 1,587	\$ 1,468
	Fibria Celulose S A	50 shares	\$ 929	\$ 810
	Ingersoll Rand Co	290 shares	\$ 10,257	\$ 11,890
	Manulife Finl Corp	130 shares	\$ 2,270	\$ 1,808
	Nabors Industries Ltd	600 shares	\$ 12,390	\$ 13,254
	Nestle SA	387 shares	\$ 18,423	\$ 21,181
	Noble Corp	540 shares	\$ 22,307	\$ 18,317
	Novartis AG	190 shares	\$ 10,564	\$ 10,148
	Partnerre Ltd	70 shares	\$ 5,393	\$ 5,425
	Potash Corp of Saskatchewan	145 shares	\$ 16,301	\$ 20,844
	Rio Tinto PLC	260 shares	\$ 13,267	\$ 16,674
	RWE Aktiengesellschaft	40 shares	\$ 3,668	\$ 2,500
	Schlumberger Ltd	245 shares	\$ 15,653	\$ 18,948
	Suncor Energy Inc	385 shares	\$ 13,941	\$ 12,940
	Talisman Energy Inc	255 shares	\$ 4,452	\$ 4,891
	Teck Cominco Ltd	225 shares	\$ 7,835	\$ 11,138
	Tenaris SA	335 shares	\$ 13,219	\$ 14,264
	Transocean Inc	200 shares	\$ 17,078	\$ 13,406
	Trican Well Service	50 shares	\$ 606	\$ 968
	UBS AG	450 shares	\$ 7,061	\$ 6,782
	Unilever NV	350 shares	\$ 10,784	\$ 9,933
	Vale	600 shares	\$ 17,202	\$ 19,008
	Weatherford Intl Ltd	570 shares	\$ 9,519	\$ 11,634
	Yara International ASA	15 shares	\$ 644	\$ 715
	Aegon	1646 shares	\$ 13,065	\$ 9,102
	AKZO Nobel	126 shares	\$ 9,985	\$ 6,822
	Alcatel-Lucent SA	3405 shares	\$ 12,343	\$ 9,330
	Astellas Pharma-Unso ADR	365 shares	\$ 12,375	\$ 13,005

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2009 and Ending 11/30/2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Astrazeneca PLC	470 Shares	\$ 20,817	\$ 22,057
	Barclays PLC	560 shares	\$ 11,649	\$ 9,038
	BP PLC	180 Shares	\$ 10,292	\$ 7,200
	Brasil Telecom SA Common	24 Shares	\$ 380	\$ 198
	Canon Inc	505 Shares	\$ 18,842	\$ 23,765
	Carrefour SA	2650 Shares	\$ 23,847	\$ 23,506
	Cemex SAB DE	1616 shares	\$ 16,732	\$ 14,609
	Centrais Elec Braz Com	1,857 shares	\$ 25,259	\$ 17,755
	CRH OLC ADR	925 shares	\$ 16,051	\$ 16,225
	DAI Nippon Printing Ltd	780 shares	\$ 9,827	\$ 9,781
	Daiichi Sankyo Co-Unspon	280 shares	\$ 6,187	\$ 6,084
	Deutsche Bank AG	75 shares	\$ 3,658	\$ 3,597
	Deutsche Telekom AG	2130 shares	\$ 34,637	\$ 27,307
	ENI	600 shares	\$ 30,034	\$ 24,192
	Ericsson (LM) Tel-SP	1730 Shares	\$ 16,224	\$ 17,854
	First Pac Co Ltd	3575shares	\$ 9,644	\$ 15,087
	France Telecom	1131 Shares	\$ 30,543	\$ 23,084
	Fuji Heavy Inds Ltd	205 shares	\$ 4,529	\$ 15,201
	Fujifilm Holdings Corp	528 shares	\$ 14,123	\$ 17,757
	Glaxosmithkline PLC	580 Shares	\$ 25,747	\$ 22,202
	H Lundbeck A/S	775 shares	\$ 14,423	\$ 13,408
	Honda Motor Ltd	360 shares	\$ 11,393	\$ 13,043
	Intesa Sanpaolo	645 shares	\$ 18,736	\$ 10,062
	Italcementi SPA	720 shares	\$ 9,605	\$ 4,968
	J Sainsbury PLC	652 shares	\$ 14,521	\$ 14,370
	Kingfisher PLC	2490 shares	\$ 20,667	\$ 18,127
	Koninklijke Ahold	1757 shares	\$ 24,034	\$ 21,225
	Korea Elec Pwr Corp	855 shares	\$ 11,054	\$ 10,183
	Marks & Spencer PLC	2309shares	\$ 31,951	\$ 26,923
	Mitsubishi UFJ Financial	2910 Shares	\$ 16,969	\$ 13,706
	MSAD = Mitsui Sumitomo Ins	14785 Shares	\$ 19,983	\$ 16,874
	Mizuho Financial Grp	3005 shares	\$ 11,376	\$ 9,406
	Nippon Telegraph & Telephone Co	1255 Shares	\$ 27,700	\$ 28,413
	Nissan Mtr Ltd	910 shares	\$ 13,314	\$ 17,072
	Nokia Corp	1570 shares	\$ 22,441	\$ 14,491
	Petroleo Brasileiro SA	260 shares	\$ 7,882	\$ 7,613
	Portugal Telecom SGPS	1399 shares	\$ 17,883	\$ 17,865
	Promise Co Ltd	1,390 shares	\$ 4,615	\$ 3,767
	Repsol YPF S.A.	165 shares	\$ 3,118	\$ 3,988
	Sanofi-Aventis	630 shares	\$ 28,847	\$ 21,211
	Seiko Epson Corp	1920 shares	\$ 15,950	\$ 15,744
	Seven & I Jolding ADR	185 shares	\$ 8,893	\$ 9,056

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2009 and Ending 11/30/2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	SK Telecommunications Co	1095 shares	\$ 18,602	\$ 19,688
	Sony Corp	480 shares	\$ 12,518	\$ 17,030
	ST Microelectronics	14758 shares	\$ 11,791	\$ 13,201
	Sumitomo Mitshi Finl Group Inc	2287.shares	\$ 15,758	\$ 13,882
	Swiss Reins Co	435 shares	\$ 20,679	\$ 20,054
	Swisscom AG	625 shares	\$ 25,735	\$ 25,531
	Takeda Pharmaceutical	550 shares	\$ 11,319	\$ 12,716
	TDK Corp	235 shares	\$ 11,776	\$ 14,988
	Tele Norte Leste Participacoes SA	165 shares	\$ 3,590	\$ 2,325
	Telecom Argentina SA	485 shares	\$ 4,531	\$ 11,756
	Telecom Co New Zealand Ltd	881 shares	\$ 7,850	\$ 7,110
	Telecom Italia SPA	2033 shares	\$ 36,651	\$ 25,047
	Telefonica SA	134 shares	\$ 11,864	\$ 8,576
	Telefonos de Mexico SA	565 shares	\$ 10,142	\$ 9,040
	TIM Participacoes SA	30 shares	\$ 810	\$ 965
	Tokio Marine Holdings	507shares	\$ 14,808	\$ 14,292
	Total S.A. Spons ADR	490 shares	\$ 26,057	\$ 23,897
	Toyota Mtr Corp adr	270 shares	\$ 21,153	\$ 20,976
	Tyco Electronics Ltd	598 shares	\$ 9,085	\$ 13,020
	UBS AG -REG	820 shares	\$ 10,824	\$ 12,357
	Unilever NV	603 shares	\$ 19,179	\$ 17,113
	Vivo Participacoes SA	56 shares	\$ 1,708	\$ 1,617
	Vodafone Group PLC	275 shares	\$ 6,240	\$ 6,892
	Wolseley PLC	1,110 shares	\$ 2,165	\$ 2,930
	Wolters Kluwer NV	466shares	\$ 10,697	\$ 9,273
	3M Co	400 shares	\$ 34,106	\$ 33,592
	Alcoa Inc	2000 Shares	\$ 28,124	\$ 26,250
	Allergan Inc	400 shares	\$ 29,500	\$ 26,508
	American Express Co	1000 Shares	\$ 42,107	\$ 43,220
	Anheuser Busch Inbev SA ADR	500 Shares	\$ 25,939	\$ 27,470
	Apple Inc	200 Shares	\$ 52,554	\$ 62,230
	BHP Billiton LTD ADR	250 Shares	\$ 14,429	\$ 20,600
	Bristol Myers Squibb Co	1500 shares	\$ 39,016	\$ 37,860
	Caterpillar Inc	600 shares	\$ 39,284	\$ 50,760
	Celgene Corp	500 Shares	\$ 27,884	\$ 29,690
	Cisco Systems Inc	2500 Shares	\$ 57,330	\$ 47,900
	Citrix System Inc.	300 Shares	\$ 20,081	\$ 19,929
	Coca Cola Co	600 shares	\$ 32,269	\$ 37,902
	Corning Inc	2000 Shares	\$ 36,182	\$ 35,320
	Costco Wholesale Corp	500 Shares	\$ 29,171	\$ 33,805
	Deere & Co	300 Shares	\$ 16,616	\$ 22,410
	Devon Energy Corp	500 Shares	\$ 35,009	\$ 35,285

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2009 and Ending 11/30/2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	DirecTV-A	1000 Shares	\$ 40,169	\$ 41,530
	Disney Company Del	1000 Shares	\$ 34,563	\$ 36,510
	Fedex Corp	500 Shares	\$ 41,457	\$ 45,560
	FMC Technologies Inc	500 Shares	\$ 29,432	\$ 42,120
	Ford Motor Co	3000 shares	\$ 32,702	\$ 47,820
	Freeport-McMoran Cooper & Gold	600 Shares	\$ 69,036	\$ 60,792
	Gilead Sciences Inc	600 Shares	\$ 21,417	\$ 21,900
	Google Inc AA	100 Shares	\$ 49,200	\$ 55,571
	Hess Corp	500 Shares	\$ 28,560	\$ 35,025
	HSBC Holdings PLC ADR	800 Shares	\$ 42,492	\$ 40,448
	ITC Holdings Corp	500 Shares	\$ 28,608	\$ 30,275
	Johnson & Johnson	500 Shares	\$ 29,750	\$ 30,775
	McDonalds Corp	500 Shares	\$ 35,683	\$ 39,150
	Monsanto Co	500 Shares	\$ 30,832	\$ 29,960
	National Oilwell Varco Inc	500 Shares	\$ 19,851	\$ 30,645
	Nestle SA Sponsored ADR	500 Shares	\$ 25,245	\$ 27,365
	NetFlix Inc	150 Shares	\$ 20,191	\$ 30,885
	Peabody Energy Corp	500 Shares	\$ 21,157	\$ 29,405
	Procter & Gamble Co	500 Shares	\$ 30,749	\$ 30,535
	Republic Services Inc	900 Shares	\$ 27,999	\$ 25,326
	Roche Holdings Ltd ADR	500 Shares	\$ 17,428	\$ 17,210
	Schlumberger LTD	800 Shares	\$ 46,898	\$ 61,872
	Teva Pharm Insd ADR	400 Shares	\$ 21,799	\$ 20,016
	Union Pacific Corp	500 Shares	\$ 36,990	\$ 45,055
	US Bancorp	1200 Shares	\$ 28,235	\$ 28,536
	Vale SA ADR	1000 Shares	\$ 32,410	\$ 31,680
	Visa Inc CL A	500 Shares	\$ 36,123	\$ 36,925
			\$ 2,840,596	\$ 2,931,269
	<u>PREFERRED SHARES</u>			
	Brasil Telecom Part	42 shares	\$ 1,261	\$ 863
				\$ 863

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2009 and Ending 11/30/2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>MUTUAL FUNDS</u>			
	American High Income Trust	31514.921 shares	\$ 326,393	\$ 352,022
	Bond Fund of America	13577.795 shares	\$ 161,986	\$ 167,550
	American Funds Growth Fund of A	49674.533 shares	\$ 1,338,474	\$ 1,433,607
	PIMCO Fds Pac Inv't Mgt Ser Total	23071.1235 shares	\$ 254,578	\$ 265,087
	PIMCO Real Return Fund	28,880.98 shares	\$ 280,772	\$ 290,477
			<u>\$ 2,362,203</u>	<u>\$ 2,508,743</u>
	<u>CORPORATE BONDS</u>			
	3M Co	100000 Shares @ 4.50% Due-11/1/11	\$ 104,978	\$ 103,882
	Abbot Labs	100000 Shares @ 5.60% Due-5/15/11	\$ 103,865	\$ 102,436
	Berkshire Hathaway Fin	100000 Shares @ 4.60% Due-5/15/13	\$ 108,528	\$ 107,887
	Caterpillar Fin Svc	50000 Shares @ 4.625% Due-6/1/15	\$ 55,107	\$ 54,724
	Chevron Corp	100000 Shares @ 3.95% Due-3/3/14	\$ 107,000	\$ 108,299
	Coca Cola Co	100000 Shares @ 5.35% Due-11/15/17	\$ 112,500	\$ 116,447
	Colgate Palmolive	100000 Shares @ 4.20% Due-5/15/13	\$ 108,000	\$ 108,045
	Eli Lilly & Co	100000 Shares @ 3.55% Due-3/6/12	\$ 104,329	\$ 103,425
	Eli Lilly & Co	100000 Shares @ 4.20% Due-3/6/14	\$ 108,003	\$ 108,799
	General Electric Co	150000 Shares @ 5.00% Due-2/1/13	\$ 162,951	\$ 161,309
	Procter & Gamble Co	100000 Shares @ 4.95% Due-8/15/14	\$ 111,513	\$ 113,138
	Walt Disney Co	100000 Shares @ 6.375% Due-3/1/12	\$ 108,681	\$ 106,882
	Walt Disney Co	100000 Shares @ 4.70% Due-12/1/12	\$ 108,499	\$ 107,700
	Wyeth	150000 Shares @ 5.50% Due-3/15/13	\$ 165,306	\$ 164,930
			<u>\$ 1,569,260</u>	<u>\$ 1,567,902</u>

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2009 and Ending 11/30/2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
<u>OTHER</u>				
	State of Israel Bonds	various dates/maturities	\$ 125,000	\$ 125,000
			\$ 125,000	\$ 125,000
<u>GOVERNMENT & AGENCY ISSUES</u>				
	US Treasury Note Infl Indx	112,300 Shares	\$ 132,980	\$ 122,714
			\$ 132,980	\$ 122,714
<u>CASH & EQUIVALENTS</u>				
	Money Market / Sweep Funds	multiple accounts	\$ 375,970	\$ 354,384
	Fed Govt Obligs MMKT	643,484.510 Shares	\$ 643,485	\$ 643,485
			\$ 1,019,455	\$ 997,868
Total Plan Investments				<u><u>\$ 8,254,359</u></u>

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)**Madison / Standard Electric Companies Pension Plan****Employer Identification Number: 38-0783210****Plan Number: 001****For the Plan Year Beginning 12/01/2009 and Ending 11/30/2010**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity	Cost of acquisitions	Proceeds of dispositions
	<u>EQUITIES</u>			
	TOTAL S.A.	90 Shares	\$ 5,205	\$ 4,201
	TOYOTA MTR CORP	60 Shares	\$ 5,025	\$ 4,264
	Boeing Co	600 Shares	\$ 40,719	\$ 37,346
	Clorox Co	500 Shares	\$ 33,218	\$ 31,235
	Cree Inc	300 Shares	\$ 17,757	\$ 14,785
	Dow Chemical Co	1000 Shares	\$ 27,327	\$ 31,252
	E I DuPont	500 Shares	\$ 21,435	\$ 23,595
	Edwards Lifesciences	300 Shares	\$ 20,416	\$ 19,719
	Exxon Mobil Corp	300 Shares	\$ 19,964	\$ 21,504
	General Mills Inc	500 Shares	\$ 18,831	\$ 18,215
	Gold Trust	200 Shares	\$ 26,504	\$ 27,486
	Goldman Sachs Grp	100 Shares	\$ 15,413	\$ 15,812
	Intel Corp	1000 Shares	\$ 20,005	\$ 20,810
	JPMorgan Chase	600 Shares	\$ 23,785	\$ 22,802
	Microsoft Corp	800 Shares	\$ 20,794	\$ 19,699
	NextEra Energy Inc	500 Shares	\$ 27,072	\$ 26,880
	Occidental Petroleum	2500 Shares	\$ 197,383	\$ 199,925
	Owens Corning Inc	600 Shares	\$ 18,699	\$ 16,080
	Potash Corp	250 Shares	\$ 27,895	\$ 36,672
	Verizon Comm	700 Shares	\$ 20,881	\$ 22,778
	Whole Foods Mkt Inc	300 Shares	\$ 11,709	\$ 11,760
			\$ 620,037	\$ 626,816

Schedule H, line 4j - Schedule of Reportable Transactions

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2009 and Ending 11/30/2010

(a)	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with	(g) Cost of Asset	(h) Current value of asset on transaction	(i) Net gain or (loss)
	Stable Value Fund	\$ 42.42	\$ 42.99			\$ 609,914.87	\$ 618,154.94	\$ 8,240.07
	Pru Stock Index Fund Cla Z	\$ 24.04	\$ 24.19			\$ 1,998,499.10	\$ 2,010,968.94	\$ 12,469.84
	US Treasury Bills	\$ 0.99995875				\$ 499,979.38		
	US Treasury Bills		\$ 0.99995875				\$ 499,979.38	\$ -
	US Treasury Bills	\$ 0.99982500				\$ 499,912.50		
	US Treasury Bills		\$ 0.99995875				\$ 499,912.50	\$ -
					\$ -	\$ -	\$ 3,608,306	\$ 3,629,016
							\$ 20,710	

APPLICABLE TO STANDARD ELECTRIC: Pension Consolidation thru Omega 5

Insurance contracts (cont.)

<u>Policy Numbers</u>	<u>Issue Years</u>	<u>Basis</u>
3,000,000 and higher (Vanguard VIII) (Survivorship Life)	1995 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
3,000,000 and higher (MetMass) (Vanguard IX) (Survivorship Life)	1996 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,800,000 and higher (NELICO) (Vanguard Series) (Survivorship Life) (L10, L85)	1996 - Present 1996 - 2002 1996 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,199,999	1980 - 1981	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,200,000 - 7,299,999 (OL) (RI) (YRT)	1981- 1983 1981- 1984 1981 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,300,000 - 7,399,999 (Pension Consolidation)	1983- 1983	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 2)	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 3)	1989 - 1994	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,500,000 and higher (Omega 4)	1985 - 1987	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,700,000 and higher (Omega 5)	1996 - Present	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,049,999 (UL - FEL)	1982 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,050,000 - 7,099,999 (Non-Pension) (UL-84) (UL-CCL)	1984 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1989 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1991 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,050,000 and higher (Ultraflex)	1999 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 - 7,999,999 (Pension) (UL -84) (UL-CCL)	1984- 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1989 - 1996	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 and higher (Pension) (UL -CCL)	1996 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 - 7,999,999 First to Die UL)	1993 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,000,001 - 7,999,999 (VUL)	1995 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

APPLICABLE TO STANDARD ELECTRIC: Pension Consolidation thru Omega 5

Insurance contracts (cont.)

<u>Policy Numbers</u>	<u>Issue Years</u>	<u>Basis</u>
3,000,000 and higher (Vanguard VIII) (Survivorship Life)	1995 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
3,000,000 and higher (MetMass) (Vanguard IX) (Survivorship Life)	1996 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,800,000 and higher (NELICO) (Vanguard Series) (Survivorship Life) (L10, L85)	1996 - Present 1996 - 2002 1996 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,199,999	1980 - 1981	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,200,000 - 7,299,999 (OL) (RI) (YRT)	1981- 1983 1981- 1984 1981 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,300,000 - 7,399,999 (Pension Consolidation)	1983- 1983	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 2)	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 3)	1989 - 1994	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,500,000 and higher (Omega 4)	1985 - 1987	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,700,000 and higher (Omega 5)	1996 - Present	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,049,999 (UL - FEL)	1982 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,050,000 - 7,099,999 (Non-Pension) (UL-84) (UL-CCL)	1984 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1989 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1991 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,050,000 and higher (Ultraflex)	1999 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 - 7,999,999 (Pension) (UL -84) (UL-CCL)	1984- 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1989 - 1996	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 and higher (Pension) (UL -CCL)	1996 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 - 7,999,999 First to Die UL)	1993 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,000,001 - 7,999,999 (VUL)	1995 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)