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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

B This return/report is:
- [ ] the first return/report;
- [ ] 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
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1957

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

SPRINGFIELD ELECTRIC SUPPLY COMPANY

700 NORTH 9TH STREET
PO BOX 4106
SPRINGFIELD, IL 62708

2b Employer Identification Number (EIN) 37-0739309

2c Sponsor's telephone number 217-788-2100

2d Business code (see instructions) 423600

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.	07/27/2012	LISA HUINKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

700 NORTH 9TH STREET
PO BOX 4106
SPRINGFIELD, IL 62708

3b Administrator's EIN
37-0739309

3c Administrator's telephone number
217-788-2100

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**	256
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**	165
b	Retired or separated participants receiving benefits	**6b**	42
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	242
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	8
f	Total. Add lines **6d** and **6e**	**6f**	250
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
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)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
37-0739309

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2	Assets:			
	a Market value		**2a**	13914403
	b Actuarial value		**2b**	13914403
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	49	8167029
	b For terminated vested participants	**3b**	35	1131420
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		172286
	(2) Vested benefits	**3c(2)**		7312952
	(3) Total active	**3c(3)**	172	7485238
	d Total	**3d**	256	16783687
4	If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.30 %
6	Target normal cost		**6**	234770

Statement by Enrolled Actuary

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

SIGN HERE

	06/14/2012
Signature of actuary	Date
DAVID HILKO	11-05365
Type or print name of actuary	Most recent enrollment number
DELOITTE CONSULTING LLP	312-486-3057
Firm name	Telephone number (including area code)
111 SOUTH WACKER CHICAGO, IL 60606-4301	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	553684	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	553684	0
10	Interest on line 9 using prior year's actual return of 14.52%	80395	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		198
b	Interest on (a) using prior year's effective rate of 6.69 % except as otherwise provided (see instructions)		13
c	Total available at beginning of current plan year to add to prefunding balance		211
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	146626	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	487453	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	78.02 %
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
10/14/2011	246000	0			
04/15/2011	246000	0			
07/15/2011	246000	0			
01/13/2012	246000	0			
		Totals ► 18(b)		984000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions 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	944865

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.78%	6.31%	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
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 contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	234770
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3356737	707083
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	941853

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	941853
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	944865

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	3012
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINGFIELD ELECTRIC SUPPLY COMPANY

D Employer Identification Number (EIN)
37-0739309

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

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

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

DELOITTE CONSULTING LLP

06-1454513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	36805	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB TRUST COMPANY

94-3149038

(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?
21 50	NONE	43335	Yes [ ] No [X]	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 [ ]

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

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

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

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

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

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

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

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINGFIELD ELECTRIC SUPPLY COMPANY

D Employer Identification Number (EIN)
37-0739309

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	68670	71362
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	206000	246000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1109989	3220225
(2) U.S. Government securities	1c(2)	2419466	2200921
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1964304	1140349
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2151417	1472524
(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)	5995112	5551912
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13914958	13903293
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13914958	13903293

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	984000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		984000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8294	
(B) U.S. Government securities	2b(1)(B)	83908	
(C) Corporate debt instruments	2b(1)(C)	73650	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		165852
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	13569	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	123481	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		137050
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	119090	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		119090
(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)		-395920
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1010072
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	915208	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		915208
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)	36805	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	69724	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		106529
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1021737
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-11665
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: KERBER, ECK & BRAECKEL LLP (2) EIN: 43-0352985

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPRINGFIELD ELECTRIC SUPPLY COMPANY

D Employer Identification Number (EIN)
37-0739309

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-3149038

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

DEFINED BENEFIT PLAN

December 31, 2011 and 2010

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Kerber, Eck & Braeckel LLP

CPAs and
Management Consultants

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Springfield, IL 62701-1268
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www.kebcpa.com

Independent Auditors' Report

To the Trustee and Participants of
Springfield Electric Supply Company
Defined Benefit Plan

We were engaged to audit the financial statements of Springfield Electric Supply Company Defined Benefit Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended and the supplementary information as of December 31, 2011, as listed in the table of contents. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's sponsor, Springfield Electric Supply Company, instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by The Charles Schwab Trust Company, the custodian of the Plan, except for comparing such information to the related information included in the financial statements and supplementary information. We have been informed by the Plan's sponsor that the custodian holds the Plan's investment assets and executes investment transactions. The Plan's sponsor has obtained a certification from the custodian as of December 31, 2011 and 2010, and for the years then ended, that the information provided to the Plan's sponsor by the custodian is complete and accurate.

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

Kerber, Eck & Braeckel LLP

Springfield, Illinois
July 18, 2012

Springfield Electric Supply Company
Defined Benefit Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31

	2011	2010
ASSETS		
Investments, at fair value	$ 13,585,931	$ 13,640,288
Employer contributions receivable	246,000	206,000
Cash	71,362	68,670
NET ASSETS AVAILABLE FOR BENEFITS	$ 13,903,293	$ 13,914,958

The accompanying notes are an integral part of these statements.

Springfield Electric Supply Company
Defined Benefit Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31

	2011	2010
ADDITIONS		
Investment income		
Interest and dividends	$ 302,902	$ 357,089
Net appreciation (depreciation) in fair value of investments	(276,830)	1,392,038
	26,072	1,749,127
Employer contributions	984,000	826,000
Total additions	1,010,072	2,575,127
DEDUCTIONS		
Benefits paid to participants	915,209	783,918
Administrative expenses	106,528	105,245
Total deductions	1,021,737	889,163
Increase (decrease) in net assets	(11,665)	1,685,964
Net assets available for benefits at beginning of year	13,914,958	12,228,994
Net assets available for benefits at end of year	$ 13,903,293	$ 13,914,958

The accompanying notes are an integral part of these statements.

Springfield Electric Supply Company
Defined Benefit Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of Springfield Electric Supply Company Defined Benefit Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information. Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation ("PBGC") benefit guarantee is contained in the Summary Plan Description. Copies of the Summary Plan Description and any amendments thereto are available upon request from the Company.

1. General

The Plan is a non-contributory defined benefit pension plan covering substantially all employees of Springfield Electric Supply Company ("the Company") with one or more years of service, age 21 or over prior to January 1, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by an Administrative Committee consisting of persons appointed by the Board of Directors of the Company. Charles Schwab, as custodian for the Plan, accumulates and invests contributions as directed by the Administrative Committee.

The Plan was frozen as of January 1, 2007. No participants will accrue credited service for any service on or after that date or will any compensation earned after such date be used. Participants will continue to accrue vesting service; however, no new participants will be added to the Plan as of January 1, 2007.

2. Contributions

Contributions to the Plan are made by the Company based on funding requirements determined annually by actuarial studies and include an amount necessary to amortize the unfunded actuarial liability. The contributions made for December 31, 2011 and 2010, were the amounts necessary to meet the minimum funding requirements required by ERISA.

3. Pension Benefits

Plan participants are entitled to receive benefit payments upon normal retirement at age 65 or at age 55, if the participant has, at a minimum, 10 years of credited service. The pension benefit is equal to 0.5% of that part of the participant's average annual compensation in excess of a specified social security base in effect for the calendar year in which the participant's normal retirement date occurs, plus 1% of the participant's average annual compensation, the sum of which shall be multiplied by the years of credited service. Average annual compensation is based on the five consecutive highest paid Plan years for which the employee was an active participant in the Plan. Average annual compensation was frozen as of January 1, 2007. The maximum number of years of service which may be counted is 35 years. Participants may also elect optional modes of payment (which allow for continuing income to a spouse or other beneficiary) or lump-sum payments if the accrued benefit is less than $ 50,000.

NOTE A - DESCRIPTION OF THE PLAN - Continued

4. Disability Benefits

Plan participants who become totally disabled shall have, as a disability retirement benefit, a fully vested interest in their accrued benefit from all of their credited years of service at time of total disability.

5. Vesting

Plan participants' benefits become fully vested upon five years of credited service.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis, accordingly, additions are recorded when earned and deductions are recorded when incurred.

2. Use of Estimates

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

3. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note F for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

4. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provision for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries upon retirement or termination.

Actuaries determine the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits for the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

5. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

6. Subsequent Events

Management has evaluated subsequent events for recognition and disclosure in the financial statements through July 18, 2012, which is the date the financial statements were available to be issued. Through July 18, 2012, there are no subsequent events that require recognition or disclosure in the financial statements.

NOTE C - ACCUMULATED PLAN BENEFITS

Information regarding the actuarial present value of accumulated plan benefits at December 31, 2011 and 2010, (the actuarial valuation dates) is summarized as follows:

	2011	2010
Vested benefits		
Participants and beneficiaries currently receiving benefits	$ 7,249,229	$ 7,243,944
Other participants	7,087,191	6,752,287
Total	14,336,420	13,996,231
Nonvested benefits	233,108	246,568
Total actuarial present value of accumulated plan benefits	$ 14,569,528	$ 14,242,799

NOTE C - ACCUMULATED PLAN BENEFITS - Continued

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits at December 31, 2011 and 2010, are as follows:

Discount rate (rate used to determine the actuarial present value of accumulated plan benefits)	7.75% for 2011 and 2010, compounded annually
Salary progression	No future increases due to plan freeze
Retirement age	65 years
Life expectancy	RP-2000 Mortality Table
Actuarial cost method	Unit credit actuarial cost method

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

Information regarding the change in the actuarial present value of accumulated plan benefits is as follows for the years ended December 31:

	2011	2010
Actuarial present value of accumulated plan benefits, beginning of period	$ 14,242,799	$ 13,404,819
Benefits paid with interest	(809,397)	(679,278)
Net benefits accumulated/actuarial experience during the period	5,304	(27,839)
Increase for interest due to decrease in discount period	1,103,817	1,038,873
Change in actuarial assumptions	27,005	506,224
Actuarial present value of accumulated plan benefits, end of period	$ 14,569,528	$ 14,242,799

NOTE D - TAX STATUS OF THE PLAN

The Plan is intended to be qualified under Section 401(a) and tax exempt under Section 501(a) of the Internal Revenue Code. The Plan is a volume submitter plan and obtained its last approval letter, dated October 5, 2001, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. Company management believes the Plan is designed and is currently being operated in compliance with applicable requirements of the Internal Revenue Code and that the related trust is tax-exempt at the financial statement date.

The Plan has recognized in the financial statements the effects of all tax positions and continually evaluates expiring statutes of limitations, audits, changes in tax law, and new authoritative rulings. The Plan is not aware of any circumstances or events that make it reasonably possible that unrecognized tax benefits may increase or decrease within 12 months of the statement of net assets available for benefits date. Penalties and interest assessed by taxing authorities are included in administrative expenses, if applicable. There were no interest and penalties during 2011 and 2010.

The Plan files a Form 5500 return in the federal jurisdiction. The returns prior to 2008 are closed.

NOTE E - SUMMARY FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan at December 31, 2011 and 2010, and for the years then ended, included in the Plan's financial statements and supplementary information that was prepared by The Charles Schwab Trust Company, custodian under the Plan, and furnished to the Plan sponsor. The Company has obtained certifications from the custodian that such information is complete and accurate, as follows:

	(unaudited)	
	2011	2010
Statements of net assets available for benefits		
Assets		
Cash and investments, at fair value	$ 13,657,293	$ 13,708,958
Statements of changes in net assets available for benefits		
Interest and dividends	302,902	357,089
Net appreciation (depreciation) in fair value of investments	(276,830)	1,392,038

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011 and 2010

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS

Individual investments that represent 5% or more of the net assets available for benefits are separately identified and shown with an "*" in the following table that presents the fair values of investments as of December 31:

	2011	2010
Investments at fair value as determined by quoted market prices		
United States government securities	$ 2,200,921	$ 2,419,466
Corporate bonds and debentures	1,140,349	1,964,304
Corporate equity securities	1,472,524	2,151,417
Money market funds	2,067,666	807,713
* AQR managed futures strategy	702,536	690,556
* Cohen & Steers international realty fund	581,493	-
* Cohen & Steers realty shares fund	670,818	715,992
Other registered investment companies	3,597,065	4,588,564
Investments at fair value as determined by estimated fair value		
Certificates of deposit	1,152,559	302,276
	$ 13,585,931	$ 13,640,288

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2011	2010
Investments at fair value as determined by quoted market price		
United States government securities	$ 78,853	$ 89,548
Corporate bonds and debentures	(20,496)	65,296
Corporate equity securities	60,550	408,353
Registered investment companies	(395,920)	826,565
Investments at fair value as determined by estimated fair value		
Certificates of deposit	183	2,276
	$ (276,830)	$ 1,392,038

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Accounting standards establish a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standards describe three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets for identical assets or liabilities. Level 1 assets and liabilities include debt and equity securities that are traded in an active exchange market, as well as U.S. Treasury securities.

Level 2 - Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted prices that are traded less frequently than exchange-traded instruments. This category generally includes certain U.S. Government and agency mortgage-backed debt securities and corporate debt securities. Level 2 assets also include certain entities that calculate net asset value per share if the Fund has the ability to redeem the investment at the net asset value per share at the measurement date or shortly thereafter. Examples of these entities include hedge funds, private equity funds, real estate funds, offshore funds, and funds of funds.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant measurement judgment or estimation. This category generally includes certain private debt and equity investments. Level 3 assets also include certain entities that calculate net asset value per share in which the Fund never has the ability to redeem the investment at the net asset value per share or cannot redeem the investment in the near term.

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

The following discussion describes the valuation methodologies used for financial assets measured at fair value. The techniques utilized in estimating the fair values are affected by the assumptions used, including discount rates and estimates of the amount and timing of future cash flows. Care should be exercised in deriving conclusions about the Plan, its value or financial position based on the fair value information of financial assets presented below.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in amounts disclosed. In addition, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset.

Fair values of United States government securities, corporate equity securities, money market funds and registered investment companies have been determined by the Plan from observable market quotations, when available. Corporate bonds and debentures are valued by using broker quotes or through the use of internal models or analysis. Certificates of deposit are valued at cost plus interest accumulated to year end.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011 and 2010

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31:

2011	Fair Value	Level 1	Level 2	Level 3
Investments				
United States government securities	$ 2,200,921	$ 2,200,921	$ -	$ -
Corporate bonds and debentures	1,140,349	-	1,140,349	-
Corporate equity securities				
Conglomerates	12,864	12,864	-	-
Consumer goods	204,717	204,717	-	-
Financials	157,546	157,546	-	-
Health Care	166,325	166,325	-	-
Industrials	136,361	136,361	-	-
Materials	139,634	139,634	-	-
Services	308,161	308,161	-	-
Technology	344,315	344,315	-	-
Utilities	2,601	2,601	-	-
Money market funds	2,067,666	2,067,666	-	-
Registered investment companies				
Commodities funds	208,003	208,003	-	-
Multi strategy funds	685,165	685,165	-	-
Growth funds	1,099,900	1,099,900	-	-
Managed futures funds	702,536	702,536	-	-
Real estate investment funds	1,255,676	1,255,676	-	-
Value funds	1,600,632	1,600,632	-	-
Certificates of deposit	1,152,559	-	1,152,559	-
	$ 13,585,931	$ 11,293,023	$ 2,292,908	$ -

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2011 and 2010

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

2010	Fair Value	Level 1	Level 2	Level 3
Investments				
United States government securities	$ 2,419,466	$ 2,419,466	$ -	$ -
Corporate bonds and debentures	1,964,304	-	1,964,304	-
Corporate equity securities				
Conglomerates	13,776	13,776	-	-
Consumer goods	264,774	264,774	-	-
Financials	201,905	201,905	-	-
Health Care	281,530	281,530	-	-
Industrials	220,525	220,525	-	-
Materials	192,634	192,634	-	-
Services	465,379	465,379	-	-
Technology	499,844	499,844	-	-
Utilities	11,050	11,050	-	-
Money market funds	807,713	807,713	-	-
Registered investment companies				
Commodities funds	502,928	502,928	-	-
Diversified emerging markets funds	301,885	301,885	-	-
Growth funds	1,462,004	1,462,004	-	-
Managed futures funds	235,948	235,948	-	-
Real estate investment funds	1,406,548	1,406,548	-	-
Value funds	2,085,799	2,085,799	-	-
Certificates of deposit	302,276	-	302,276	-
	$ 13,640,288	$ 11,373,708	$ 2,266,580	$ -

NOTE G - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

NOTE G - PLAN TERMINATION - Continued

Benefit improvements attributable to Plan amendments may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. For example, none of the improvements would be guaranteed if the Plan were to terminate within one year of the amendment. After that date, the PBGC would guarantee 20% of any benefit improvements that resulted in benefits below the ceiling, with an additional 20% guaranteed each year the Plan continued beyond the effective date of the amendment. If the amount of the benefit increase below the ceiling is also less than $ 100, $ 20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment. As a result, only the primary ceiling will be applicable after an amendment is effective for five years. 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 H - RISKS AND UNCERTAINTIES

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

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

SUPPLEMENTARY INFORMATION

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

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

December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Funds			
*	SCHWAB RETIREMENT ADVTG MONEY FUND	Money market fund	$ 781,011	$ 781,011
*	SCHWAB US TREASURY MONEY FUND	Money market fund	1,286,655	1,286,655
	Total Money Market Funds		2,067,666	2,067,666
	Certificates of Deposit			
	ALLY BANK	0.8% 2012	250,025	250,305
	AMER EXP CENT	1.55% 11/24/14	200,025	199,712
	BRAND BANKING CO	2.00% 4/30/13	100,000	101,688
	CIT Bank	1.15% 2013	250,025	250,043
	GE CAPITAL FINAN	1.45% 2014	250,025	250,515
	PLAINS CAPITAL BANK	1.30% 5/7/12	100,000	100,296
	Total Certificates of Deposit		1,150,100	1,152,559
	Registered Investment Companies			
	AQR MANAGED FUTURES STRATEGY	73,410.214 shares	727,460	702,536
	AQR MULTI STRATEGY AFD CL I	70,635.585 shares	695,730	685,165
	COHEN & STEERS INTL REALTY FD CL I	64,467.128 shares	800,823	581,493
	COHEN & STEERS REALTY SHARES	11,027.754 shares	721,376	670,818
	CRM MID CAP VALUE FD INSTL CL	12,351.247 shares	294,686	326,938
	DODGE & COX INTL STOCK FD	8,782.580 shares	316,912	256,803
	DODGE & COX STK FD	4,872.883 shares	626,893	495,280
	FORWARD INTL SMALL CO FD INST CL	26,387.849 shares	407,605	305,307
	PIMCO COMMODITY REAL RETURN INSTL	18,789.785 shares	243,360	208,003
	VANGUARD GROWTH INDEX FD SIGNAL	17,893.790 shares	473,717	526,793
	VANGUARD VALUE INDEX FD SIGNAL	24,488.778 shares	591,849	521,611
	WILLIAM BLAIR INTL GROWTH FD CL I	14,020.947 shares	320,230	267,800
	LASALLE HOTEL PPTYS	139.000 shares	2,409	3,365
	Total Registered Investment Companies		6,223,050	5,551,912
	United States Government Securities			
	FED FARM CR BK	4.9% 12/29/14	198,127	224,507
	FED HOME LN BK	4.75% 9/11/15	248,204	285,561
	FED HOME LN BK	5.25% 9/13/13	258,413	270,485
	FED NATL MTG	4.875% 12/15/16	246,790	295,035
	UST INFL IDX	0.5% 4/15/15	99,768	109,360
	UST INFL IDX	1.25% 4/15/14	100,113	112,151
	UST INFL IDX	1.375% 7/15/18	550,247	653,925
	UST INFL IDX	1.875% 07/15/19	199,185	249,897
	Total United States Government Securities		1,900,847	2,200,921
	Corporate Bonds and Debentures			
	CITIGROUP INC	5.125% 05/05/2014	249,750	255,763
	GE CAPITAL CORP	4.875% 03/04/2015	294,825	325,715
	ROYAL BK OF SCOT	3.4% 8/23/2013	258,585	242,485
	WAL-MART STORES	4.55% 05/01/2013	287,628	316,386
	Total Corporate Bonds and Debentures		1,090,788	1,140,349

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

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

December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate Equity Securities			
		Number of Shares		
	ACCENTURE PLC CL A	244.000 shares	$ 9,423	$ 12,988
	AEROPOSTALE INC	427.000 shares	9,673	6,512
	AKAMAI TECHNOLOGIES	187.000 shares	5,796	6,036
	ALBEMARLE CORP	65.000 shares	3,051	3,348
	ALEXION PHARMA INC	96.000 shares	2,876	6,864
	ALLEGIANT TRAVEL CO	145.000 shares	6,261	7,734
	ALLERGAN INC	160.000 shares	9,213	14,038
	ALLIANCE DATA SYSTEMS	59.000 shares	5,699	6,127
	ALTERA CORPORATION	277.000 shares	10,721	10,277
	AMERICAN TOWER CORP CL A	223.000 shares	10,963	13,382
	AMERICAS CAR-MART INC	258.000 shares	6,481	10,108
	AMPHENOL CORP CL A	213.000 shares	8,558	9,668
	APOLLO GROUP INC CLASS A	148.000 shares	6,842	7,973
	APPROACH RESOURCES INC	211.000 shares	4,496	6,206
	ARCOS DORADOS HOLDINGS F	294.000 shares	6,447	6,036
	ARDEA BIOSCIENCES INC	97.000 shares	2,156	1,631
	ARES CAPITAL CORP	488.000 shares	7,347	7,540
	ARM HLDGS PLC ADR	160.000 shares	4,691	4,427
	ARQULE	325.000 shares	2,029	1,833
	ARUBA NETWORKS INC	513.000 shares	12,931	9,501
	ASPEN INSURANCE HOLDING	312.000 shares	8,609	8,268
	ATLAS AIR WORLDWIDE HLDG	166.000 shares	7,974	6,379
	ATMOS ENERGY CORP	78.000 shares	2,077	2,601
	ATWOOD OCEANICS INC	123.000 shares	3,271	4,894
	AURICO GOLD INC F	296.000 shares	2,573	2,371
	AUXILIUM PHARMA INC	125.000 shares	2,767	2,491
	AVEO PHARMACEUTICALS	124.000 shares	2,347	2,133
	B E AEROSPACE INC	183.000 shares	6,067	7,084
	B M C SOFTWARE INC	220.000 shares	10,786	7,212
	BALCHEM CORP	71.000 shares	2,677	2,878
	BANK OF THE OZARKS INC	410.000 shares	6,832	12,148
	BIG LOTS INC	210.000 shares	3,780	7,930
	BIOMIMETIC THERAPEUTICS INC	333.000 shares	2,171	949
	BJ S RESTAURANTS INC	110.000 shares	5,184	4,985
	BLACK BOX CORP	161.000 shares	4,073	4,514
	BRIGHTPOINT INC NEW	829.000 shares	6,380	8,920
	BRISTOW GROUP INC	60.000 shares	2,852	2,843
	BROADCOM CORP CL A	326.000 shares	13,323	9,571
	BUNGE LIMITED	135.000 shares	9,170	7,722
	C A C I INC CL A	82.000 shares	3,790	4,585
	CABOT OIL & GAS CL A	126.000 shares	6,639	9,563
	CARDIOME PHARMA	188.000 shares	844	494
	CARPENTER TECHNOLOGY CP	265.000 shares	14,154	13,642
	CASH AMERICA INTERNATIONAL	108.000 shares	3,436	5,036
	CAVIUM INC	105.000 shares	4,113	2,985

Springfield Electric Supply Company
Defined Benefit Plan

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

December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate Equity Securities			
		Number of Shares		
	CHART INDUSTRIES INC	105.000 shares	$ 4,973	$ 5,677
	CHECK PT SOFTWARE TECH F	189.000 shares	7,234	9,930
	CHELSEA THERAPEUTICS INTL	555.000 shares	2,414	2,847
	CHEMED CORPORATION NEW	61.000 shares	3,298	3,124
	CHESAPEAKE LODGING T	249.000 shares	3,319	3,850
	CHICAGO BRDG & IRON NY	360.000 shares	13,060	13,608
	CITRIX SYSTEMS INC	61.000 shares	4,491	3,704
	CLEAN HARBORS INC	84.000 shares	4,139	5,353
	CLOUD PEAK ENERGY IN	379.000 shares	7,890	7,322
	COGNEX CORP	77.000 shares	2,451	2,756
	COLONY FINANCIAL INC	227.000 shares	3,000	3,566
	COMMVAULT SYSTEMS	41.000 shares	1,641	1,752
	CONCHO RESOURCES INC	42.000 shares	4,002	3,938
	CONTANGO OIL & GAS DE	63.000 shares	3,683	3,665
	CONTINENTAL RESOURCES	88.000 shares	5,497	5,870
	COOPER COMPANIES	86.000 shares	6,231	6,065
	CORCEPT THERAPEUTICS INC	483.000 shares	2,128	1,652
	CORE LABORATORIES N V	58.000 shares	5,861	6,609
	CORNERSTONE ONDEMAND INC	92.000 shares	1,439	1,678
	COSTCO WHSL CORP NEW	162.000 shares	9,652	13,498
	COVIDIEN PLC NEW F	175.000 shares	8,174	7,877
	CRANE COMPANY	66.000 shares	2,228	3,083
	CROCS INC	416.000 shares	6,626	6,144
	CURTISS WRIGHT CORP	161.000 shares	5,031	5,688
	DARLING INTL INC	381.000 shares	5,151	5,063
	DECKERS OUTDOOR CORP	151.000 shares	12,775	11,411
	DELPHI FINL GROUP CL A	104.000 shares	3,619	4,607
	DEXCOM INC	384.000 shares	5,398	3,575
	DIGITAL GENERATION INC	312.000 shares	6,577	3,719
	DISCOVER FINANCIAL SVCS	142.000 shares	3,679	3,408
	DISCOVERY COMMUNICATIONS SER A	267.000 shares	11,228	10,939
	DONALDSON COMPANY INC	210.000 shares	9,328	14,297
	E M C CORP MASS	649.000 shares	11,750	13,979
	EBIX.COM INC NEW	326.000 shares	6,778	7,205
	ECOLAB INC	217.000 shares	9,632	12,545
	EDWARDS LIFESCIENCES CP	58.000 shares	2,925	4,101
	ELDORADO GOLD CORP NEW	322.000 shares	6,129	4,415
	ELECTRONIC ARTS	336.000 shares	7,684	6,922
	ELLIS PERRY INTL INC	161.000 shares	2,026	2,289
	EMCOR GROUP	181.000 shares	4,669	4,853
	EMERSON ELECTRIC COMPANY	190.000 shares	7,558	8,852
	ENCORE CAPITAL GROUP INC	280.000 shares	6,027	5,953
	ENDO PHARM HOLDINGS INC	173.000 shares	3,371	5,974
	ENDOLOGIX INC	400.000 shares	3,625	4,592
	ENDURANCE SPECIALTY HLDG	216.000 shares	9,447	8,262

Springfield Electric Supply Company
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate Equity Securities	Number of Shares		
	ENERGY PARTNERS LTD	345.000 shares	$ 5,182	$ 5,037
	ENERSYS	193.000 shares	4,047	5,012
	ENTROPIC COMMUNICATIONS	709.000 shares	5,853	3,623
	EPOCRATES INC	93.000 shares	1,688	725
	EXPEDIA INC NEW	120.000 shares	7,037	3,482
	EXPRESS SCRIPTS INC	204.000 shares	3,555	9,117
	EZCORP CL A NON-VOTING	253.000 shares	3,588	6,672
	F E I COMPANY	168.000 shares	6,340	6,851
	FARO TECHNOLOGIES INC	170.000 shares	6,492	7,820
	FIFTH STREET FINANCE CP	649.000 shares	7,929	6,211
	FIRST FINL BANCORP OHIO	341.000 shares	5,138	5,674
	FLIR SYS INC	184.000 shares	4,053	4,613
	FLUIDIGM CORPORATION	129.000 shares	1,804	1,698
	FMC TECHNOLOGIES INC	66.000 shares	3,460	3,447
	FOOT LOCKER INC	196.000 shares	4,557	4,673
	FOSSIL INC	62.000 shares	2,803	4,920
	FUSION-IO INC	299.000 shares	6,280	7,236
	GARDNER DENVER INC	42.000 shares	3,566	3,237
	GARTNER GROUP INC	190.000 shares	5,257	6,606
	GENESCO INC	115.000 shares	5,843	7,100
	GEORESOURCES INC	94.000 shares	2,236	2,755
	GILEAD SCIENCES INC	254.000 shares	11,054	10,396
	GNC HOLDINGS INC	154.000 shares	3,841	4,458
	GOOGLE INC CLASS A	32.000 shares	17,422	20,669
	GREEN DOT INC CL A	240.000 shares	8,080	7,493
	GREEN MTN COFFEE INC	71.000 shares	5,415	3,184
	GREENHILL & CO INC	105.000 shares	3,851	3,819
	GREIF INC CL A	69.000 shares	1,799	3,143
	HANCOCK HOLDING CO	160.000 shares	5,640	5,115
	HARMAN INTL INDS INC NEW	247.000 shares	9,943	9,396
	HEARTWARE INTL INC	25.000 shares	1,699	1,725
	HERBALIFE LTD	172.000 shares	5,054	8,887
	HIGHER ONE HLDGS INC	352.000 shares	5,584	6,491
	HOUSTON AMERN ENERGY	153.000 shares	2,720	1,865
	HUMAN GENOME SCIENCES	1,018.000 shares	18,908	7,523
	HUMANA INC	96.000 shares	7,815	8,411
	IAC INTERACTIVE CORP NEW	220.000 shares	8,066	9,372
	IBERIABANK CORP	167.000 shares	9,515	8,233
	IMPAX LABORATORIES INC	375.000 shares	8,712	7,564
	INTERDIGITAL INC	244.000 shares	7,174	10,631
	INTUIT	160.000 shares	4,744	8,414
	INVENSENSE INC	71.000 shares	732	707
	IROBOT CORP	146.000 shares	4,585	4,358
	IRONWOOD PHARMA INC	139.000 shares	2,082	1,664
	ITRON INC NEW	137.000 shares	6,341	4,900

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

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

December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Equity Securities		Number of Shares		
	JOHNSON CONTROLS INC	267.000 shares	$ 10,444	$ 8,346
	JUNIPER NETWORKS INC	471.000 shares	15,311	9,613
	KANSAS CITY SOUTHERN	175.000 shares	7,594	11,902
	KENNAMETAL INC	107.000 shares	4,476	3,908
	KIRBY CORPORATION	41.000 shares	1,285	2,699
	KNIGHT CAP GROUP INC	360.000 shares	5,160	4,255
	LAUDER ESTEE COS INC	71.000 shares	4,116	7,975
	LIFEPOINT HOSPITALS, INC.	83.000 shares	2,837	3,083
	LUFKIN INDUSTRIES INC	121.000 shares	9,379	8,145
	MADDEN STEVEN LTD	91.000 shares	3,169	3,140
	MAKEMYTRIP LIMITED	315.000 shares	7,309	7,573
	MAKO SURGICAL CORP	45.000 shares	1,398	1,134
	MAP PHARMACEUTICALS INC	103.000 shares	1,604	1,357
	MATERION CORPORATION	298.000 shares	7,259	7,235
	MAXLINEAR INC	266.000 shares	2,513	1,264
	MCDONALDS CORP	140.000 shares	8,184	14,046
	MEAD JOHNSON NUTRITION CO	74.000 shares	5,054	5,086
	MEDIADATA SOLUTIONS INC	312.000 shares	5,295	6,786
	METHANEX CORP	110.000 shares	2,595	2,510
	MICROSTRATEGY INC A NEW	40.000 shares	5,285	4,333
	MONSANTO CO NEW DEL	146.000 shares	10,864	10,230
	NATIONAL-OILWELL INC	76.000 shares	5,322	5,167
	NAVIGATORS GROUP INC	20.000 shares	938	954
	NIKE INC	136.000 shares	9,005	13,106
	NORFOLK SOUTHN CORP	174.000 shares	9,070	12,678
	NU SKIN ENTERPRISES CL A	220.000 shares	8,611	10,685
	NUANCE COMMUNICATIONS INC	65.000 shares	1,650	1,635
	O M GROUP INC	97.000 shares	3,413	2,172
	OCCIDENTAL PETE CORP	712.000 shares	13,874	16,116
	OCWEN FINANCIAL CORP NEW	489.000 shares	5,645	7,081
	OIL STATES INTERNATIONAL	48.000 shares	1,714	3,666
	OLIN CORP	265.000 shares	5,264	5,207
	OPEN TABLE INC	116.000 shares	8,198	4,539
	OPNET TECHNOLOGIES INC	63.000 shares	2,293	2,310
	OPTIMER PHARMACEUTICALS INC	176.000 shares	2,284	2,154
	PALL CORP	45.000 shares	2,524	2,572
	PANERA BREAD CO CL A	65.000 shares	5,000	9,194
	PATTERSON UTI ENERGY INC	218.000 shares	6,223	4,356
	PEETS COFFEE & TEA INC	40.000 shares	2,204	2,507
	PEGASYSTEMS INC	218.000 shares	7,786	6,409
	PEPSICO INC	164.000 shares	10,065	10,881
	PERRIGO CO	75.000 shares	5,434	7,298
	PIONEER NATURAL RES CO	66.000 shares	5,772	5,906
	POLARIS INDUSTRIES INC	116.000 shares	4,103	6,494
	POWER INTEGRATIONS INC	185.000 shares	6,770	6,135

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

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

December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Equity Securities		Number of Shares		
	PRAXAIR	160.000 shares	$ 13,300	$ 17,104
	PRICESMART INC	45.000 shares	3,061	3,132
	PROS HLDGS INC	365.000 shares	5,607	5,431
	QLIK TECHNOLOGIES IN	241.000 shares	7,260	5,832
	QUALCOMM INC	198.000 shares	8,225	10,831
	RANGE RESOURCES CORP	107.000 shares	7,573	6,628
	REDHAT INC	126.000 shares	4,760	5,203
	RENT A CENTER INC	93.000 shares	1,765	3,441
	ROBERT HALF INTL	164.000 shares	5,316	4,667
	ROPER INDS INC NEW	58.000 shares	3,653	5,038
	ROSS STORES INC	280.000 shares	6,406	13,308
	ROWE T PRICE GROUP INC	179.000 shares	11,559	10,194
	S B A COMMUNICATIONS CORP	78.000 shares	3,305	3,351
	SALESFORCE COM	58.000 shares	6,131	5,885
	SALIX PHARMACEUTICALS	101.000 shares	4,429	4,833
	SANDISK CORP	161.000 shares	7,344	7,923
	SCHLUMBERGER LTD	199.000 shares	17,797	13,594
	SENSATA TECHNOLOGIES HLDG BV	110.000 shares	3,303	2,891
	SERVICE SOURCE INTL INC	185.000 shares	2,395	2,903
	SHIRE PLC ADR	70.000 shares	5,020	7,273
	SHUFFLE MASTER INC	345.000 shares	3,118	4,043
	SKECHERS U S A INC	248.000 shares	5,604	3,006
	SM ENERGY CO	84.000 shares	6,900	6,140
	SPIRIT AIRLINES	299.000 shares	3,410	4,664
	STANCORP FINL GROUP INC	120.000 shares	5,627	4,410
	STARWOOD PPTY TRUST	280.000 shares	5,608	5,183
	STERICYCLE INC	44.000 shares	3,045	3,428
	STRATASYS INC	128.000 shares	4,096	3,892
	STRYKER CORP	100.000 shares	4,811	4,971
	SVB FINANCIAL GROUP INC	195.000 shares	10,632	9,300
	SYNAPTICS INC	241.000 shares	6,651	7,266
	SYNNEX CORPORATION	253.000 shares	7,322	7,706
	TAKE-TWO INTERACTV SFTWR	222.000 shares	3,543	3,008
	TARGACEPT INC	99.000 shares	2,048	551
	TEAVANA HOLDINGS INC	185.000 shares	4,317	3,474
	TEMPUR PEDIC INTL	94.000 shares	5,667	4,938
	TERADATA CORP	87.000 shares	4,900	4,220
	TEVA PHARMACEUTICAL INDUSTRIES	200.000 shares	10,256	8,072
	TOWER GROUP INC	142.000 shares	3,397	2,864
	TRIPADVISOR INC	120.000 shares	3,320	3,025
	TRIUMPH GRP INC NEW	62.000 shares	1,773	3,624
	ULTA SALON COSM & FRAG	62.000 shares	4,207	4,025
	ULTIMATE SOFTWARE GROUP	94.000 shares	4,900	6,121
	UNDER ARMOUR INC CL A	95.000 shares	4,994	6,820
	UNITED NATURAL FOODS INC	243.000 shares	9,783	9,722

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

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

December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate Equity Securities	Number of Shares		
	UNITED TECHNOLOGIES CORP	176.000 shares	$ 12,595	$ 12,864
	UNIVERSAL DISPLAY CORP	122.000 shares	4,567	4,476
	VARIAN MEDICAL SYSTEMS	150.000 shares	6,165	10,071
	VERIFONE HLDGS INC	88.000 shares	4,420	3,126
	VISA INC CL A	137.000 shares	11,592	13,911
	VOLCANO CORPORATION	247.000 shares	7,283	5,876
	WATERS CORPORATION	75.000 shares	4,384	5,554
	WELLS FARGO & CO NEW	329.000 shares	9,865	9,067
	WESCO INTERNATIONAL INC	152.000 shares	7,654	8,058
	WESTPORT INNOVATION NEW	115.000 shares	2,743	3,823
	WHOLE FOODS MKT INC	132.000 shares	5,115	9,185
	WMS INDS INC	263.000 shares	5,132	5,397
	WORTHINGTON INDS INC	172.000 shares	2,418	2,817
	7 DAYS GROUP HLDGS LTDADR	444.000 shares	7,826	4,951
	Total Corporate Equity Securities		1,391,055	1,472,524
	Cash	N/A	71,362	71,362
			$ 13,894,868	$ 13,657,293

* Party-in-interest

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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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
SPRINGFIELD ELECTRIC SUPPLY COMPANY
DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

02/01/1957

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

SPRINGFIELD ELECTRIC SUPPLY COMPANY

700 NORTH 9TH STREET
PO BOX 4106
SPRINGFIELD IL 62708

2b Employer Identification Number (EIN)
37-0739309

2c Sponsor's telephone number
(217) 788-2100

2d Business code (see instructions)
423600

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	Greg J. Lutchka, CFO Signature of plan administrator	7/26/12 Date	GREG LUTCHKA Enter name of individual signing as plan administrator
SIGN HERE	Greg J. Lutchka, CFO Signature of employer/plan sponsor	7/26/12 Date	GREG LUTCHKA Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number (217) 788-2100	
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**	256
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**	165
b Retired or separated participants receiving benefits	**6b**	42
c Other retired or separated participants entitled to future benefits	**6c**	35
d Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	242
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f Total. Add lines **6d** and **6e**.	**6f**	250
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	(1)	Insurance
(2)	Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4)	General assets of the sponsor	(4)	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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

SPRINGFIELD ELECTRIC SUPPLY COMPANY DB PLAN

B Three-digit plan number (PN) ▶ 001

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

SPRINGFIELD ELECTRIC SUPPLY COMPANY

D Employer Identification Number (EIN)

37-0739309

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

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

Part I Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2011			
2	Assets:			
	a Market value	2a		13,914,403
	b Actuarial value	2b		13,914,403
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	49	8,167,029
	b For terminated vested participants	3b	35	1,131,420
	c For active participants:			
	(1) Non-vested benefits	3c(1)		172,286
	(2) Vested benefits	3c(2)		7,312,952
	(3) Total active	3c(3)	172	7,485,238
	d Total	3d	256	16,783,687
4	If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.30 %
6	Target normal cost	6		234,770

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

DH

Signature of actuary

6-14-2012

Date

DAVID HILKO

Type or print name of actuary

11-05365

Most recent enrollment number

DELOITTE CONSULTING LLP

Firm name

(312) 486-3057

Telephone number (including area code)

111 SOUTH WACKER

CHICAGO IL 60606-4301

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	553,684	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	553,684	0
10	Interest on line 9 using prior year's actual return of 14.52 %	80,395	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		198
	b Interest on (a) using prior year's effective rate of 6.69 % except as otherwise provided (see instructions)		13
	c Total available at beginning of current plan year to add to prefunding balance		211
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	146,626	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	487,453	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	78.02 %
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
10/14/2011	246,000	0			
04/15/2011	246,000	0			
07/15/2011	246,000	0			
01/13/2012	246,000	0			
			Totals • 18(b)	984,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions 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	944,865

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.78 %	6.31 %	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	234,770
b Excess assets, if applicable, but not greater than 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,356,737	707,083
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	941,853

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	941,853
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	944,865
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	3,012
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, Line 25 – Change in Method

This plan was converted from the prior internal valuation system to a valuation system licensed from Winklevoss Technologies, LLC for the 2011 plan year. This change in valuation software satisfies the requirements of Announcement 2010-3 for automatic IRS approval for changes in funding method.

Schedule SB, Line 26 – Schedule of Active Participant Data

Participant Information

The following table displays the distribution of active participants by age and service.

	Service Group									
Age Group	**0-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
0 - 24	0	0	0	0	0	0	0	0	0	0
25 - 29	0	4	0	0	0	0	0	0	0	4
30 - 34	2	3	3	0	0	0	0	0	0	8
35 - 39	0	7	3	6	3	0	0	0	0	19
40 - 44	1	1	9	8	10	1	0	0	0	30
45 - 49	2	4	14	5	5	3	0	0	0	33
50 - 54	1	3	6	5	2	5	4	0	0	26
55 - 59	0	3	8	4	4	4	5	2	0	30
60 - 64	0	2	6	3	4	1	0	1	1	18
65 - 69	0	0	2	0	0	0	0	1	0	3
70+	0	0	0	1	0	0	0	0	0	1
Total	6	27	51	32	28	14	9	4	1	172

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Original Balance	Remaining Number of Years	Annual Shortfall Amortization Installment	Present Value of Remaining Amortization Installments as of January 1, 2011
January 1, 2011	$ 397,686	7	$ 65,431	$ 397,686
January 1, 2010	$ 1,216,036	6	$ 204,648	$ 1,102,075
January 1, 2009	$ 1,321,552	5	$ 234,509	$ 1,090,184
January 1, 2008	$ 1,211,291	4	$ 202,495	$ 766,792
Total			$ 707,083	$ 3,356,737

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

The following assumptions as to future experience were used in this valuation.

1. Mortality — As defined in regulations 1.430(h)(3). This table is based on the RP-2000 sex distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for nonannuitants and 7 years into the future for annuitants.

2. Interest — Funding target: September 2010 Segment Rates

3. Salary Growth — No future increases in plan compensation will be valued due to the plan freeze on January 1, 2007.

4. Assumed Retirement Age — Age 65 for employees under age 65; immediate for employees over age 65.

5. Withdrawal — Rates of withdrawal for included employees are shown in the table below for sample ages.

Age	Males	Females
20	6.6%	6.6%
25	5.3	5.3
30	4.8	4.8
35	4.5	4.5
40	3.8	3.8
45	3.2	3.2
50	1.5	1.5
55	0.3	0.3
60	0.0	0.0

Actuarial Assumptions (continued)

6.	Percentage Married	Assumed 100% married.
7.	Spousal Age Difference	Spouses are assumed to be the same age.
8.	Form of payment	Participants are assumed to elect the normal form of payment.
9.	Valuation Date	January 1, 2011.
10.	Changes in Actuarial Methods and Assumptions Since the Prior Valuation	Funding target interest rates were changed from the 24-month averaged segment rates for September 2009 to the 24-month averaged segment rates for September 2010. This plan was converted from the prior internal valuation system to a valuation system licensed from Winklevoss Technologies, LLC for the 2011 plan year. This change in valuation software satisfies the requirements of Announcement 2010-3 for automatic IRS approval for changes in funding method. There have been no other changes in actuarial methods or assumptions since the prior valuation other than the required changes mandated by the Pension Protection Act of 2006 with respect to the mortality table.

Actuarial Methods for Funding, Expense and Present Value of Accrued Benefits

Liability Valuation Method

Funding Target and Target Normal Cost as Defined in PPA

The funding target is defined to be the present value of the benefits accrued or earned at valuation date. The earned benefits include retirement-type benefits and ancillary benefits (1.430(d)-1(c)(1)(i)). If the amount of a benefit that is expected to be paid is neither a function of the accrued benefit at the time the benefit is expected to be paid nor a function of the participant's service at that time, then the portion of the benefit taken into account for purposes of determining the funding target for a plan year is based on the proportion of a participant's service as of the first day of the plan year relative to the service the participant will have when the participant decrements. The portion of the benefit that is taken into account in the target normal cost is the increase in the proportional benefit for the plan year (1.430(d)-1(c)(1)(ii)(C)). The determination of the funding target and target normal cost of a plan for a plan year is not permitted to take into account anticipated limitations under section 436 (1.430(d)-1(c)(1)(iii)).

The target normal cost is the present value of all the benefits expected to accrue or to be earned during the year (benefits attributable to services performed in a prior year that are increased by reason of a compensation increase in the current year are treated as having accrued during the current year). Plan administrative expenses paid (or expected to be paid) from plan assets for a plan year are not reflected in the determination of a plan's funding target for that plan year (1.430(d)-1(c)(2)), but are reflected in the determination of a plan’s target normal cost.

Generally if insurance contracts are held by the Plan, they are included in plan Assets and the related benefits are included in the liability. In the case of benefits that are funded through insurance contracts purchased from an insurance company licensed under the laws of a State, the Plan is permitted to exclude the benefits from the liability and the insurance policy from the assets, but only to the extent that the right to receive benefits is an irrevocable contractual right based on premiums paid prior to the valuation date (1.430(d)-1(c)(3)).

The determination of a plan's funding target and target normal cost for a plan year is based on plan provisions that are adopted no later than the valuation date for the plan year and that become effective during that plan year. Section 412(d)(2) applies for purposes of determining whether a plan amendment is treated as having been adopted on the first day of the plan year (including a plan amendment adopted within 2 ½ months after the close of the plan year) (1.430(d)-1(d)).

For maximum deductible purposes, the cushion amount is equal to the sum of 50 percent of the funding target for the plan year and the amount the funding target for the plan year would increase if the Plan were to take into account increases in compensation which are expected to occur in succeeding plan years. If the Plan does not base benefits for service to date on compensation, increases in benefits which are expected to occur in succeeding plan years (determined on the basis of the average annual increase in benefits over the six immediately preceding plan years) are taken into account in lieu of expected increases in compensation. For plans that have less than 100 participants, increases in benefits for highly compensated employees as a result of plan amendments within the last two years are excluded from the calculation of the cushion amount.

ACTUARIAL METHODS FOR FUNDING, EXPENSE AND PRESENT VALUE OF ACCRUED BENEFITS

Asset Valuation Method

Funding Purposes: Plan assets are equal to the market value of assets plus receivable contributions discounted with the appropriate interest rate to the valuation date.

Procedures

Financial and census data: Financial data was submitted by the Trustee and census data was submitted by the plan sponsor. Information provided was reviewed for internal consistency and we have no reason to doubt its substantial accuracy.

No benefits of materiality were excluded from the valuation of the liabilities.

The limitations of the Internal Revenue Code 415(b) and 401(a)(17) have been incorporated into our calculations.

No liability is included for participants who terminated without vesting in their benefit prior to the valuation date.

The plan sponsor provided us with the data on its employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements are included in the valuation of liabilities.

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions Summary

1. Effective Date	February 1, 1957. Last restated effective as of January 1, 2009.
2. Eligibility to Participate	Prior to the plan freeze, employees became participants on January 1 or July 1 after one year of service and the attainment of age 21. As of January 1, 2007, no new participants will be added to the plan.
3. Credited Service	No Credited Service will accrue after January 1, 2007. Prior to the plan freeze, a full year of Credited Service was granted for each plan year in which an employee works at least 1,000 hours.
4. Vesting Service	A full year of vesting service is granted for each plan year in which an employee works at least 1,000 hours.
5. Compensation	Gross compensation is recognized for benefit purposes. Average Annual Earnings are the average earnings during the highest 5 consecutive calendar years of employment. Annual Average Earnings are frozen as of January 1, 2007.
6. Retirement Eligibility	Normal retirement date: Age 65 and 5 years of service. Earliest retirement date: First of any month on or after attainment of age 55 and completion of 10 years of service.
7. Accrued Retirement Benefit	The frozen normal retirement benefit computed using Average Earnings, Covered Compensation and Credit Service as of January 1, 2007. Prior to the plan freeze, the Accrued Retirement Benefit was 1% of final Average Earnings plus .5% of Average Earnings in excess of Covered Compensation all multiplied by years of Credited Service up to a maximum of 35 years.

PLAN PROVISIONS SUMMARY (CONTINUED)

8. Normal Retirement Benefit	Accrued Benefit at normal retirement date.
9. Late Retirement	Greater of accrued benefit at late retirement date or actuarially increased normal retirement benefit.
10. Early Retirement	Accrued retirement benefit actuarially reduced.
11. Vested Termination	Accrued benefits are 100% vested when 5 years of Vesting Service are earned.
12. Pre-Retirement Death Benefit	The pre-retirement survivor annuity plus the excess, if any, of the present value of the participant's accrued benefit minus the present value of the pre-retirement survivor annuity.
13. Normal Form of Pension	For unmarried participants, level monthly payments for life. For married participants, a reduced 50% joint and survivor benefit.
14. Optional Forms of Pension Benefits	Lump sums of less than $50,000 10 year certain and life annuity 75% joint and survivor annuity 100% joint and survivor annuity
15. Changes in Plan Provisions Since the Prior Valuation	None.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	Percent Assumed to Retire
65	100%

Each active participant is assumed to retire at age 65, the normal retirement age specified in the plan document. Therefore; the plan's weighted average retirement age is 65.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN **EIN:** 37-0739309

Plan Sponsor's Name SPRINGFIELD ELECTRIC SUPPLY COMPANY **PN:** 001

(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
	SEE ATTACHED AUDITOR REPORT	SEE ATTACHED AUDITOR REPORT	0	0