Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEP ELECTRONICS, INC. EMPLOYEE PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/31/1988

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

805 MITTEL DRIVE
WOOD DALE, IL 60191

2b Employer Identification Number (EIN) 36-2920506

2c Sponsor's telephone number 630-595-8500

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.	08/02/2012	THOMAS M. LOTUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2012	THOMAS M. LOTUS
	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")
NEP ELECTRONICS, INC.

805 MITTEL DRIVE
WOOD DALE, IL 60191

3b Administrator's EIN
36-2920506

3c Administrator's telephone number
630-595-8500

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**	169
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**	106
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	63
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	169
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	169
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	169
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
NEP ELECTRONICS, INC. EMPLOYEE PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2920506

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

CORNERSTONE NATIONAL BANK TRUST CO
ONE WEST NORTHWEST HWY
PALATINE, IL 60067

(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?
52	INVESTMENT MGR	25594	Yes [X] No [ ]	Yes [X] No [ ]	25594	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
NEP ELECTRONICS, INC. EMPLOYEE PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2920506

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		18686
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	500919	237673
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1428315	1162532
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	423670	1378100
(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)	1168806	642698
(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	3521710	3439689
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3521710	3439689

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	625	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	98365	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		98990
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(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)	15604	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		15604
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		114594
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	171021	
(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)		171021
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	25594	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25594
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		196615
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-82021
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: DUFEK & COMPANY, LLC (2) EIN: 27-1515696

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		350000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan
NEP ELECTRONICS, INC. EMPLOYEE PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2920506

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): 36-2920506

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEP Electronics, Inc.
Profit Sharing Plan & Trust

Financial Statements
(with supplemental material)
October 31, 2011 and 2010

Dufek & Co.
Certified Public Accountants

NEP Electronics, Inc. Profit Sharing Plan & Trust

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Schedule of reportable transactions 13

Dufek & Company, LLC
One South Dearborn, Suite 2100
Chicago, Illinois 60603
Telephone: (312) 848.7616
www.5500audit.com

Independent Auditors' Report

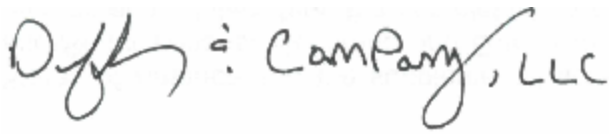
Plan Administrator and Participants
NEP Electronics, Inc. Employees Profit Sharing Plan & Trust
Wood Dale, Illinois 60191

We have audited the accompanying statements of net assets available for benefits of NEP Electronics, Inc. Employees Profit Sharing Plan & Trust as of October 31, 2011, and 2010, and the related statement of changes in net assets available for benefits for the year ended October 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of NEP Electronics, Inc. Employees Profit Sharing Plan & Trust as of October 31, 2011, and 2010, and the changes in net assets available for benefits for the year ended October 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), assets (acquired and disposed of within year) and reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.



July 23, 2012
Chicago, Illinois

NEP Electronics, Inc. Profit Sharing Plan & Trust

Statements of Net Assets Available for Benefits

October 31,	2011	2010
Assets		
Investments, at fair value (Notes 3, 4 and 5)		
Common stocks	$ 1,378,100	$ 423,670
Corporate bonds	1,162,532	1,408,801
Mutual funds	642,698	1,168,806
Certificates of deposit	200,655	-
Money market	37,018	500,919
Total investments at fair value	3,421,003	3,502,196
Receivables		
Accrued interest	18,686	19,514
Net assets available for benefits	$ 3,439,689	$ 3,521,710

See accompanying notes to financial statements

NEP Electronics, Inc. Profit Sharing Plan & Trust

Statement of Changes in Net Assets Available for Benefits

Year ended October 31,	2011
Additions	
Investment income	
Net appreciation in fair value of investments (Note 3)	$ 15,604
Interest and dividends	98,990
Total additions	114,594
Deductions	
Benefits paid to participants	171,021
Administrative expenses	25,594
Total deductions	196,615
Net decrease	(82,021)
Net assets available for benefits, beginning of year	3,521,710
Net assets available for benefits, end of year	$ 3,439,689

See accompanying notes to financial statements

NEP Electronics, Inc. Profit Sharing Plan & Trust

Notes to Financial Statements

Note 1. Description of Plan

The following description of NEP Electronics, Inc. (the "Company") Employees Profit Sharing Plan & Trust (the "Plan") is provided for general informational purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of the Company who meet certain eligibility requirements. Eligibility requirements are satisfied upon completion of one year of service and reaching age 21. The Plan is subject to the provisions of ERISA.

Contributions: On an annual basis, the Company's Board of Directors shall determine, in its discretion, a Company profit sharing contribution. Profit sharing contributions are allocated in the ratio that each participant's compensation bears to the aggregate compensation of all participants and is subject to Social Security integration levels as defined in the Plan's provisions. For the year ended October 31, 2011, there was no profit sharing contribution.

The Company directs the investment of all contributions into various investment options offered in the Plan.

Participant Accounts: Each participant's account is credited with the Company's contribution, an allocation of Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Vesting is based on years of continuous service. A participant vests over a 6 year graded schedule: 0-1 year-0%; 2 years-20%; 3 years-40%; 4 years-60%; 5 years-80%; 6 years-100%.

Notes Receivable (Loans) From Participants: Participant loans are not allowed.

Payment of Benefits: On termination of service due to death, disability, separation or retirement, a participant may elect to receive a lump-sum amount.

The Plan has the ability to make automatic distributions without participant consent for terminated participants that fail to affirmatively elect a distribution and have a vested account balance under $1,000.

Forfeited Accounts: Forfeited amounts are allocated to the remaining participants using the same methodology used to allocate profit sharing contributions. For the year ended October 31, 2011, nonvested forfeitures amounting to $44,231 were reallocated to participants. Forfeited nonvested accounts totaled $0 and $44,231 at October 31, 2011 and 2010, respectively.

Note 2. Summary of Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

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. Actual results could differ from those estimates.

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 4 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain administrative expenses are paid by the Company. Other expenses are paid by the Plan.

Subsequent Events: The Plan has evaluated subsequent events through July 23, 2012, the date the financial statements were available to be issued.

New Accounting Pronouncements: In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-06, *Fair Value Measurements and Disclosures*, which amends Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, adding new disclosure requirements for Level 1 and 2 investments, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which are effective for fiscal years beginning after December 15, 2010. The Plan prospectively adopted the new guidance in 2011 and 2010. The adoption did not materially affect the Plan's financial statements.

Note 2. Summary of Accounting Policies (cont.)

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards*, which amends ASC 820. ASU 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption is not expected to have a material effect on the financial statements of the Plan.

Note 3. Investments

The following presents investments that represent 5% or more of the Plan's net assets:

October 31,	2011		2010	
SDIT Prime Obligation Fund	$ 37,018	*	$ 500,919	
Vanguard Total Intl Stock Index #113	174,436		-	*
Vanguard Small-Cap Vipers	183,808		-	*
Northern Institutional Core Bond Fund	174,375		-	*

** under 5% - provided for comparative purposes*

During the year ended October 31, 2011, the Plan's investments appreciated (including gains and losses on investments bought and sold, as well as held during the year) as follows:

	2011
Mutual funds	$ 87,561
Common stock	(25,688)
Corporate bonds	(46,269)
Total appreciation	$ 15,604

Note 4. Fair Value Measurement

FASB ASC 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2011 and 2010.

If available, quoted market prices are used to value investments. Bonds and common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Shares of mutual funds are valued at the quoted net asset value (NAV) of shares held by the Plan at year end. Certificates of deposit are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. Money market funds are valued at cost, which approximates fair value.

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

Note 4. Fair Value Measurement (cont.)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2011 and 2010:

	Assets at Fair Value as of October 31, 2011			
	Level 1	Level 2	Level 3	Total
Corporate bonds	$ 1,162,532	$ -	$ -	$ 1,162,532
Common stocks	1,378,100	-	-	1,378,100
Mutual funds				
Intl equity	174,436	-	-	174,436
Closed end equity	293,887	-	-	293,887
Fixed income funds	174,375	-	-	174,375
Total mutual funds	642,698	-	-	642,698
Money market funds	37,018	-	-	37,018
Certificates of deposit	-	200,655	-	200,655
Total investments at fair value	$ 3,220,348	$ 200,655	$ -	$ 3,421,003

	Assets at Fair Value as of October 31, 2010			
	Level 1	Level 2	Level 3	Total
Corporate bonds	$ 1,408,801	$ -	$ -	$ 1,408,801
Common stocks	423,670	-	-	423,670
Mutual funds				
Domestic equity	734,313	-	-	734,313
Intl equity	168,177	-	-	168,177
Balanced equity	94,192	-	-	94,192
Closed end equity	58,798	-	-	58,798
Fixed income funds	113,326	-	-	113,326
Total mutual funds	1,168,806	-	-	1,168,806
Money market funds	500,919	-	-	500,919
Total investments at fair value	$ 3,502,196	$ -	$ -	$ 3,502,196

Note 5. Certificates of Deposit

Certificates of deposit at October 31, 2011, consist of amounts on deposit at banks or savings and loan associations, with interest rates ranging from 1.0% to 1.8%, with maturities ranging from two to four years. All deposits were federally insured at October 31, 2011.

Note 6. Plan Termination

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

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the plan has been amended since receiving the determination letter, the plan administrator believes that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to the applicable statute of limitations.

Note 8. Risks and Uncertainties

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

Supplemental Material

NEP Electronics, Inc. Profit Sharing Plan & Trust

Federal ID #36-2920506, Plan #001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
October 31, 2011

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Fair Value
	MetLife Inc	$50,000 note dated 11/27/2001, maturity date 12/01/2011, 6.13% interest	54,220	50,212
	Burlington Resources Finance	$50,000 note dated 06/01/2002, maturity date 12/01/2011, 6.50% interest	55,163	50,215
	Target Corporation	$50,000 note dated 03/11/2002, maturity date 03/01/2012, 5.88% interest	54,762	50,884
	Duetsche Bank AG London	$50,000 note dated 10/12/2007, maturity date 10/12/2012, 5.38% interest	54,063	51,679
	Wells Fargo	$50,000 note dated 10/23/2007, maturity date 10/23/2012, 5.25% interest	51,534	51,943
	Dupont De Nemours	$50,000 note dated 11/12/2002, maturity date 11/15/2012, 4.75% interest	108,013	104,203
	Walt Disney Company	$50,000 note dated 12/04/2007, maturity date 12/01/2012, 4.70% interest	54,746	52,320
	Goldman Sachs Group	$50,000 note dated 03/31/2003, maturity date 04/01/2013, 5.25% interest	52,884	51,744
	JPMorgan Chase	$50,000 note dated 04/28/2008, maturity date 05/01/2013, 4.75% interest	107,961	105,148
	3M Company	$50,000 note dated 08/21/2008, maturity date 08/15/2013, 4.38% interest	52,695	53,458
	Caterpillar Inc	$50,000 note dated 12/05/2008, maturity date 12/15/2013, 7.00% interest	58,418	56,355
	CME Group Inc	$150,000 note dated 02/09/2009, maturity date 02/15/2014, 5.75% interest	167,218	165,120
	General Electric Capital	$100,000 note dated 09/17/2004, maturity date 09/15/2014, 4.75% interest	104,996	107,718
	Morgan Stanley	$100,000 note dated 01/09/2007, maturity date 09/15/2017, 5.45% interest	96,005	100,619
	Vodafone Group PLC	$100,000 note dated 06/26/2003, maturity date 07/15/2018, 4.63% interest	91,800	110,914
		Total corporate bonds	1,164,478	1,162,532
	Vanguard Total Intl Stock Index	12,250 units	205,000	174,436
	Materials Select SPDR Sector Index	724 units	21,078	24,942
	Vanguard MSCI Emerging Markets	2,050 units	102,757	85,137
	Vanguard Small-Cap Vipers	2,598 units	205,046	183,808
	Northern Institutional Core Bond	16,101 units	166,968	174,375
		Total mutual funds	700,849	642,698
	Abbott Labs Inc	839 shares of common stock	41,378	45,197
	Allstate Corp	1,398 shares of common stock	52,839	36,823
	Apache Corp	365 shares of common stock	44,913	36,365
	Apple Inc.	143 shares of common stock	49,143	57,883
	Celgene Corporation	560 shares of common stock	29,925	36,305
	Charles Schwab Corp	2,434 shares of common stock	44,910	29,890
	Chevron Corporation	434 shares of common stock	37,125	45,592
	Cisco Systems Inc	2,971 shares of common stock	59,976	55,053
	Coca Cola Co	519 shares of common stock	29,943	35,458
	Comcast Corp	1,438 shares of common stock	35,619	33,721
	Covidien PLC	619 shares of common stock	31,931	29,118
	Danaher Corp	777 shares of common stock	41,165	37,568
	Entergy Corp	257 shares of common stock	17,672	17,777
	Expeditors Intl Wash Inc.	619 shares of common stock	31,807	28,226
	ExxonMobil Corp	560 shares of common stock	41,549	43,730
	General Dynamics Corp	650 shares of common stock	47,071	41,723
	Halliburton Co Com	904 shares of common stock	32,749	33,773
	Hewlett Packard Co	1,214 shares of common stock	49,376	32,305
	Intel Corp	2,016 shares of common stock	44,686	49,473
	JP Morgan Chase & Co.	1,190 shares of common stock	52,429	41,364
	Lowes Co. Inc.	1,503 shares of common stock	39,399	31,593
	McDonald's Corp	536 shares of common stock	41,491	49,768
	Nike Inc.	518 shares of common stock	41,865	49,909
	Noble Corp	1,084 shares of common stock	44,495	38,959

Continued

NEP Electronics, Inc. Profit Sharing Plan & Trust

Federal ID #36-2920506, Plan #001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
October 31, 2011

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Fair Value
	Norfolk Southern Corp	461 shares of common stock	30,558	34,109
	Novartis AG	675 shares of common stock	38,586	38,117
	Nucor Corp	642 shares of common stock	29,348	24,255
	Oracle Corporation Com	1,327 shares of common stock	36,793	43,486
	PepsiCo Inc Com	487 shares of common stock	31,511	30,657
	Procter & Gamble Co	540 shares of common stock	32,027	34,555
	Qualcomm Inc Com	774 shares of common stock	39,271	39,938
	State Street Corp	958 shares of common stock	43,617	38,694
	United Parcel Service Inc - Cl B	575 shares of common stock	42,353	40,388
	Wal-Mart Stores Inc.	656 shares of common stock	35,208	37,208
	Wells Fargo & Co.	1,813 shares of common stock	52,457	46,975
	Western Union Co.	1,840 shares of common stock	38,873	32,145
		Total common stock	1,434,058	1,378,100
	SDIT Prime Obligation Fund	Money Market	37,018	37,018
		Total money market	37,018	37,018
	Ally Bank Utah	Certificate of Deposit	50,000	50,126
	Ally Bank Utah	Certificate of Deposit	50,000	50,220
	GE Capital Financial Inc.	Certificate of Deposit	100,000	100,309
		Total certificates of deposit	200,000	200,655
Total			$ 3,536,403	$ 3,421,003

NEP Electronics, Inc. Profit Sharing Plan & Trust

Federal ID #36-2920506, Plan #001
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of within Year)
October 31, 2011

[a] Identity of issue, borrower, lessor or similar party	[b] Description of investment including maturity date, rate of interest, collateral, par, or maturity value	[c] Costs of acquisitions	[d] Proceeds of dispositions
Industrial Select Sector SPDR	120 units	$ 4,302	$ 4,438
Northern Inst Core Bond Fund	8,007 units	83,032	85,000
Technology Select Sector SPDR	290 units	7,325	7,453

NEP Electronics, Inc. Profit Sharing Plan & Trust

Federal ID #36-2920506, Plan #001
Schedule H, Line 4j – Schedule of Reportable Transactions
October 31, 2011

[a] Identity of party involved	[b] Description of asset	[c] Purchase price	[d] Selling price	[e] Lease rental	[f] Expense incurred with transaction	[g] Cost of asset	[h] Current value of asset on transaction date	[i] Net gain or (loss)
Northern Instl Core Bond	Mutual Fund	$ 250,000	NA	NA	$ -	$ 250,000	$ 250,000	$ -
SDIT Prime Obligation	Money Market	3,552,416	NA	NA	-	3,552,416	3,552,416	-
Vanguard Small Cap ETF	Mutual Fund	205,046	NA	NA	-	205,046	205,046	-
Vanguard Total Stock Index	Mutual Fund	205,000	NA	NA	-	205,000	205,000	-

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning 11/01/2010 **and ending** 10/31/2011

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
NEP Electronics, Inc. Employee Profit Sharing Plan & Trust

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 10/31/1988

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

NEP Electronics, Inc.

805 Mittel Drive

US Wood Dale IL 60191

2b Employer Identification Number (EIN)
36-2920506

2c Sponsor's telephone number
(630) 595-8500

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	Thomas M. Lotus	8/2/12	Thomas M. Lotus
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Thomas M. Lotus	8/2/12	THOMAS M. LOTUS
	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")
Same

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year	**5**	169
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**	106
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	63
d Subtotal. Add lines **6a, 6b** and **6c**	**6d**	169
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	169
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	169
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 3D

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

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

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

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

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

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

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: **NEP Electronics, Inc.**

Employer identification number: **36-2920506**

Plan Year **11/01/2010** to **10/31/2011**

Three-digit plan number ▶ **001**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Northern Instl Core	Mutual Fund	250000	N/A	N/A	0	250000	250000	0
SDIT Prime Obligatio	Money Market	3552416	N/A	N/A	0	3552416	3552416	0
Vanguard SmallCapETF	Mutual Fund	205046	N/A	N/A	0	205046	205046	0
Vanguard Ttl StkIdx	Mutual Fund	205000	N/A	N/A	0	205000	205000	0

NEP Electronics, Inc. Profit Sharing Plan & Trust

Federal ID #36-2920506, Plan #001
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of within Year)
October 31, 2011

[a] Identity of issue, borrower, lessor or similar party	[b] Description of investment including maturity date, rate of interest, collateral, par, or maturity value	[c] Costs of acquisitions	[d] Proceeds of dispositions
Industrial Select Sector SPDR	120 units	$ 4,302	$ 4,438
Northern Inst Core Bond Fund	8,007 units	83,032	85,000
Technology Select Sector SPDR	290 units	7,325	7,453

NEP Electronics, Inc. Profit Sharing Plan & Trust

Federal ID #36-2920506, Plan #001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
October 31, 2011

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Fair Value
	MetLife Inc	$50,000 note dated 11/27/2001, maturity date 12/01/2011, 6.13% interest	54,220	50,212
	Burlington Resources Finance	$50,000 note dated 06/01/2002, maturity date 12/01/2011, 6.50% interest	55,163	50,215
	Target Corporation	$50,000 note dated 03/11/2002, maturity date 03/01/2012, 5.88% interest	54,762	50,884
	Duetsche Bank AG London	$50,000 note dated 10/12/2007, maturity date 10/12/2012, 5.38% interest	54,063	51,679
	Wells Fargo	$50,000 note dated 10/23/2007, maturity date 10/23/2012, 5.25% interest	51,534	51,943
	Dupont De Nemours	$50,000 note dated 11/12/2002, maturity date 11/15/2012, 4.75% interest	108,013	104,203
	Walt Disney Company	$50,000 note dated 12/04/2007, maturity date 12/01/2012, 4.70% interest	54,746	52,320
	Goldman Sachs Group	$50,000 note dated 03/31/2003, maturity date 04/01/2013, 5.25% interest	52,884	51,744
	JPMorgan Chase	$50,000 note dated 04/28/2008, maturity date 05/01/2013, 4.75% interest	107,961	105,148
	3M Company	$50,000 note dated 08/21/2008, maturity date 08/15/2013, 4.38% interest	52,695	53,458
	Caterpillar Inc	$50,000 note dated 12/05/2008, maturity date 12/15/2013, 7.00% interest	58,418	56,355
	CME Group Inc	$150,000 note dated 02/09/2009, maturity date 02/15/2014, 5.75% interest	167,218	165,120
	General Electric Capital	$100,000 note dated 09/17/2004, maturity date 09/15/2014, 4.75% interest	104,996	107,718
	Morgan Stanley	$100,000 note dated 01/09/2007, maturity date 09/15/2017, 5.45% interest	96,005	100,619
	Vodafone Group PLC	$100,000 note dated 06/26/2003, maturity date 07/15/2018, 4.63% interest	91,800	110,914
		Total corporate bonds	1,164,478	1,162,532
	Vanguard Total Intl Stock Index	12,250 units	205,000	174,436
	Materials Select SPDR Sector Index	724 units	21,078	24,942
	Vanguard MSCI Emerging Markets	2,050 units	102,757	85,137
	Vanguard Small-Cap Vipers	2,598 units	205,046	183,808
	Northern Institutional Core Bond	16,101 units	166,968	174,375
		Total mutual funds	700,849	642,698
	Abbott Labs Inc	839 shares of common stock	41,378	45,197
	Allstate Corp	1,398 shares of common stock	52,839	36,823
	Apache Corp	365 shares of common stock	44,913	36,365
	Apple Inc.	143 shares of common stock	49,143	57,883
	Celgene Corporation	560 shares of common stock	29,925	36,305
	Charles Schwab Corp	2,434 shares of common stock	44,910	29,890
	Chevron Corporation	434 shares of common stock	37,125	45,592
	Cisco Systems Inc	2,971 shares of common stock	59,976	55,053
	Coca Cola Co	519 shares of common stock	29,943	35,458
	Comcast Corp	1,438 shares of common stock	35,619	33,721
	Covidien PLC	619 shares of common stock	31,931	29,118
	Danaher Corp	777 shares of common stock	41,165	37,568
	Entergy Corp	257 shares of common stock	17,672	17,777
	Expeditors Intl Wash Inc.	619 shares of common stock	31,807	28,226
	ExxonMobil Corp	560 shares of common stock	41,549	43,730
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Continued

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	Western Union Co.	1,840 shares of common stock	38,873	32,145
		Total common stock	1,434,058	1,378,100
	SDIT Prime Obligation Fund	Money Market	37,018	37,018
		Total money market	37,018	37,018
	Ally Bank Utah	Certificate of Deposit	50,000	50,126
	Ally Bank Utah	Certificate of Deposit	50,000	50,220
	GE Capital Financial Inc.	Certificate of Deposit	100,000	100,309
		Total certificates of deposit	200,000	200,655
Total			$ 3,536,403	$ 3,421,003