

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>203</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/11/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>203</u>	1c Effective date of plan <u>02/11/1958</u>	
1b Three-digit plan number (PN) ▶	<u>203</u>				
1c Effective date of plan <u>02/11/1958</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>SCHNEIDER ELECTRIC USA, INC.</u> <u>1415 S. ROSELLE ROAD</u> <u>PALATINE, IL 60067</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-2440683</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>847-925-3000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-2440683</u>	2c Sponsor's telephone number <u>847-925-3000</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>36-2440683</u>					
2c Sponsor's telephone number <u>847-925-3000</u>					
2d Business code (see instructions) <u>335900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2012	KAREN HANSEN
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SCHNEIDER ELECTRIC USA, INC. EMPLOYEE BENEFITS ADMIN COMMITTEE 1415 S. ROSELLE ROAD PALATINE, IL 60067	3b Administrator's EIN 62-1546626 3c Administrator's telephone number 847-925-3227
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	5222
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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	1180
b Retired or separated participants receiving benefits.....	6b	2339
c Other retired or separated participants entitled to future benefits.....	6c	1380
d Subtotal. Add lines 6a , 6b , and 6c	6d	4899
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	323
f Total. Add lines 6d and 6e	6f	5222
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	18

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

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

9a Plan funding arrangement (check all that apply)	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) ☒ Trust	(3) ☒ 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)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **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
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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 <u>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>203</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCHNEIDER ELECTRIC USA, INC.</u>	D Employer Identification Number (EIN) <u>36-2440683</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>273534288</u>
b	Actuarial value 2b <u>256081765</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>2540</u> <u>196267301</u>
b	For terminated vested participants 3b <u>1466</u> <u>33492135</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>20340415</u>
(2)	Vested benefits 3c(2) <u>71579445</u>
(3)	Total active 3c(3) <u>1216</u> <u>91919860</u>
d	Total 3d <u>5222</u> <u>321679296</u>
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 <u>6.24 %</u>
6	Target normal cost 6 <u>3328698</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/03/2012</u>
Signature of actuary	Date
<u>PAUL WILKINSON</u>	<u>11-04729</u>
Type or print name of actuary	Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>	<u>312-846-3000</u>
Firm name	Telephone number (including area code)
<u>123 NORTH WACHER DRIVE, SUITE 1000</u> <u>CHICAGO, IL 60606</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

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)	30531325	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	6182618	0
9	Amount remaining (line 7 minus line 8)	24348707	0
10	Interest on line 9 using prior year's actual return of <u>12.57</u> %	3060632	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.65</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	5313128	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	22096211	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	72.73 %
15	Adjusted funding target attainment percentage	15	72.73 %
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	89.90 %
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
10/21/2011	5043000	0			
			Totals ▶	18(b)	5043000
				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 4803817
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	3328698	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	87693742		15374332
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	18703030	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	18703030	0	18703030
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>203</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHNEIDER ELECTRIC USA, INC.</u>	D Employer Identification Number (EIN) <u>36-2440683</u>

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)

RUSSELL TRUST COMPANY

91-1117292

(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?
50 28 51	NONE	1017348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK CONSULTANTS

13-2655989

(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?
50 11	NONE	510175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK, N.A.

13-4494650

(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?
50 28 51 52	NONE	354878	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

CITISTREET

04-3581074

(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?
50 15	NONE	65647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING

22-2232264

(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?
50 16	NONE	63912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELEANOR ROBERTS

36-2440683

(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?
50 35	EMPLOYEE	22394	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)

PRUDENTIAL REAL ESTATE INVESTORS

22-1211670

(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?
50 28 51 52	NONE	19834	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ERNST AND YOUNG

34-6565596

(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?
50 10	NONE	15844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K AMD M PRINTING

36-2896400

(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?
50 36	NONE	14340	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)

CHRIS BOCHENEK

36-2440683

(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?
50 35	EMPLOYEE	13692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK AND TRUST

56-6484434

(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?
50 21	TRUSTEE	12942	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCDERMOTT, WILL AND EMERY

36-1453176

(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?
50 29	NONE	8577	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: TIMOTHY ABRAMIC	b EIN: 13-2655989
c Position: ENROLLED ACTUARY	
d Address: 123 NORTH WACHER DRIVE SUITE 1000 CHICAGO, IL 60606	e Telephone: 312-846-3000

Explanation: THE WORK WAS REASSIGNED DUE TO THE FORMER ENROLLED ACTUARY'S DEPARTURE FROM BUCK CONSULTANTS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 203
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SCHNEIDER ELECTRIC USA, INC.	D Employer Identification Number (EIN) 36-2440683

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHNEIDER ELEC USA INC COMMON TRUST

b Name of sponsor of entity listed in (a): SCHNEIDER ELECTRIC USA, INC.

c EIN-PN 36-2440683-204	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267928266
--------------------------------	------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	203
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNEIDER ELECTRIC USA, INC.	D Employer Identification Number (EIN) 36-2440683	

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)	5500000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	2318676	2394033
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	265947303	267928266
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	273765979	270322299

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	273765979	270322299
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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)	5043000	
(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)		5043000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		13962950
(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		19005950

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19215819	
(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)		19215819
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)	611450	
(2) Contract administrator fees	2i(2)	80032	
(3) Investment advisory and management fees	2i(3)	1392060	
(4) Other	2i(4)	471540	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2555082
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		21770901

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2764951
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		678729

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ERNST & YOUNG

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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)

SCHNEIDER ELECTRIC USA, INC. PENSION PLAN

5b(2) EIN(s)	5b(3) PN(s)
36-2440683	099

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

A Name of plan <u>SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>203</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHNEIDER ELECTRIC USA, INC.</u>	D Employer Identification Number (EIN) <u>36-2440683</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>56-6484434</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>5</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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: 27% Investment-Grade Debt: 49% High-Yield Debt: 9% Real Estate: 6% Other: 9%

- 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):

A decorative graphic on the left side of the page. It consists of a series of vertical lines of varying heights that form a triangular shape pointing to the right. A bright yellow diagonal band starts from the right side of this triangular shape and extends towards the top right corner of the page.

FINANCIAL STATEMENTS

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan
Years Ended December 31, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP



Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Financial Statements

Years Ended December 31, 2011 and 2010

Contents

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Report of Independent Auditors

The Employee Benefits Administrative Committee
Schneider Electric USA, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of the Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 7, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements as a whole. The form and content of the information included in the financial statements, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

October 15, 2012

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2011	2010
Assets		
Interest in Schneider Electric USA, Inc. Common Trust, at fair value	\$ 267,928,266	\$ 265,947,303
Receivables:		
Employer contributions	—	5,500,000
Dividend receivable	2,394,033	2,318,676
Net assets available for benefits	<u>\$ 270,322,299</u>	<u>\$ 273,765,979</u>

See accompanying notes.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2011	2010
Additions		
Employer contributions	\$ 5,043,000	\$ 5,500,000
Dividend income	75,357	72,985
Total additions	<u>5,118,357</u>	<u>5,572,985</u>
Deductions		
Administrative expenses	2,555,082	2,236,719
Benefits paid to participants	<u>19,215,819</u>	<u>18,544,224</u>
Total deductions	<u>21,770,901</u>	<u>20,780,943</u>
Net investment gain from Schneider Electric USA, Inc. Common Trust	<u>13,887,593</u>	<u>32,560,764</u>
Net (decrease) increase prior to transfers	<u>(2,764,951)</u>	<u>17,352,806</u>
Transfers to other plans	(678,729)	—
Net assets available for benefits:		
Beginning of year	<u>273,765,979</u>	<u>256,413,173</u>
End of year	<u><u>\$ 270,322,299</u></u>	<u><u>\$ 273,765,979</u></u>

See accompanying notes.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2011

1. Description of the Plan

The following description of the Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan, established on January 1, 1996, is a noncontributory, defined-benefit pension plan that provides retirement benefits for hourly paid employees of Schneider Electric USA, Inc. (the Company) under certain collective bargaining units. The Plan was closed to new hires on or after October 3, 2011.

The Employee Benefits Administrative Committee of the Company controls and manages the operation and administration of the Plan. State Street Bank and Trust Company (the Trustee) serves as trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan's investment assets are held in a trust account and consist of an undivided interest in an investment account of the Schneider Electric USA, Inc. Common Trust (the Master Trust), a master trust established by the Company and administered by the Trustee.

Pension Benefits

Under the Plan, employees retiring at their normal retirement date are entitled to defined-retirement benefits as specified in the plan document. Covered employees with five or more years of vesting service become fully vested in the Plan and are eligible for pension benefits upon attainment of retirement age or any time after age 55 with 10 or more years of vesting service.

The amount of benefits to be provided at the time of retirement depends upon an employee's years of benefit service and the pension rate in effect on the date of termination. The Plan provides for normal retirement, early retirement, disability retirement, family death benefits, deferred retirement, and spouse's death benefits.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

The Plan's investments are held in the Master Trust and are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). See Note 8 for further discussion of fair value measurements.

A participating allocated contract exists from a prior merged plan for which the Plan receives income.

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.

Administrative Expenses

The Plan pays most of its administrative expenses. All other administrative expenses of the Plan are paid by the Company. The Plan's sponsor provides accounting and other administrative services to the Plan at no charge.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to 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 and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee services rendered to the valuation date.

Subsequent Events

Management has evaluated subsequent events through October 15, 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, *Improving Disclosures about Fair Value Measurements*. ASU 2010-06 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, to clarify certain existing fair value disclosures and require a number of additional disclosures. The requirement to present changes in Level 3 measurements on a gross basis is effective for reporting periods beginning after December 15, 2010. Since ASU 2010-06 affects only fair value measurement disclosures, adoption of ASU 2010-06 did not have an effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended ASC 820 to converge the fair value measurement guidance in U.S. generally accepted accounting principles (GAAP) and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures (although certain of these new disclosures will not be required for nonpublic entities). The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2011 and 2010. The Company made contributions of \$5,043,000 and \$5,500,000 for 2011 and 2010, respectively.

4. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances and subject to bargaining with the collective bargaining units representing employees covered by the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

5. Accumulated Plan Benefits

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

The accumulated plan benefit information is as follows:

	December 31 2010
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 169,751,861
Other participants	84,855,297
Non-vested benefits	15,226,961
	<u>\$ 269,834,119</u>

The changes in accumulated plan benefits are as follows:

Accumulated plan benefits – December 31, 2009	\$ 260,549,898
Changes during the year attributable to:	
Benefits accumulated	939,723
Benefits paid	(18,544,224)
Increase for interest	20,745,575
Assumption changes	6,143,147
Net increase	<u>9,284,221</u>
Accumulated plan benefits – December 31, 2010	<u>\$ 269,834,119</u>

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

5. Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuations were:

Assumed rate of return	2010 – 8.00% 2009 – 8.25%
Retirement age	Various rates ranging from 2.5% at age 55 to 100% at age 70
Life expectancy of participants	2010 – IRS 2010 Applicable Mortality Table 2009 – IRS 2009 Applicable Mortality Table

These 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.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (the IRS) dated February 22, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. 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 2008.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

7. Master Trust

The investment in the Master Trust represents the Plan's undivided ownership of the net assets of the Master Trust, which have been accumulated through the Company's contributions and investment activity of the Master Trust, less benefit payments and any transfers to an insurance carrier. Use of the Master Trust permits the commingling of trust assets with the assets of other defined-benefit pension plans sponsored by the Company. Although assets of all plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2011 and 2010, and net appreciation (depreciation) in fair value of investments, interest, dividends, and investment expenses for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

At December 31, 2011 and 2010, the net assets of the Master Trust are summarized as follows:

	2011	2010
Investments, at fair value:		
Short-term investment funds	\$ 8,147,455	\$ 5,816,053
Private equity investment funds	99,297,883	84,008,337
Common/collective trust funds	944,103,595	890,300,815
Total investments	<u>1,051,548,933</u>	<u>980,125,205</u>
Dividend and interest receivable	296	95
Net assets	<u>\$ 1,051,549,229</u>	<u>\$ 980,125,300</u>
Plan's interest in the Master Trust	<u>25%</u>	<u>27%</u>

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

7. Master Trust (continued)

The net investment gain of the Master Trust for the years ended December 31, 2011 and 2010, is summarized below:

	<u>2011</u>	<u>2010</u>
Dividend and interest income	\$ 467,578	\$ 31,634
Net appreciation (depreciation) in fair value of investments:		
Common stocks	(11,448,775)	(44,935)
Fixed income investments	5,341,050	—
Mutual funds	6,682	—
Preferred stocks	(4,654)	—
Real estate trusts	(145,556)	—
Private equity investment funds	9,909,810	9,640,437
Common/collective trust funds	41,922,864	110,146,133
Other	7,922,235	15,445
Net appreciation	<u>53,503,656</u>	<u>119,757,080</u>
Net investment gain	<u>\$ 53,971,234</u>	<u>\$ 119,788,714</u>

8. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

8. Fair Value Measurements (continued)

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in markets that are not active.
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals).
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation techniques and inputs used for assets measured at fair value:

Private equity investment funds: Valued at the net asset value (NAV) provided by the investment fund managers. The NAV is calculated using valuation models developed by the investment fund managers and independent third-party appraisals.

Common/collective trust funds: Valued at the NAV provided by the administrators of the funds. The NAV is based on underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

Short-term investment fund: Valued at cost, which represents fair value.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

8. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2011 and 2010:

2011				
	Level 1	Level 2	Level 3	Total
Short-term investment fund	\$	–	\$ 8,147,455	\$ 8,147,455
Private equity investment funds (d)	–	–	99,297,883	99,297,883
Common/collective trust funds:				
Real estate (a)	–	48,709,796	–	48,709,796
Fixed income (b)	–	612,134,805	–	612,134,805
U.S. equities (c)	–	198,679,185	–	198,679,185
International equities (c)	–	84,579,809	–	84,579,809
Total assets at fair value	\$	–	\$ 952,251,050	\$ 1,051,548,933

2010				
	Level 1	Level 2	Level 3	Total
Short-term investment fund	\$	–	\$ 5,816,053	\$ 5,816,053
Private equity investment funds (d)	–	–	84,008,337	84,008,337
Common/collective trust funds:				
Real estate (a)	–	60,642,836	–	60,642,836
Fixed income (b)	–	317,646,224	–	317,646,224
U.S. equities (c)	–	295,726,689	–	295,726,689
International equities (c)	–	216,285,066	–	216,285,066
Total assets at fair value	\$	–	\$ 896,116,868	\$ 980,125,205

- (a) This category includes common/collective trust funds that are designed to produce a relatively high level of current income combined with moderate appreciation potential. This fund is primarily invested in real estate investments owned directly or through partnership interests and mortgage loans or income-producing real estate. A 45-day redemption notice is required to liquidate the fund. This category also includes a common/collective trust fund that is designed to generate a high level of total return through above-average current income while maintaining the potential for capital appreciation. This fund is primarily invested in equity securities of issuers whose value is derived from development, management, and market pricing of underlying real estate properties. There are no redemption restrictions to liquidate this fund.
- (b) This category includes common/collective trust funds that are designed to provide total return through investments in a diversified portfolio of investment-grade, fixed-income securities. The redemption notices range from 45 days to one year for these funds.

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

8. Fair Value Measurements (continued)

- (c) This category includes common/collective trust funds that are designed to provide a diversified profile of equity securities and emphasis on capital appreciation over an extended period of time. The redemption notices range from 45 days to one year for these funds. There are no redemption restrictions to liquidate these funds.
- (d) This category includes limited partnership investments, which offer portfolio diversification along with higher expected long-term market returns. On average, these investments are 10 to 15 years old. There are various restrictions on the redemption of these investments. Other funds generally cannot be liquidated until the funds are terminated.

The table below sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets as of December 31, 2011 and 2010:

	Private Equity Investment Funds
Balance, January 1, 2010	\$ 67,967,427
Realized losses	(296,809)
Unrealized gains relating to instruments still held at the reporting date	9,937,246
Purchases, sales, issuances, and settlements, net	<u>6,400,473</u>
Balance, December 31, 2010	84,008,337
Realized losses	-
Unrealized gains relating to instruments still held at the reporting date	9,909,810
Purchases	5,265,211
Sales	114,525
Balance, December 31, 2011	<u>\$ 99,297,883</u>

Schneider Electric USA, Inc.
Coordinated Bargaining Employees' Pension Plan

Notes to Financial Statements (continued)

9. Risks and Uncertainties

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

The Plan's contributions are made and the actuarial present value of accumulated plan benefits is 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Ernst & Young LLP

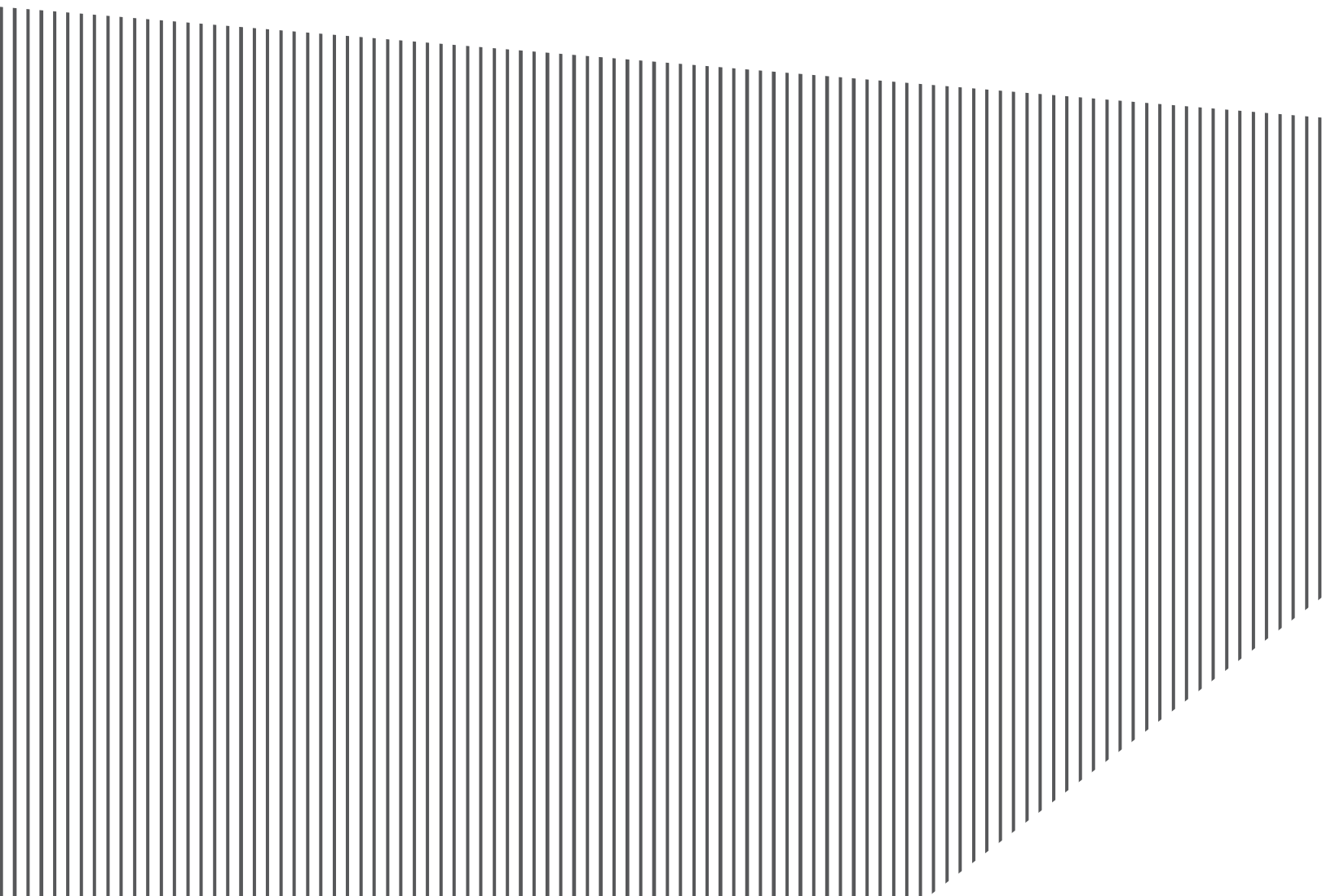
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ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. PENSION PLAN
(PN: 099 EIN: 36-2440683)

Schedule SB, Line 11 – Explanation of Discrepancy in Present Value of Excess Contributions

Line 38 of the 2010 SB incorrectly identified the present value of excess contributions as \$76,131,891. The correct present value of excess contributions is \$58,660,065.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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

Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension

B Three-digit

plan number (PN)

203

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

Schneider Electric USA, Inc.

D Employer Identification Number (EIN)

36-2440683

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2011**2** Assets:

	2a	
a Market value	273,534,288	
b Actuarial value	256,081,765	

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	2,540	196,267,301
b For terminated vested participants	1,466	33,492,135
c For active participants:		
(1) Non-vested benefits.....		20,340,415
(2) Vested benefits		71,579,445
(3) Total active.....	1,216	91,919,860
d Total.....	5,222	321,679,296

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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		

5 Effective interest rate **5** 6.24 %**6** Target normal cost **6** 3,328,698**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**

Signature of actuary

Paul Wilkinson

Type or print name of actuary

Buck Consultants, LLC

123 North Wachter Drive, Suite 1000

Chicago

IL 60606

Address of the firm

10/3/2012

Date

11-04729

Most recent enrollment number

(312) 846-3000

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2011
v.012611

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).....	30,531,325	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	6,182,618	0
9 Amount remaining (line 7 minus line 8).....	24,348,707	0
10 Interest on line 9 using prior year's actual return of <u>12.57</u> %.....	3,060,632	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.65</u> % except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	5,313,128	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	22,096,211	0

Part III Funding percentages

14 Funding target attainment percentage	14	72.73 %
15 Adjusted funding target attainment percentage	15	72.73 %
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	89.90 %
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
10/21/2011	5,043,000	0			
Totals •			18(b)	5,043,000	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	4,803,817
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
3.78 %2nd segment:
6.31 %3rd segment:
6.57 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

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**

3,328,698

b Excess assets, if applicable, but not greater than 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

87,693,742

15,374,332

b Waiver amortization installment

0

0

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

18,703,030

35 Balances elected for use to offset funding requirement

18,703,030

0

18,703,030

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

0

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

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

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**

**ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN**

(PN: 203 EIN: 36-2440683)

SCHEDULE SB NOTES FOR 2011 PLAN YEAR

In preparing this Schedule SB, the actuary relied on other parties for information on assets, contributions, plan provisions and data on people covered by the plan. The actuary tested the data for reasonability.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

**Schedule SB, Line 8 – Explanation of Discrepancy in Prior Year Funding Standard
Offset to Carryover Balance or Prefunding Balance**

Line 35 of the 2010 SB incorrectly identified the carryover balance as \$11,122,427. The correct carryover balance is \$6,182,618.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

**Schedule SB, Line 11a – Explanation of Discrepancy in Prior Year Interest
Adjusted Excess Contributions**

Line 38 of the 2010 SB incorrectly identified the interest adjusted excess contributions as \$5,268,307.
The correct interest adjusted excess contributions are \$0.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount	Year Applied	Interest Rate	Discounted Contribution
10/21/2011	\$5,043,000	2011	6.24%	\$4,803,817

The plan adopted a benefit increase effective Nov. 1, 2011. Since the plan was under 80% funded and subject to benefit restrictions, the plan sponsor made the above contribution in accordance with IRC 436(c) to cover 100% of the increase in funding target associated with the benefit increase.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the “ ½” is not used for t = FRA-ERA.

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_{ERA+t}^r) * (ERA + t + 1/2)$$

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_{ERA+t}^r)$$

where FRA = age everyone is assumed to retire
 ERA = earliest retirement age
 ${}_t p_{ERA}$ = probability of surviving to age ERA + t
 q_{ERA+t}^r = probability of retiring at age ERA
 + t

Retirement: The rates of normal and early retirement are as follows:

Age	Annual Rate of Retirement:	
	Regular	Special *
55	2.5%	15.0%
56	2.5	8.0
57	2.5	8.0
58	2.5	5.0
59	2.5	5.0
60	8.0	20.0
61	8.0	20.0
62	40.0	40.0
63	25.0	25.0
64	35.0	35.0
65	60.0	60.0
66-69	20.0	20.0
70	100.0	100.0

* Special Rule of 90 rates apply if age plus service is 90 or more.

**ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN**

(PN: 203 EIN: 36-2440683)

Schedule SB, Line 24 – Change in Actuarial Assumptions

The administrative expenses were changed from \$283,000 to \$775,015.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

Schedule SB, line 32 – Schedule of Amortization Bases

Date Established	Type of Base	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments
January 1, 2010	Shortfall	6	8,301,353	44,704,622
January 1, 2011	Shortfall	7	<u>7,072,979</u>	<u>42,989,120</u>
			15,374,332	87,693,742

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:	Segment Rates with four month lookahead:		
		First Segment Rate	3.78%
		Second Segment Rate	6.31%
		Third Segment Rate	6.57%
		Effective Interest Rate	6.24%
Prior Year:	Segment Rates with four month lookahead:		
		First Segment Rate	5.03%
		Second Segment Rate	6.73%
		Third Segment Rate	6.82%
		Effective Interest Rate	6.65%

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year and including expected plan administrative expenses to be paid from plan assets during the year.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan administrative expenses of \$775,015 were added to the Target Normal Cost. The amount is based on the prior year's administrative expenses plus this year's expected PBGC premiums payable from the plan.

Form of payment

The underlying assumption is that 55% of future retirees will choose the life only option, while the remaining future retirees will choose a Joint and Survivor option.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Separation From Service Before Retirement

Illustrative rates of assumed separation from service are as follows:

Age	Annual Rate of	
	Withdrawal	Disability
20	24.80%	.06%
25	14.90	.10
30	9.20	.17
35	5.30	.25
40	2.70	.36
45	1.90	.52
50	1.10	.85
55		1.49
60		1.79
64		1.99
65		0.00

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

The rates of normal and early retirement are as follows:

Age	Annual Rate of Retirement	
	Regular	Special *
55	2.5%	15.0%
56	2.5	8.0
57	2.5	8.0
58	2.5	5.0
59	2.5	5.0
60	8.0	20.0
61	8.0	20.0
62	40.0	40.0
63	25.0	25.0
64	35.0	35.0
65	60.0	60.0
66-69	20.0	20.0
70	100.0	100.0

* Special Rule of 90 rates apply if age plus service is 90 or more.

Asset valuation method

The Actuarial Value of Assets is determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Actuarial Value of Assets.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

Non-Prescribed Funding Assumptions and Methods (continued)

The expected return on plan assets is 8.25% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2010 measurement period:	6.82%
2009 measurement period:	6.69%

DATA

Census and Assets

The valuation was based on data as of January 1, 2011 and does not take into account future participants. All census data was supplied by the Company and was subject to reasonable consistency checks. Asset data was supplied by State Street Bank and John Hancock, and was accepted unaudited.

Summary of Changes from the January 1, 2010 Valuation

- Assumed expenses were changed from \$283,000 to \$775,015.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

Schedule SB, Part V – Summary of Plan Provisions

PARTICIPATION

Date of hire. Oxford employees hired on or after October 31, 2004 are not eligible. All other employees hired on or after October 3, 2011 are not eligible.

BENEFITS

Normal Retirement Benefit

Eligibility

Age 65 with 5 years of service.

Amount

Effective October 1, 2008, \$44 multiplied by years of benefit service for Non-Oxford employees hired before September 12, 2005; the rate increases to \$46 effective November 1, 2011.

Oxford employees and employees hired on or after September 12, 2005 are eligible for pension plan multipliers of \$41 and \$35, respectively; the rates increase to \$43 and \$37, respectively, effective November 1, 2011.

For participants in the Middletown and Milwaukee 68 Plans, the benefit is offset by the purchased annuity.

Early Retirement Benefit

Eligibility

Age 55 with 10 years of service.

Amount

Accrued benefit payable at normal retirement age. If payment commences prior to normal retirement age, amount is reduced $\frac{1}{2}\%$ for each month prior to normal retirement age. If age plus service is at least 90, the benefit is the greater of the reduced early retirement benefit or the accrued benefit based on service limited to 30 years unreduced for early commencement.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

Schedule SB, Part V – Summary of Plan Provisions

Deferred Vested Benefit

Eligibility	5 years of service.
Amount	Accrued benefit payable at normal retirement age. If the participant has 10 years of service, a reduced benefit may commence as early as age 55. The reduction is ½% for each month prior to normal retirement age.

Disability Benefit

Eligibility	10 years of service and totally and permanently disabled.
Amount	Accrued benefit payable immediately. If the participant is not eligible for Social Security benefits, an additional amount equal to the accrued benefit is payable until normal retirement date.

Surviving Family Term Benefit

Eligibility	Death in active employment after completion of 10 years of service.
Amount	50% of the accrued benefit unreduced for early retirement and payable for 5 years.

Spouse's Benefit

Eligibility	Death after completion of 5 years of service.
Amount	50% of the accrued benefit had the participant elected a joint and 50% survivor annuity. If the participant had 10 years of service at death, payment may begin on the first day of the month the participant could have retired. The benefit is offset by any surviving family term benefit.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

Schedule SB, Part V – Summary of Plan Provisions

Normal Form

For unmarried participants, benefits are payable for life. For unmarried participants in the Cedar Rapids 20, Cedar Rapids 22, and Middletown unions, benefits are payable for 5 years certain and life. For married participants, an actuarially reduced benefit is payable, which provides 50% of the benefit payable to the spouse if the participant predeceases the spouse. Optional forms are available on an actuarial equivalent basis. For terminations on or after October 1, 2002, joint & survivor benefits provide a pop-up feature that is fully subsidized by the employer. In the event the retiree's beneficiary dies in the first five years of retirement, the retiree's benefit will increase, or pop up, to the life only benefit amount.

Summary of Changes from the January 1, 2010 Valuation

- The plan was closed in 2011, so that employees hired on or after October 3, 2011 are not eligible to participate.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount	Year Applied	Interest Rate	Discounted Contribution
10/21/2011	\$5,043,000	2011	6.24%	\$4,803,817

The plan adopted a benefit increase effective Nov. 1, 2011. Since the plan was under 80% funded and subject to benefit restrictions, the plan sponsor made the above contribution in accordance with IRC 436(c) to cover 100% of the increase in funding target associated with the benefit increase.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the “ ½” is not used for t = FRA-ERA.

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_{ERA+t}^r) * (ERA + t + 1/2)$$

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_{ERA+t}^r)$$

where FRA = age everyone is assumed to retire
ERA = earliest retirement age
 ${}_t p_{ERA}$ = probability of surviving to age ERA + t
 q_{ERA+t}^r = probability of retiring at age ERA + t

Retirement: The rates of normal and early retirement are as follows:

Age	Annual Rate of Retirement:	
	Regular	Special *
55	2.5%	15.0%
56	2.5	8.0
57	2.5	8.0
58	2.5	5.0
59	2.5	5.0
60	8.0	20.0
61	8.0	20.0
62	40.0	40.0
63	25.0	25.0
64	35.0	35.0
65	60.0	60.0
66-69	20.0	20.0
70	100.0	100.0

* Special Rule of 90 rates apply if age plus service is 90 or more.

**ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN**

(PN: 203 EIN: 36-2440683)

Schedule SB, Line 24 – Change in Actuarial Assumptions

The administrative expenses were changed from \$283,000 to \$775,015.

Schneider Electric USA, Inc. Coordinated Bargaining Pension Plan
EIN/PN: 36-2440683 / 203

Schedule SB, Line 26 - Schedule of Active Participant Data																					
Attained Age	YEARS OF CREDITED SERVICE																				Total
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		
	Avg		Avg		Avg		Avg		Avg		Avg		Avg		Avg		Avg		Avg		
	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	
Under 25	2		6		1															9	
25 to 29	3		16		10		1													30	
30 to 34	5		17		17		13		2											54	
35 to 39	3		18		16		42		18		1									98	
40 to 44	2		17		20		47		29		6									121	
45 to 49	7		17		27		29		33		16		18		1					148	
50 to 54	3		25		29		35		21		9		33		113		4			272	
55 to 59			13		9		26		18		8		19		79		130		11	313	
60 to 64	1		6		4		5		5		5		7		19		51		53	156	
65 to 69							2				1				3		2		3	11	
70 & up															2				2	4	
Total	26		135		133		200		126		46		77		217		187		69	1,216	

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

Schedule SB, line 32 – Schedule of Amortization Bases

Date Established	Type of Base	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments
January 1, 2010	Shortfall	6	8,301,353	44,704,622
January 1, 2011	Shortfall	7	<u>7,072,979</u>	<u>42,989,120</u>
			15,374,332	87,693,742

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:	Segment Rates with four month lookback:	
	First Segment Rate	3.78%
	Second Segment Rate	6.31%
	Third Segment Rate	6.57%
	Effective Interest Rate	6.24%
Prior Year:	Segment Rates with four month lookback:	
	First Segment Rate	5.03%
	Second Segment Rate	6.73%
	Third Segment Rate	6.82%
	Effective Interest Rate	6.65%

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year and including expected plan administrative expenses to be paid from plan assets during the year.

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan administrative expenses of \$775,015 were added to the Target Normal Cost. The amount is based on the prior year's administrative expenses plus this year's expected PBGC premiums payable from the plan.

Form of payment

The underlying assumption is that 55% of future retirees will choose the life only option, while the remaining future retirees will choose a Joint and Survivor option.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Separation From Service Before Retirement

Illustrative rates of assumed separation from service are as follows:

Age	Annual Rate of	
	Withdrawal	Disability
20	24.80%	.06%
25	14.90	.10
30	9.20	.17
35	5.30	.25
40	2.70	.36
45	1.90	.52
50	1.10	.85
55		1.49
60		1.79
64		1.99
65		0.00

ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN

(PN: 203 EIN: 36-2440683)

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

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

The rates of normal and early retirement are as follows:

Age	Annual Rate of Retirement	
	Regular	Special *
55	2.5%	15.0%
56	2.5	8.0
57	2.5	8.0
58	2.5	5.0
59	2.5	5.0
60	8.0	20.0
61	8.0	20.0
62	40.0	40.0
63	25.0	25.0
64	35.0	35.0
65	60.0	60.0
66-69	20.0	20.0
70	100.0	100.0

* Special Rule of 90 rates apply if age plus service is 90 or more.

Asset valuation method

The Actuarial Value of Assets is determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Actuarial Value of Assets.

**ATTACHMENT TO 2011 SCHEDULE SB (FORM 5500)
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
PENSION PLAN**

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

Non-Prescribed Funding Assumptions and Methods (continued)

The expected return on plan assets is 8.25% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2010 measurement period:	6.82%
2009 measurement period:	6.69%

DATA

Census and Assets

The valuation was based on data as of January 1, 2011 and does not take into account future participants. All census data was supplied by the Company and was subject to reasonable consistency checks. Asset data was supplied by State Street Bank and John Hancock, and was accepted unaudited.

Summary of Changes from the January 1, 2010 Valuation

- Assumed expenses were changed from \$283,000 to \$775,015.

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Schedule SB, Part V – Summary of Plan Provisions

PARTICIPATION

Date of hire. Oxford employees hired on or after October 31, 2004 are not eligible. All other employees hired on or after October 3, 2011 are not eligible.

BENEFITS

Normal Retirement Benefit

Eligibility

Age 65 with 5 years of service.

Amount

Effective October 1, 2008, \$44 multiplied by years of benefit service for Non-Oxford employees hired before September 12, 2005; the rate increases to \$46 effective November 1, 2011.

Oxford employees and employees hired on or after September 12, 2005 are eligible for pension plan multipliers of \$41 and \$35, respectively; the rates increase to \$43 and \$37, respectively, effective November 1, 2011.

For participants in the Middletown and Milwaukee 68 Plans, the benefit is offset by the purchased annuity.

Early Retirement Benefit

Eligibility

Age 55 with 10 years of service.

Amount

Accrued benefit payable at normal retirement age. If payment commences prior to normal retirement age, amount is reduced $\frac{1}{2}\%$ for each month prior to normal retirement age. If age plus service is at least 90, the benefit is the greater of the reduced early retirement benefit or the accrued benefit based on service limited to 30 years unreduced for early commencement.

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Schedule SB, Part V – Summary of Plan Provisions

Deferred Vested Benefit

Eligibility	5 years of service.
Amount	Accrued benefit payable at normal retirement age. If the participant has 10 years of service, a reduced benefit may commence as early as age 55. The reduction is ½% for each month prior to normal retirement age.

Disability Benefit

Eligibility	10 years of service and totally and permanently disabled.
Amount	Accrued benefit payable immediately. If the participant is not eligible for Social Security benefits, an additional amount equal to the accrued benefit is payable until normal retirement date.

Surviving Family Term Benefit

Eligibility	Death in active employment after completion of 10 years of service.
Amount	50% of the accrued benefit unreduced for early retirement and payable for 5 years.

Spouse's Benefit

Eligibility	Death after completion of 5 years of service.
Amount	50% of the accrued benefit had the participant elected a joint and 50% survivor annuity. If the participant had 10 years of service at death, payment may begin on the first day of the month the participant could have retired. The benefit is offset by any surviving family term benefit.

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Schedule SB, Part V – Summary of Plan Provisions

Normal Form

For unmarried participants, benefits are payable for life. For unmarried participants in the Cedar Rapids 20, Cedar Rapids 22, and Middletown unions, benefits are payable for 5 years certain and life. For married participants, an actuarially reduced benefit is payable, which provides 50% of the benefit payable to the spouse if the participant predeceases the spouse. Optional forms are available on an actuarial equivalent basis. For terminations on or after October 1, 2002, joint & survivor benefits provide a pop-up feature that is fully subsidized by the employer. In the event the retiree's beneficiary dies in the first five years of retirement, the retiree's benefit will increase, or pop up, to the life only benefit amount.

Summary of Changes from the January 1, 2010 Valuation

- The plan was closed in 2011, so that employees hired on or after October 3, 2011 are not eligible to participate.

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SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES'
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**Schedule SB, Line 8 – Explanation of Discrepancy in Prior Year Funding Standard
Offset to Carryover Balance or Prefunding Balance**

Line 35 of the 2010 SB incorrectly identified the carryover balance as \$11,122,427. The correct carryover balance is \$6,182,618.