Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [X] 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
CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1987

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

CODALE ELECTRIC SUPPLY, INC.

5225 W 2400 S
WEST VALLEY CITY, UT 84120-1264

2b Employer Identification Number (EIN) 87-0415618

2c Sponsor's telephone number 801-954-7011

2d Business code (see instructions) 423600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2013	GLEN BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2013	GLEN BROWN
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	189
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**	176
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	186
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	186
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	137
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-0415618

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	447009	186	01/01/2012	12/31/2012

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
15319	2208

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

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

WHITTENBURG, DANIEL L.
3165 E MILLROCK DR
STE 300
SALT LAKE CITY, UT 84121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15319	2208	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	5918186

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-0415618

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

TANNER LLC

20-2253063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 27	ACCOUNTANT	15231	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	30833	Yes [X] No [ ]	Yes [X] No [ ]	512	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-0415618

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: PRINCIPAL STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274328-001	C	723796

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-021	P	522508

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-027	P	317773

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-005	P	1268580

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-016	P	929180

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-043	P	522479

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R6

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-028	P	345050

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 386847
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH I SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-066	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 516748
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14648
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 422947
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276659
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222134
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138160
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34474
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-0415618

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)	378431	522350
(2) Participant contributions	1b(2)	0	21773
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21	142
(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)	3314	3137
(B) Common	1c(4)(B)	380557	596928
(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)	6585	3801
(9) Value of interest in common/collective trusts	1c(9)	892365	723796
(10) Value of interest in pooled separate accounts	1c(10)	4289557	5918186
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3062964	3372324
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	9013794	11162437
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9013794	11162437

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)	522350	
	(B) Participants	2a(1)(B)	1083054	
	(C) Others (including rollovers)	2a(1)(C)	15705	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1621109
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	519	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		519
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	137	
	(B) Common stock	2b(2)(B)	15950	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	38779	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		54866
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	38811	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		38811

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7390
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		643348
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		337689
c Other income	2c		26
d Total income. Add all **income** amounts in column (b) and enter total	2d		2703758
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	508208	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		508208
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	2986	
(2) Contract administrator fees	2i(2)	31678	
(3) Investment advisory and management fees	2i(3)	12243	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		46907
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		555115
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2148643
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: TANNER LLC **(2)** EIN: 20-2253063

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		2982
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	0

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	0
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-0415618

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

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

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

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

Note: For the best PDF viewing experience, disable “Enhance thin lines” in Adobe Acrobat. Click on Edit >> Preferences >> Page Display, and uncheck “Enhance thin lines.”

TANNER

TANNER

BUSINESS ADVISORS AND CERTIFIED PUBLIC ACCOUNTANTS

CRITICAL KNOWLEDGE
PROACTIVE INSIGHT

CODALE ELECTRIC SUPPLY, INC.

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN

Financial Statements and Supplemental Schedules

As of December 31, 2012 and 2011
and For the Year Ended December 31, 2012

Together with Independent Auditors' Report

Member of PKF North America

Tanner LLC
Key Bank Tower at City Creek
36 South State Street, Suite 600
Salt Lake City, Utah 84111-1400
Telephone (801) 532-7444
www.tannerco.com

TANNER
BUSINESS ADVISORS AND CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Codale Electric Supply, Inc. Salary Deferral Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Codale Electric Supply, Inc. Salary Deferral Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to financial statements.

Management's Responsibility for the Financial Statements
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Principal Trust Company and Principal Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the trustees as of December 31, 2012 and 2011 and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion
Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Supplemental Schedules

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above. The form and content of the information included in the supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

Tanner LLC

July 22, 2013

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN
Statements of Net Assets Available for Benefits

As of December 31,

	2012	2011
Assets		
Investments, at fair value:		
Pooled separate accounts	$ 5,918,186	$ 4,289,557
Mutual funds	3,372,324	3,062,964
Common/collective trust	723,796	892,365
Common stock	596,929	380,557
Preferred stock	3,136	3,314
Interest bearing cash	142	21
Total investments	10,614,513	8,628,778
Receivables:		
Participant contributions	21,773	-
Employer contributions	522,350	378,431
Note receivable from participant	3,801	6,585
Total receivables	547,924	385,016
Total assets	11,162,437	9,013,794
Liabilities		
Excess contributions payable	16,814	-
Net assets available for benefits, at fair value	11,145,623	9,013,794
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(16,621)	(20,277)
Net assets available for benefits	$ 11,129,002	$ 8,993,517

See accompanying notes to financial statements.

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN
Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2012

	2012
Additions to net assets attributed to:	
Net appreciation in value of investments	$ 1,030,894
Interest and dividends	55,411
Contributions:	
Participants	1,083,054
Employer	522,350
Rollover	15,705
Total contributions	1,621,109
Total additions	2,707,414
Deductions from net assets attributed to:	
Benefits paid to participants	525,022
Administrative expenses	46,907
Total deductions	571,929
Net increase in net assets available for benefits	2,135,485
Net assets available for benefits:	
Beginning of year	8,993,517
End of year	$ 11,129,002

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Codale Electric Supply, Inc. (the Plan Sponsor, Company, or Employer) Salary Deferral Plan (the Plan) provides only general information. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions.

The Plan is a multiple employer plan as described in Internal Revenue Code (IRC) Section 413(c). The Plan Sponsor is the primary employer in the Plan, and its subsidiary, Codale Energy Services and Supply, LLC, is an adopting employer.

General

The Plan is a defined contribution plan which covers full-time employees who have completed 12 consecutive months of service and are age 18 or older. The Plan was established effective April 1, 1987, is intended to be a qualified retirement plan under the IRC, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Contributions are made to the Plan by both employees and the Plan Sponsor. Participating employees may contribute up to 20% of their annual eligible compensation, not to exceed the dollar limit set by the IRC. Participants may also make contributions by rollover of distributions from other qualified retirement plans. Participants who attained age 50 before the end of the 2012 year were eligible to make catch-up contributions of $5,500. Participants direct the investment of their contributions and related employer matching contributions into various investment options offered by the Plan.

The Plan Sponsor may make discretionary matching contributions to the Plan for the benefit of each eligible participant at the option of the Plan Sponsor's board of directors. During the year ended December 31, 2012, the Plan Sponsor elected to make a discretionary matching contribution to each eligible participant in an amount equal to $0.50 for each dollar of participant contributions, provided that the participant was an employee of the Plan Sponsor on December 31, 2012. Additionally, the Plan may make other discretionary contributions to non-highly compensated employees that are allocated proportionally based on those employees' compensation in relationship to total compensation. No other discretionary contributions were made during the year ended December 31, 2012.

1. Description of the Plan
Continued

Participant Accounts
Each participant's account is adjusted for the participant's contributions, the Employer's contributions, and an allocation of earnings or losses and administrative expenses specifically identified with the participant's investment account. The benefit to which a participant is entitled is the vested balance in the participant's account.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in employer contributions plus the earnings thereon is based on years of service. Participants vest in employer contributions as follows:

Years of Service	Vested Interest
Less than 1	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures
Forfeitures of nonvested participant account balances may be used to offset future employer contributions or to pay administrative expenses. The forfeitures balance was $12,600 and $21,559 at December 31, 2012 and 2011, respectively. New forfeitures added for 2012 totaled $22,022. During 2012, forfeiture amounts of $32,259 were used to fund employer contributions and $28 was used to pay administrative expenses. Earnings were $1,306 for 2012.

Payment of Benefits
Upon a participant's death, disability, retirement, or termination of employment, a participant or his/her beneficiaries may receive either a lump-sum amount equal to the vested benefits in his/her account, or annual installments over the expected life of the participant or the participant's surviving spouse or other beneficiaries. Under certain circumstances, including financial hardship, participants may withdraw their contributions prior to the occurrence of these events. The Plan Administrator makes determinations related to hardship withdrawals.

Administrative Expenses
Plan administrative expenses are paid by the Plan Sponsor or through the application of forfeitures, or they may be charged to the Plan and deducted from participants' individual accounts. During the year ended December 31, 2012, $46,907 of administrative expenses were paid by the Plan.

1. Description of the Plan
Continued

Notes Receivable from Participants
Notes receivable from participants were previously allowed by the Plan. However, the Plan has been amended to disallow any new notes. One note receivable remained outstanding as of December 31, 2012 and 2011, which note is scheduled to be paid in full by 2014 and carries an interest rate of 9.25%.

2. Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements of the Plan were prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Financial accounting standards require the Plan to report investment contracts at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Therefore, the statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of Estimates
The preparation of financial statements in conformity with US GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan holds investments in pooled separate accounts of Principal Life Insurance Company (Principal). The pooled separate accounts are stated at fair value based on the quoted redemption value of the underlying assets on the last day of the Plan year. The investment in the common/collective trust is stated at fair value based on its net asset value. Principal determines net asset unit values by dividing the pooled separate accounts' and common/collective trust's net assets at fair value by their units outstanding at the valuation date. Mutual funds, common stocks and preferred stocks are valued at fair value based on quoted market prices.

2. Summary of Significant Accounting Policies
Continued

Investment Valuation and Income Recognition – Continued
The common/collective trust investment is stated at fair value by discounting the scheduled future payments required under the contract using market rates for contracts with maturities comparable to the average remaining life of the contact being valued. Fair value reflects interest accrued and a discontinuance adjustment.

In general, these securities are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying statements of net assets available for benefits.

Net appreciation (depreciation) in the fair value of investments includes realized and unrealized gains (losses) on investments, and is recognized in income currently. 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. Dividends and interest are reinvested as earned.

The note receivable from participant is measured at its unpaid principal balance plus any accrued but unpaid interest, and is secured by the participant's account balance. Interest income is recognized over the term of the note at the rate specified in the loan document. Fees related to the note receivable from participant are recorded as administrative expenses when they are incurred. If the participant defaults, the carrying amount of the note receivable from the participant is eliminated and a benefit payment is recorded at the time the participant has a distributable event.

Payments of Benefits
Benefits are recorded when paid by the Plan.

Subsequent Events
The Plan Administrator has evaluated events occurring subsequent to year-end through the audit report date, which is the date the financial statements were available to be issued.

3. Plan Investments

The following table separately presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2012 and 2011. All investments are participant directed.

	2012	2011
Pooled separate accounts (Principal):		
Bond and Mortgage	$ 1,268,580	$ 1,123,954
Large Cap S&P 500 Index	929,180	681,517
Other	3,720,426	2,484,086
Total pooled separate accounts	5,918,186	4,289,557
Common/collective trust	723,796	892,365
Mutual funds:		
AM Funds Europacific Growth R3 Fund	830,491	805,722
PIMCO Total Return Fund	742,280	464,040
Other	1,799,553	1,793,202
Total mutual funds	3,372,324	3,062,964
Other (common stocks, preferred stock, cash)	600,207	383,892
Total Investments	$ 10,614,513	$ 8,628,778

The Plan's investments (including those bought, sold, and held during the year) appreciated in value during the year ended December 31, 2012 as follows:

Pooled separate accounts	$ 643,348
Mutual funds	337,689
Common stock and preferred stock	38,811
Common/collective trust	11,046
	$ 1,030,894

3. Plan Investments ***Continued***

The fair values of the Plan's investments in pooled separate accounts managed by Principal have been estimated using the net asset value per unit of the investments. Major categories of pooled separate accounts in which the fund holds investments are as follows:

Balanced / Asset Allocation Separate Accounts
These accounts invest in portfolios of the Principal Investors Fund, Inc., with the intent to give the accounts broad exposure to the domestic and foreign equity and fixed income markets.

Bond and Mortgage Separate Account
This separate account invests primarily in intermediate-term, fixed-income investments such as public and private corporate bonds, commercial and residential mortgages, asset-backed securities, and US government and agency-backed securities. Value is added primarily through sector allocation and security selection. It may enter into reverse repurchase agreements to attempt to enhance portfolio return and income.

U.S. Property Separate Account
This separate account invests the majority of assets in commercial real estate holdings. It focuses on properties that return both lease income and appreciation of the buildings' marketable value. The property holdings usually contain real estate from the multi-family, office, warehouse, manufacturing, and retail sectors.

Large Cap Separate Accounts
These accounts invest primarily in equity securities of large, established corporations located within the United States, and to a limited extent, similar foreign companies. Investments in these accounts may also include stock index futures, commercial paper, over the counter derivative instruments such as options and futures, other equity securities, or other convertible securities that may be converted to common stocks, as well as stock index accounts operated by investment managers other than Principal.

Small Cap Separate Accounts
These accounts invest primarily in equity securities of companies with small market capitalizations. Investments in these accounts may also include stock index futures, commercial paper, over the counter derivative instruments such as options and futures, other equity securities, or other convertible securities that may be converted to common stocks, as well as stock index accounts operated by investment managers other than Principal.

3. Plan Investments ***Continued***

Mid Cap Separate Accounts

These accounts invest primarily in equity securities of companies with medium market capitalizations, and mutual funds invested in common stocks of such companies. Investments in these accounts may also include stock index futures, commercial paper, over the counter derivative instruments such as options and futures, other equity securities, or other convertible securities that may be converted to common stocks, as well as stock index accounts operated by investment managers other than Principal.

In general, transfers and payments from a pooled separate investment account will be made within seven business days after the first valuation date following receipt of a written request. However, Principal reserves the right, under certain circumstances, to defer such transfers and payments up to 270 days, except for investments in accounts invested in real estate (such as the Principal U.S. Property Separate Account), for which requested transfers and payments may, under certain circumstances, be deferred up to three years. Such limitations on redemption do not apply to the payments to a beneficiary of a participant due to the participant's death or payments to a participant due to disability or retirement under the Plan. Principal will provide written notification in the event of a deferment in excess of 30 days. As of December 31, 2012, Plan management had not received notice of any such deferments.

4. Fair Value Measurements

Fair value is based on 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. In order to increase consistency and comparability in fair value measurements, the fair value hierarchy prioritizes observable and unobservable inputs used to measure fair value into three broad levels. These levels, in order of highest priority to lowest priority, are described as follows:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date.

Level 2 – Observable prices other than level 1 that are based on inputs quoted in less active markets or other observable inputs that can be corroborated by observable market data.

Level 3 – Unobservable inputs supported by little or no market data for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

4. Fair Value Measurements *Continued*

The following tables summarize the fair values of the Plan's investments and the levels of inputs under which those investments were valued as of December 31, 2012 and 2011:

	2012			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Pooled separate accounts:				
Large cap accounts	$ -	$ 1,445,928	$ -	$ 1,445,928
Small/Mid cap accounts	-	1,776,884	-	1,776,884
Balanced/Asset allocation accounts	-	1,109,021	-	1,109,021
U.S property, bond and mortgage accounts	-	1,586,353	-	1,586,353
Mutual funds:				
Large U.S. equity funds	1,223,334	-	-	1,223,334
Small/Mid U.S. equity funds	356,134	-	-	356,134
International equity funds	978,204	-	-	978,204
Fixed income funds	742,280	-	-	742,280
Other funds	72,372	-	-	72,372
Common/collective trust	-	723,796	-	723,796
Common/preferred stocks/interest bearing cash	600,207	-	-	600,207
	$ 3,972,531	$ 6,641,982	$ -	$ 10,614,513

	2011			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Pooled separate accounts:				
Large cap accounts	$ -	$ 1,057,341	$ -	$ 1,057,341
Small/Mid cap accounts	-	1,284,052	-	1,284,052
Balanced/Asset allocation accounts	-	662,747	-	662,747
U.S property, bond and mortgage accounts	-	1,285,417	-	1,285,417
Mutual funds:				
Large U.S equity funds	980,376	-	-	980,376
Small/Mid U.S. equity funds	408,481	-	-	408,481
International equity funds	905,964	-	-	905,964
Fixed income funds	464,040	-	-	464,040
Other funds	304,103	-	-	304,103
Common/collective trust	-	892,365	-	892,365
Common/preferred stocks/interest bearing cash	383,892	-	-	383,892
	$ 3,446,856	$ 5,181,922	$ -	$ 8,628,778

4. Fair Value Measurements *Continued*

There were no Plan assets transferred between levels for the year ended December 31, 2012. The following table sets forth information summarizing the transfer of the Plan's level 3 assets to level 2 assets for the year ended December 31, 2011:

	Pooled Separate Accounts
Beginning balance as of January 1, 2011	$ 122,460
Gains	3,603
Purchases	9,940
Issuances, settlements	(590)
Transfer out of level 3	(135,413)
Ending balance as of December 31, 2011	$ -

The Plan's level 3 assets were transferred to level 2 assets during the year ended December 31, 2011 as certain restrictions to withdraw amounts within the assets were terminated in March 2011.

5. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

6. Income Tax Status

The Plan has adopted a non-standardized prototype plan which has obtained a favorable tax opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the non-standardized prototype plan is qualified under the appropriate sections of the IRC. The Plan Sponsor believes the Plan continues to operate in accordance with the requirements to qualify for tax-exempt status. Accordingly, no provision for income taxes is included in the accompanying financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not 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, 2012 and 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

7. Exempt Party-in-Interest Transactions

Plan investments include units of pooled separate accounts and a common/collective trust managed by Principal Life Insurance Company and Principal Trust Company, the trustees of the Plan. These investments and associated transactions are exempt party-in-interest transactions. The note receivable from participant is also a party-in-interest transaction.

8. Common/ Collective Trust

The Principal Stable Value Fund (the Fund) offers a diversified group of investments with competitive levels of yield consistent with a stable fixed-income methodology and a prudent assumption of investment risk. The Fund provides stability of returns, liquidity to pay plan benefits and a high credit quality by investing in conventional, synthetic and separate account investment contracts (collective contracts) issued by life insurance companies, banks and other financial institutions. These contracts allow for their principal value to remain stable regardless of the volatility of the financial markets.

Investments held by a collective investment trust are required to be reported at fair value. The statements of net assets available for benefits present the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Below is a summary of the average contract yield in the aggregate for all contracts as of December 31:

Average Yields	2012	2011
Based on actual earnings	1.53%	1.72%
Based on interest rate credited to participants	1.64%	2.14%

8. Common/ Collective Trust
Continued

The Fund's contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan Sponsor or other Plan Sponsor events (e.g., divestiture or spin-off of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA). The Plan Administrator does not believe that the occurrence of any event which would limit the Plan's ability to transact at contract value with participants is probable.

The Fund may terminate the investment contract with the Plan by providing 12 months advance written notice to the contract owner for reasonable cause, which includes the contract owner's failure to abide by federal law, failure to render performance necessary to comply with the terms of the contract and Plan disqualification. Upon termination by the Fund, a market value adjustment may apply.

9. Trustee Certifications

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under that election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Principal Trust Company and Principal Life Insurance Company, the trustees of the Plan, except for comparing such information certified by the trustees to information included in the Plan's financial statements and supplemental schedules:

- Investment assets
- Note receivable from participant and associated transactions
- Investment transactions, including investment earnings (losses).

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits presented in the financial statements as of December 31, 2012 and 2011 to the Forms 5500.

	2012	2011
Net assets available for benefits	$11,129,002	$ 8,993,517
Plus adjustment from contract value to fair value for fully benefit-responsive common/collective trust	16,621	20,277
Plus excess contribution payable	16,814	-
Net assets available for benefits as presented on Form 5500	$11,162,437	$ 9,013,794

The following is a reconciliation of the change in net assets available for benefits presented in the financial statements for the year ended December 31, 2012 to the Form 5500.

Net increase in net assets available for benefits per the financial statements	$ 2,135,485
Subtract change in adjustment from fair value to contract value for fully benefit-responsive common/collective trust	(3,656)
Add change in excess contribution payable	16,814
Net increase in net assets available for benefits as presented on Form 5500	$ 2,148,643

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN

Employer Identification Number: 87-0415618
Plan Number: 001
Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2012

Participant Contributions Transferred late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions That Are Corrected Outside VFCP (Voluntary Fiduciary Correction Program)	Corrective Additional Contributions made by Plan Sponsor
$ 2,717	$ 2,717	$ 265

The Plan Sponsor made the remaining corrective contribution payment in July 2012.

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN
Employer Identification Number: 87-0415618
Plan Number: 001
Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2012

(a) Party-in Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Pooled Separate Accounts:		
*	Principal Life Insurance Company	Principal Bond and Mtg Sep Acct	**	$ 1,268,580
*	Principal Life Insurance Company	Principal Large Cap S&P 500 Index Sep Acct	**	929,180
*	Principal Life Insurance Company	Principal Mid Cap Growth Sep Acct	**	522,508
*	Principal Life Insurance Company	Principal Mid Cap Value I Sep Acct	**	522,479
*	Principal Life Insurance Company	Principal Large Cap Growth Sep Acct	**	516,748
*	Principal Life Insurance Company	Principal Lifetime 2020 Sep Acct	**	422,947
*	Principal Life Insurance Company	Principal Mid Cap S&P 400 Index Sep Acct	**	386,847
*	Principal Life Insurance Company	Principal Small Cap S&P 600 Index Sep Acct	**	345,050
*	Principal Life Insurance Company	Principal U.S. Property Sep Acct	**	317,773
*	Principal Life Insurance Company	Principal Lifetime 2030 Sep Acct	**	276,659
*	Principal Life Insurance Company	Principal Lifetime 2040 Sep Acct	**	222,134
*	Principal Life Insurance Company	Principal Lifetime 2050 Sep Acct	**	138,160
*	Principal Life Insurance Company	Principal Lifetime Strat Inc Sep Acct	**	34,474
*	Principal Life Insurance Company	Principal Lifetime 2010 Sep Acct	**	14,647
				5,918,186
		Mutual funds:		
	American Funds Service Company	AM Funds Europacific Growth R3 Fund	**	830,491
	PIMCO Funds	Pimco Total Return Fund	**	742,280
	Morgan Stanley Dean Witter	Morgan Stanley Inst Growth P Fund	**	487,559
	American Century Investments	American Century Equity Income R Fund	**	465,056
	Fidelity Investments	Fidelity Adv Small Cap T Fund	**	179,986
	Blackrock	Blackrock Equity Dividend A Fund	**	143,581
	Delaware Investments	Delaware Small Cap Value A Fund	**	109,847
	Jennison Dryden	Jennison 20/20 Focus R Fund	**	80,762
	AIM Investments	Invesco International Growth R Fund	**	80,220
	Federated Investors, Inc.	Federated Capital Reserves	**	72,372
	AIM Investments	Invesco Mid Cap Core Equity R Fund	**	66,301
	American Funds Service Company	AM Funds New Persp R3 Fund	**	67,493
	MFS Investment Management	MFS Value R2 Fund	**	45,632
	Janus International Holding, LLC	Janus Aspen Forty Inst Fund	**	744
				3,372,324
		Common/collective trust:		
*	Morley Financial Services, Inc.	Principal Stable Value Fund	**	723,796

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL PLAN
Employer Identification Number: 87-0415618
Plan Number: 001
Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year - *Continued*)
December 31, 2012

(a) Party-in Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Common stock:		
	Altria Group, Inc.	Common stock	**	248,121
	Apple Computer, Inc.	Common stock	**	50,265
	Phillip Morris Intl Inc	Common stock	**	43,352
	Costco Wholesale Corporation	Common stock	**	32,095
	Hershey Co	Common stock	**	21,882
	Micron Technology, Inc.	Common stock	**	19,020
	Coca Cola Company	Common stock	**	18,491
	McDonalds Corporation	Common stock	**	17,103
	Heckmann Corporation	Common stock	**	14,105
	Freeport-McMoran Copper and Gold	Common stock	**	13,919
	3D Systems Corporation Del	Common stock	**	12,004
	Johnson & Johnson	Common stock	**	10,515
	Berkshire Hathaway Inc.	Common stock	**	10,495
	iShares Fund	Common stock	**	9,545
	New York Times Co.	Common stock	**	8,530
	Netflix, Inc	Common stock	**	7,592
	Panera Bread Company	Common stock	**	6,353
	Intel Corporation	Common stock	**	6,186
	Peoples United Financial Inc	Common stock	**	4,836
	NRG Energy, Inc.	Common stock	**	4,598
	Amazon.com, Inc	Common stock	**	4,014
	Southwest Airlines Co	Common stock	**	3,840
	Westport Innovations, Inc.	Common stock	**	3,472
	Tibco Software, Inc.	Common stock	**	3,407
	Ford Motor Company	Common stock	**	3,393
	Discovery Communications Inc	Common stock	**	2,925
	Starbucks Corporation	Common stock	**	2,789
	Transdigm Group Inc	Common stock	**	2,727
	Finisar Corp	Common stock	**	2,444
	Disney Walt Co	Common stock	**	2,490
	Sociedad Quimica y Minera	Common stock	**	2,479
	Cognex Corporation	Common stock	**	2,134
	Sina.com	Common stock	**	1,808
				596,929
	Braskem S. A	Preferred stock	**	3,136
*	Principal Life Insurance Company	Interest bearing cash		142
*	Participant loan	**Note Receivable from Participant:** Interest rate of 9.25%, matures 2014	**	3,801
				$ 10,618,314

* Denotes a party-in-interest as defined by ERISA.
** Not required as investments are participant directed.

F051TF

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

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL

EIN 87 0415618
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	American Funds Service Company	Registered Investment Company Am Fds EuroPacific Grth R3 Fd	$ 0.00	$ 830,490.99
	American Funds Service Company	Registered Investment Company Am Fds New Persp R3 Fund	$ 0.00	$ 67,493.38
	American Century Investments	Registered Investment Company Amer Cent Equity Income R Fund	$ 0.00	$ 465,055.57
	ALTRIA GROUP INC	Corporate Stock - Common ALTRIA GROUP INC COM	$ 0.00	$ 248,121.16
	AMAZON COM INC	Corporate Stock - Common AMAZON COM INC	$ 0.00	$ 4,013.92
	APPLE INC	Corporate Stock - Common APPLE INC COM	$ 0.00	$ 50,265.32
	BlackRock	Registered Investment Company BlackRock Equity Dividend A Fd	$ 0.00	$ 143,581.23
	BERKSHIRE HATHAWAY INC DEL	Corporate Stock - Common BERKSHIRE HATHAWAY INC DEL CL B NEW	$ 0.00	$ 10,494.90
	BRASKEM S A	Corporate Stock - Preferred BRASKEM S D SPONSORED ADR REPSTGPFD A I$	$ 0.00	$ 3,137.25
	PERSHING LLC.	Interest Bearing Cash CASH ACCOUNT	$ 0.00	$ 142.31
	COCA COLA CO	Corporate Stock - Common COCA COLA COMPANY	$ 0.00	$ 18,490.87
	COGNEX CORP	Corporate Stock - Common COGNEX CORP	$ 0.00	$ 2,133.83
	COSTCO WHOLESALE CORP NEW	Corporate Stock - Common COSTCO WHOLESALE CORP NEW COM	$ 0.00	$ 32,095.04
	Delaware Investments	Registered Investment Company Delaware Small Cap Value A Fd	$ 0.00	$ 109,846.64
	DISCOVERY COMMUNICATIONS INC	Corporate Stock - Common DISCOVERY COMMUNICATIONS INC NEW COM SER	$ 0.00	$ 2,925.00

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

F051TF

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

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL

EIN 87 0415618
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	DISNEY WALT CO	Corporate Stock - Common DISNEY WALT CO DISNEY COM	$ 0.00	$ 2,489.50
	Fidelity Investments	Registered Investment Company Fidelity Adv Small Cap T Fund	$ 0.00	$ 179,985.99
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	$ 0.00	$ 72,370.89
	FINISAR CORP	Corporate Stock - Common FINISAR CORP COM NEW	$ 0.00	$ 2,443.50
	FORD MTR CO DEL	Corporate Stock - Common FORD MOTOR CO DEL COM PAR	$ 0.00	$ 3,392.90
	FREEPORT-MCMORAN COPPER & GOLD	Corporate Stock - Common FREEPORT-MCMORAN COPPER & GOLD INC CLB	$ 0.00	$ 13,918.88
	HECKMANN CORP	Corporate Stock - Common HECKMANN CORP COM	$ 0.00	$ 14,105.00
	HERSHEY CO	Corporate Stock - Common HERSHEY CO COM	$ 0.00	$ 21,881.85
	AIM Investments	Registered Investment Company Invesco Intl Growth R Fund	$ 0.00	$ 80,220.23
	AIM Investments	Registered Investment Company Invesco Mid Cap Core Eq R Fund	$ 0.00	$ 66,301.23
	INTEL CORP	Corporate Stock - Common INTEL CORP COM	$ 0.00	$ 6,186.00
	ISHARES SILVER TR	Corporate Stock - Common ISHARES SILVER TR ISHARES	$ 0.00	$ 9,545.25
	Janus International Holding, LLC	Registered Investment Company Janus Aspen Forty Inst Fund	$ 0.00	$ 744.46
	JOHNSON & JOHNSON	Corporate Stock - Common JOHNSON & JOHNSON COM	$ 0.00	$ 10,515.00
	Morgan Stanley Dean Witter	Registered Investment Company Morgan Stanley Inst Grwth P Fd	$ 0.00	$ 487,558.97

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

F051TF

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

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL

EIN 87 0415618
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	MCDONALDS CORP	Corporate Stock - Common MCDONALDS CORP	$ 0.00	$ 17,102.92
	MFS Investment Management	Registered Investment Company MFS Value R2 Fund	$ 0.00	$ 45,631.71
	MICRON TECHNOLOGY INC	Corporate Stock - Common MICRON TECHNOLOGY INC	$ 0.00	$ 19,020.00
	NETFLIX INC	Corporate Stock - Common NETFLIX INC COM	$ 0.00	$ 7,592.38
	NEW YORK TIMES CO	Corporate Stock - Common NEW YORK TIMES CO CLA	$ 0.00	$ 8,530.00
	NRG ENERGY INC	Corporate Stock - Common NRG ENERGY INC COM NEW	$ 0.00	$ 4,598.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond and Mortgage SA-R6	$ 0.00	$ 1,268,580.08
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Growth I SA-R6	$ 0.00	$ 516,747.65
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-R6	$ 0.00	$ 929,180.08
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime Strat Inc SA-R6	$ 0.00	$ 34,474.19
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2010 Sep Acct-R6	$ 0.00	$ 14,648.27
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R6	$ 0.00	$ 422,947.23
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R6	$ 0.00	$ 276,658.92
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2040 Sep Acct-R6	$ 0.00	$ 222,133.60
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2050 Sep Acct-R6	$ 0.00	$ 138,159.68

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

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

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL

EIN 87 0415618
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Growth Sep Acct-R6	$ 0.00	$ 522,507.96
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-R6	$ 0.00	$ 386,847.35
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R6	$ 0.00	$ 522,478.86
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-R6	$ 0.00	$ 345,049.60
*	Principal Life Insurance Company	Pooled Separate Accounts Prin U.S. Property Sep Acct-R6	$ 0.00	$ 317,772.76
*	Union Bond & Trust Company	Common/Collective Trust Principal Stable Value Fund	$ 0.00	$ 723,796.00
	Jennison Dryden	Registered Investment Company Prud Jenn 20/20 Focus R Fund	$ 0.00	$ 80,762.47
	PANERA BREAD CO	Corporate Stock - Common PANERA BREAD CO CL A	$ 0.00	$ 6,353.20
	PEOPLES UTD FINL INC	Corporate Stock - Common PEOPLES UTD FINL INCCOM	$ 0.00	$ 4,836.00
	PHILIP MORRIS INTL INC	Corporate Stock - Common PHILIP MORRIS INTL INC COM	$ 0.00	$ 43,352.43
	PIMCO Funds	Registered Investment Company PIMCO Total Return R Fund	$ 0.00	$ 742,280.46
	SINA.COM	Corporate Stock - Common SINA CORPORATION COM ISIN#KYG814771047	$ 0.00	$ 1,807.92
	SOCIEDAD QUIMICA Y MINERA DE	Corporate Stock - Common SOCIEDAD QUIMICA Y MINERA DE CHILE S A $	$ 0.00	$ 2,478.52
	SOUTHWEST AIRLS CO	Corporate Stock - Common SOUTHWEST AIRLS CO COM	$ 0.00	$ 3,840.00
	STARBUCKS CORP	Corporate Stock - Common STARBUCKS CORP COM	$ 0.00	$ 2,788.76

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

F051TF

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

CODALE ELECTRIC SUPPLY, INC. SALARY DEFERRAL

EIN 87 0415618
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	TIBCO SOFTWARE INC	Corporate Stock - Common TIBCO SOFTWARE INC COM	$ 0.00	$ 3,406.90
	TRANSDIGM GROUP INC	Corporate Stock - Common TRANSDIGM GROUP INC COM	$ 0.00	$ 2,727.20
	WESTPORT INNOVATIONS INC	Corporate Stock - Common WESTPORT INNOVATIONSINC COM NEW ISIN#CA9	$ 0.00	$ 3,472.30
	3D SYS CORP DEL	Corporate Stock - Common 3D SYS CORP DEL COM NEW	$ 0.00	$ 12,003.75
	Participant Loans	Range of Interest Rates Rates Range From 9.25% To 9.25%	$ 0.00	$ 3,801.00

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