# 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;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 02/01/1957

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

SPRINGFIELD ELECTRIC SUPPLY COMPANY

700 N. 9TH ST.
PO BOX 4106
SPRINGFIELD, IL 62708

**2b** Employer Identification Number (EIN)
37-0739309

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

**2d** Business code (see instructions)
423600

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/24/2013 | GREG LUTCHKA |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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 ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

SPRINGFIELD ELECTRIC SUPPLY COMPANY

700 N. 9TH ST.
PO BOX 4106
SPRINGFIELD, IL 62708

**3b** Administrator's EIN
37-0739309

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

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

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 250 |
| **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** | 160 |
| **b** | Retired or separated participants receiving benefits | **6b** | 46 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 33 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 239 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 8 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 247 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 0 **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**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

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

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

**A** Name of plan
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
37-0739309

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

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

## Part I Basic Information

| | | | | |
|---|---|---|---|---|
| 1 | Enter the valuation date: Month 01 Day 01 Year 2012 | | | |
| 2 | Assets: | | | |
| | a Market value | 2a | | 13902668 |
| | b Actuarial value | 2b | | 13902668 |
| 3 | Funding target/participant count breakdown: | | (1) Number of participants | (2) Funding Target |
| | a For retired participants and beneficiaries receiving payment | 3a | 50 | 8774719 |
| | b For terminated vested participants | 3b | 35 | 1308180 |
| | c For active participants: | | | |
| | (1) Non-vested benefits | 3c(1) | | 176261 |
| | (2) Vested benefits | 3c(2) | | 8398902 |
| | (3) Total active | 3c(3) | 165 | 8575163 |
| | d Total | 3d | 250 | 18658062 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ] | | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 | Effective interest rate | 5 | | 5.55 % |
| 6 | Target normal cost | 6 | | 231764 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

| | |
|---|---|
| Signature of actuary | 07/10/2013 Date |
| DAVID HILKO Type or print name of actuary | 11-05365 Most recent enrollment number |
| DELOITTE CONSULTING LLP Firm name | 312-486-3057 Telephone number (including area code) |
| 111 SOUTH WACKER<br>CHICAGO, IL 60606-4301 Address of the firm | |

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

## Part II Beginning of Year Carryover Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 487453 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | |
| 9 | Amount remaining (line 7 minus line 8) | 487453 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 0.11% | 536 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 3012 |
| | b Interest on (a) using prior year's effective interest rate of 6.30% except as otherwise provided (see instructions) | | 190 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 3202 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 487989 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 71.89 % |
| 15 | Adjusted funding target attainment percentage | 15 | 71.89 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 82.90 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/17/2012 | 215000 | 0 | | | |
| 07/13/2012 | 215000 | 0 | | | |
| 10/15/2012 | 215000 | 0 | | | |
| 12/21/2012 | 500000 | 0 | | | |
| 01/15/2013 | 215000 | 0 | | | |
| 03/08/2013 | 500000 | 0 | | | |
| | | | Totals ► 18(b) | 1860000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1773917 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 2.06% | 5.25% | 6.32 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

| | | |
|---|---|---|
| **24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | ☐ Yes | ☒ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | ☐ Yes | ☒ No |
| **26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | ☒ Yes | ☐ No |

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 231764 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 5243383 | 1085789 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | 0 |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1317553 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 487989 | 0 | 487989 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 829564 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1773917 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 944353 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 487989 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

## Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2012**<br>**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
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
37-0739309

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

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

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

CHARLES SCHWAB TRUST COMPANY

94-3149038

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 21 50 | NONE | 63809 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

DELOITTE CONSULTING LLP

06-1454513

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 50 | NONE | 38200 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**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
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
37-0739309

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 71362 | 6845 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 246000 | 715000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3220225 | 3847460 |
| **(2)** U.S. Government securities | 1c(2) | 2200921 | 2035543 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 1140349 | 883996 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 1472524 | 1646623 |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 5551912 | 6890987 |
| **(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 | 13903293 | 16026454 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 13903293 | 16026454 |

## 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) | 1860000 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1860000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 68 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 34396 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 91831 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 126295 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 185788 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 185788 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 218840 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 218840 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 757964 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3148887 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 923629 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 923629 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 38200 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 63897 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 102097 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1025726 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2123161 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

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

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

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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 | |
| **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 | |

| | | | 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 | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

## 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
SPRINGFIELD ELECTRIC SUPPLY COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
37-0739309

## Part I Distributions

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

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

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

EIN(s): 94-3149038

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

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

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

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

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

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

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

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

springfield electric SUPPLY COMPANY

DEFINED BENEFIT PLAN

December 31, 2012 and 2011

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# Independent Auditors' Report

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

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Springfield Electric Supply Company Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the 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 matter 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's sponsor, Springfield Electric Supply Company, instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by The Charles Schwab Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and

supplemental schedule. We have been informed by the Plan's sponsor that the custodian holds the Plan's investment assets and executes investment transactions. The Plan's sponsor has obtained a certification from the custodian as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan's sponsor by the custodian is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter 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.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule of Assets (Held at End of Year), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

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

Kerber, Eck & Braeckel LLP

Springfield, Illinois
July 15, 2013

Springfield Electric Supply Company
Defined Benefit Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31

| | 2012 | 2011 |
|---|---|---|
| ASSETS | | |
| Investments, at fair value | $ 15,304,609 | $ 13,585,931 |
| Employer contributions receivable | 715,000 | 246,000 |
| Cash | 6,845 | 71,362 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 16,026,454 | $ 13,903,293 |

The accompanying notes are an integral part of these statements.

Springfield Electric Supply Company
Defined Benefit Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31

| | 2012 | 2011 |
|---|---|---|
| ADDITIONS | | |
| Investment income | | |
| Interest and dividends | $ 312,084 | $ 302,902 |
| Net appreciation (depreciation) in fair value of investments | 976,803 | (276,830) |
| | 1,288,887 | 26,072 |
| Employer contributions | 1,860,000 | 984,000 |
| Total additions | 3,148,887 | 1,010,072 |
| DEDUCTIONS | | |
| Benefits paid to participants | 923,629 | 915,209 |
| Administrative expenses | 102,097 | 106,528 |
| Total deductions | 1,025,726 | 1,021,737 |
| Increase (decrease) in net assets | 2,123,161 | (11,665) |
| Net assets available for benefits at beginning of year | 13,903,293 | 13,914,958 |
| Net assets available for benefits at end of year | $ 16,026,454 | $ 13,903,293 |

The accompanying notes are an integral part of these statements.

Springfield Electric Supply Company
Defined Benefit Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2012 and 2011

## NOTE A - DESCRIPTION OF THE PLAN

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

### *1. General*

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

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

### *2. Contributions*

Contributions to the Plan are made by the Company based on funding requirements determined annually by actuarial studies and include an amount necessary to amortize the unfunded actuarial liability. The contributions made for December 31, 2012 and 2011, were the amounts necessary to meet or exceed the minimum funding requirements required by ERISA.

### *3. Pension Benefits*

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

NOTE A - DESCRIPTION OF THE PLAN - Continued

*4. Disability Benefits*

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

*5. Vesting*

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

NOTE B - SUMMARY OF ACCOUNTING POLICIES

*1. Basis of Accounting*

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

*2. Use of Estimates*

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

*3. Investment Valuation and Income Recognition*

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

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

## NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

*4. Accumulated Plan Benefits*

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

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

*5. Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

*6. Subsequent Events*

Management has evaluated subsequent events for recognition and disclosure in the financial statements through July 15, 2013, which is the date the financial statements were available to be issued. Through July 15, 2013, there are no subsequent events that require recognition or disclosure in the financial statements.

## NOTE C - ACCUMULATED PLAN BENEFITS

Information regarding the actuarial present value of accumulated plan benefits at December 31, 2012 and 2011, (the actuarial valuation dates) is summarized as follows:

| | 2012 | 2011 |
|---|---|---|
| Vested benefits | | |
| Participants and beneficiaries currently receiving benefits | $ 7,086,921 | $ 7,249,229 |
| Other participants | 8,306,452 | 7,087,191 |
| Total | 15,393,373 | 14,336,420 |
| Nonvested benefits | 241,598 | 233,108 |
| Total actuarial present value of accumulated plan benefits | $ 15,634,971 | $ 14,569,528 |

NOTE C - ACCUMULATED PLAN BENEFITS - Continued

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits at December 31, 2012 and 2011, are as follows:

| | |
|---|---|
| Discount rate (rate used to determine the actuarial present value of accumulated plan benefits) | 7.00% in 2013 and 7.75 % in 2012, compounded annually |
| Salary progression | No future increases due to plan freeze |
| Retirement age | 65 years |
| Life expectancy | RP-2000 Mortality Table |
| Actuarial cost method | Unit credit actuarial cost method |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Changes in actuarial assumptions include changing the discount rate for calculating ASC 715-30 expense from 4.52% in 2012 to 3.86% in 2013. The mortality table for funding purposes was updated per IRS requirements. The mortality table was similarly updated for purposes of Company financial reporting and Plan financial accounting. Finally, the long-term rate of return on assets calculating ASC 715-30 expense was changed from 7.75% in 2012 to 7.00% in 2013.

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

| | 2012 | 2011 |
|---|---|---|
| Actuarial present value of accumulated plan benefits, beginning of period | $ 14,569,528 | $ 14,242,799 |
| Benefits paid with interest | (960,955) | (809,397) |
| Benefits accumulated including changes due to plan experience | (293,801) | 5,304 |
| Increase for interest due to decrease in discount period | 1,129,138 | 1,103,817 |
| Change in actuarial assumptions | 1,191,061 | 27,005 |
| Actuarial present value of accumulated plan benefits, end of period | $ 15,634,971 | $ 14,569,528 |

## NOTE D - TAX STATUS OF THE PLAN

The Plan is intended to be qualified under Section 401(a) and tax exempt under Section 501(a) of the Internal Revenue Code. The Plan is a volume submitter plan and obtained its last approval letter, dated January 18, 2012, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. Company management believes the Plan is designed and is currently being operated in compliance with applicable requirements of the Internal Revenue Code and that the related trust is tax-exempt at the financial statement date.

The Plan has recognized in the financial statements the effects of all tax positions and continually evaluates expiring statutes of limitations, audits, changes in tax law, and new authoritative rulings. The Plan is not aware of any circumstances or events that make it reasonably possible that unrecognized tax benefits may increase or decrease within 12 months of the statement of net assets available for benefits date. Penalties and interest assessed by taxing authorities are included in administrative expenses, if applicable. There were no interest and penalties during 2012 and 2011.

The Plan files a Form 5500 return in the federal jurisdiction. The returns prior to 2009 are closed.

## NOTE E - SUMMARY FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan at December 31, 2012 and 2011, and for the years then ended, included in the Plan's financial statements and supplementary information that was prepared by The Charles Schwab Trust Company, custodian under the Plan, and furnished to the Plan sponsor. The Company has obtained certifications from the custodian that such information is complete and accurate, as follows:

| | (unaudited) | |
|---|---|---|
| | 2012 | 2011 |
| Statements of net assets available for benefits | | |
| Assets | | |
| Cash and investments, at fair value | $ 15,311,454 | $ 13,657,293 |
| Statements of changes in net assets available for benefits | | |
| Interest and dividends | 312,084 | 302,902 |
| Net appreciation (depreciation) in fair value of investments | 976,803 | (276,830) |

## NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

| | | 2012 | | 2011 |
|---|---|---|---|---|
| Investments at fair value as determined by quoted market prices | | | | |
| United States government securities | $ | 1,394,727 | $ | 2,200,921 |
| Municipal obligations | | 640,817 | | - |
| Corporate bonds and debentures | | 883,997 | | 1,140,349 |
| Corporate equity securities | | 1,646,623 | | 1,472,524 |
| Money market funds | | 1,657,380 | | 2,067,666 |
| * AQR managed futures strategy | | 822,730 | | 702,536 |
| * AQR multi-strategy alternative | | 819,188 | | - |
| * Cohen & Steers international realty fund | | 778,015 | | 581,493 |
| * Cohen & Steers realty shares fund | | - | | 670,818 |
| Other registered investment companies | | 4,471,053 | | 3,597,065 |
| Investments at fair value as determined by estimated fair value | | | | |
| Certificates of deposit | | 2,190,079 | | 1,152,559 |
| | $ | 15,304,609 | $ | 13,585,931 |

During 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

| | | 2012 | | 2011 |
|---|---|---|---|---|
| Investments at fair value as determined by quoted market prices | | | | |
| United States government securities | $ | (72,446) | $ | 78,853 |
| Municipal obligations | | (3,683) | | - |
| Corporate bonds and debentures | | (6,603) | | (20,496) |
| Corporate equity securities | | 287,124 | | 60,550 |
| Registered investment companies | | 765,041 | | (395,920) |
| Investments at fair value as determined by estimated fair value | | | | |
| Certificates of deposit | | 7,370 | | 183 |
| | $ | 976,803 | $ | (276,830) |

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

The Plan follows the fair value measurement guidance for financial assets and financial liabilities. The guidance defines fair value, establishes a framework for measuring value and expands disclosure about fair value measurements. In addition, the guidance permits an entity to measure eligible financial instruments and other items at fair value. The Plan has not made any fair value elections.

Fair value is defined to be 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. A three-level hierarchy has been established for fair value measurements based upon the inputs to the valuation of an asset or liability as follows:

Level 1 – Valuation is based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuation is derived from inputs, other than quoted prices included in Level 1, which are observable for the asset or liability either directly or indirectly. Investments classified as Level 2 are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. The significant inputs used in this approach include interest rates, prepayment timing, yield spreads, maturities, credit losses and credit ratings of the securities.

Level 3 – Valuation is derived from unobservable inputs that are not corroborated by market data.

Fair values of registered investment companies, U.S. government securities, money market funds and corporate equity securities have been determined by the Plan from observable market quotations as provided by the Plan's custodian bank, when available. Fair values of corporate bonds and debentures, municipal obligations and certificates of deposit have been determined using other observable inputs as provided by the Plan's custodian bank.

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

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

| 2012 | Fair Value | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Investments | | | | |
| United States government securities | $ 1,394,727 | $ 1,394,727 | $ - | $ - |
| Municipal obligations | 640,817 | - | 640,817 | - |
| Corporate bonds and debentures | 883,997 | - | 883,997 | - |
| Corporate equity securities | | | | |
| Conglomerates | 18,634 | 18,634 | - | - |
| Consumer goods | 188,610 | 188,610 | - | - |
| Financials | 160,689 | 160,689 | - | - |
| Health Care | 136,583 | 136,583 | - | - |
| Industrials | 82,372 | 82,372 | - | - |
| Materials | 113,443 | 113,443 | - | - |
| Services | 386,117 | 386,117 | - | - |
| Technology | 424,888 | 424,888 | - | - |
| Utilities | 1,335 | 1,335 | - | - |
| Energy | 48,456 | 48,456 | - | - |
| Capital goods | 76,440 | 76,440 | - | - |
| Transportation | 9,056 | 9,056 | - | - |
| Money market funds | 1,657,380 | 1,657,380 | - | - |
| Registered investment companies | | | | |
| Diversified emerging markets funds | 282,571 | 282,571 | - | - |
| Multi strategy funds | 819,188 | 819,188 | - | - |
| Growth funds | 1,038,816 | 1,038,816 | - | - |
| Managed futures funds | 822,730 | 822,730 | - | - |
| Real estate investment funds | 1,465,047 | 1,465,047 | - | - |
| Value funds | 2,098,969 | 2,098,969 | - | - |
| Value funds | 363,665 | 363,665 | - | - |
| Certificates of deposit | 2,190,079 | - | 2,190,079 | - |
| | $ 15,304,609 | $ 11,589,716 | $ 3,714,893 | $ - |

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE F - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

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

## NOTE G - PLAN TERMINATION

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

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

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

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

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

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

e. All nonvested benefits.

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

NOTE G - PLAN TERMINATION - Continued

Benefit improvements attributable to Plan amendments may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. For example, none of the improvements would be guaranteed if the Plan were to terminate within one year of the amendment. After that date, the PBGC would guarantee 20% of any benefit improvements that resulted in benefits below the ceiling, with an additional 20% guaranteed each year the Plan continued beyond the effective date of the amendment. If the amount of the benefit increase below the ceiling is also less than $ 100, $ 20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment. As a result, only the primary ceiling will be applicable after an amendment is effective for five years. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE H - RISKS AND UNCERTAINTIES

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

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

SUPPLEMENTARY INFORMATION

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

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

December 31, 2012

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Money Market Funds | | | |
| * | SCHWAB RETIREMENT ADVTG MONEY FUND | Money market fund | $ 588,814 | $ 588,814 |
| * | SCHWAB US TREASURY MONEY FUND | Money market fund | 1,068,566 | 1,068,566 |
| | Total Money Market Funds | | 1,657,380 | 1,657,380 |
| | Certificates of Deposit | | | |
| | AMER EXP CENT | 1.55% 11/24/14 | 200,025 | 202,200 |
| | BEAL BANK USA | 0.60% 6/12/13 | 245,025 | 245,179 |
| | BRAND BANKING CO | 2.00% 4/30/13 | 100,000 | 100,552 |
| | CIT BANK | 1.15% 2013 | 250,025 | 251,320 |
| | DISCOVER BANK | 1.10% 6/22/15 | 245,025 | 245,407 |
| | GE CAP RETAIL BK | 1.35% 6/15/16 | 245,025 | 245,980 |
| | GE CAPITAL FINAN | 1.45% 2014 | 250,025 | 252,390 |
| | GOLDMAN SACHS BK | 1.15% 2/2/15 | 100,025 | 101,079 |
| | GOLDMAN SACHS BK | 1.35% 6/20/16 | 100,025 | 100,216 |
| | HUNTINGTON NATL | 0.80% 12/15/14 | 245,025 | 245,556 |
| | SALLIE MAE BK MURRAY UTAH | 0.85% 10/3/14 | 200,025 | 200,200 |
| | Total Certificates of Deposit | | 2,180,250 | 2,190,079 |
| | Registered Investment Companies | | | |
| | AMERICAN TOWER CORP REIT | 223.000 shares | 10,963 | 17,231 |
| | AQR MANAGED FUTURES STRATEGY | 84,123.675 shares | 830,329 | 822,730 |
| | AQR MULTI STRATEGY AFD CL I | 82,746.249 shares | 813,957 | 819,188 |
| | COHEN & STEERS INTL REALTY FD CL I | 68,487.275 shares | 836,531 | 778,015 |
| | COHEN & STEERS REALTY SHARES | 10,579.564 shares | 689,316 | 683,122 |
| | CRM MID CAP VALUE FD INSTL CL | 13,545.647 shares | 328,083 | 416,935 |
| | DODGE & COX INTL STOCK FD | 11,553.733 shares | 400,786 | 400,221 |
| | DODGE & COX STK FD | 5,546.114 shares | 698,797 | 676,071 |
| | LASALLE HOTEL PPTYS | 154.000 shares | 3,699 | 3,910 |
| | OAKMARK INTL SMALL CAP FD I | 26,013.206 shares | 321,269 | 363,665 |
| | TOUCHSTONE EMRG MKTS | 21,719.554 shares | 277,997 | 282,571 |
| | VANGUARD GROWTH INDEX FD SIGNAL | 18,137.445 shares | 484,633 | 615,404 |
| | VANGUARD VALUE INDEX FD SIGNAL | 25,387.363 shares | 611,024 | 605,742 |
| | WILLIAM BLAIR INTL GROWTH FD CL I | 17,706.240 shares | 394,526 | 406,181 |
| | Total Registered Investment Companies | | 6,701,910 | 6,890,986 |
| | United States Government Securities | | | |
| | UST INFL IDX | 0.5% 4/15/15 | 99,768 | 111,378 |
| | UST INFL IDX | 1.25% 4/15/14 | 100,113 | 112,701 |
| | UST INFL IDX | 0.125% 2016 | 217,785 | 220,632 |
| | UST INFL IDX | 1.375% 7/15/18 | 550,247 | 686,418 |
| | UST INFL IDX | 1.875% 07/15/19 | 199,185 | 263,598 |
| | Total United States Government Securities | | 1,167,098 | 1,394,727 |

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

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

December 31, 2012

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Municipal Obligations | | | |
| | HINESVILLE GA WTR | 2.00% 10/1/16 | $ 190,832 | $ 189,586 |
| | KENOSHA WIS UNI SCH | 2.00% 4/1/16 | 200,813 | 201,066 |
| | LANE CNTY ORE SCH | 4.00% 6/1/15 | 252,855 | 250,165 |
| | Total Municipal Obligations | | 644,500 | 640,817 |
| | Corporate Bonds and Debentures | | | |
| | GE CAPITAL CORP | 4.875% 03/04/2015 | 294,825 | 325,138 |
| | ROYAL BK OF SCOT | 3.4% 8/23/2013 | 258,585 | 254,679 |
| | WAL-MART STORES | 4.55% 05/01/2013 | 287,628 | 304,180 |
| | Total Corporate Bonds and Debentures | | 841,038 | 883,997 |

Springfield Electric Supply Company
Defined Benefit Plan

EIN 37-0739309
Plan Number 001

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

December 31, 2012

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Corporate Equity Securities | Number of Shares | | |
| | ACCENTURE PLC CL A | 244.000 shares | $ 9,423 | $ 16,226 |
| | AGNICO EAGLE MINES LTD | 97.000 shares | 4,240 | 5,089 |
| | AKAMAI TECHNOLOGIES | 431.000 shares | 15,447 | 17,632 |
| | ALEXION PHARMA INC | 43.000 shares | 1,495 | 4,031 |
| | ALLEGIANT TRAVEL CO | 32.000 shares | 1,382 | 2,349 |
| | ALLERGAN INC | 160.000 shares | 9,213 | 14,677 |
| | ALLIANCE DATA SYSTEMS | 59.000 shares | 5,851 | 8,541 |
| | ALTERA CORPORATION | 277.000 shares | 10,721 | 9,526 |
| | AMERICAS CAR-MART INC | 229.000 shares | 5,753 | 9,279 |
| | AMERN EAGLE OUTFITRS INC | 299.000 shares | 5,992 | 6,132 |
| | AMPHENOL CORP CL A | 213.000 shares | 8,558 | 13,781 |
| | ANNIES INC | 97.000 shares | 3,484 | 3,243 |
| | APPLE INC | 36.000 shares | 20,906 | 19,158 |
| | ARCOS DORADOS HOLDINGS F | 745.000 shares | 10,334 | 8,910 |
| | ARES CAPITAL CORP | 488.000 shares | 7,347 | 8,540 |
| | ARIAD PHARMACEUTICALS | 157.000 shares | 3,157 | 3,011 |
| | ARM HLDGS PLC ADR | 185.000 shares | 6,123 | 6,999 |
| | ARUBA NETWORKS INC | 943.000 shares | 20,281 | 19,558 |
| | ASPEN INSURANCE HOLDING | 336.000 shares | 9,280 | 10,779 |
| | ATHENAHEALTH INC | 85.000 shares | 5,402 | 6,230 |
| | ATLAS AIR WORLDWIDE HLDG | 166.000 shares | 7,974 | 7,357 |
| | ATMOS ENERGY CORP | 38.000 shares | 1,012 | 1,335 |
| | ATWOOD OCEANICS INC | 80.000 shares | 2,128 | 3,663 |
| | AURICO GOLD INC F | 827.000 shares | 6,172 | 6,765 |
| | B M C SOFTWARE INC | 220.000 shares | 10,786 | 8,716 |
| | BANK OF THE OZARKS INC | 295.000 shares | 4,916 | 9,874 |
| | BELDEN CDT INC | 112.000 shares | 4,726 | 5,039 |
| | BJ S RESTAURANTS INC | 167.000 shares | 7,458 | 5,494 |
| | BRISTOW GROUP INC | 95.000 shares | 4,498 | 5,097 |
| | BROADCOM CORP CL A | 326.000 shares | 13,323 | 10,826 |
| | CANADIAN PAC RAILWAY | 102.000 shares | 8,498 | 10,365 |
| | CARPENTER TECHNOLOGY CP | 226.000 shares | 11,908 | 11,668 |
| | CASH AMERICA INTERNATIONAL | 148.000 shares | 5,236 | 5,871 |
| | CATAMARAN CORP | 139.000 shares | 6,359 | 6,547 |
| | CATO CORP CL A NEW | 71.000 shares | 1,901 | 1,948 |
| | CAVIUM INC | 204.000 shares | 5,179 | 6,367 |
| | CEPHEID INC | 108.000 shares | 3,605 | 3,657 |
| | CHART INDUSTRIES INC | 79.000 shares | 3,953 | 5,268 |
| | CHECK PT SOFTWARE TECH F | 189.000 shares | 7,234 | 9,004 |
| | CHEMED CORPORATION NEW | 80.000 shares | 4,479 | 5,487 |
| | CHESAPEAKE LODGING T | 305.000 shares | 4,355 | 6,368 |
| | CHICAGO BRDG & IRON NY | 261.000 shares | 10,775 | 12,097 |
| | CHICOS FAS INC | 439.000 shares | 8,131 | 8,104 |
| | CLOUD PEAK ENERGY IN | 379.000 shares | 6,995 | 6,495 |
| | COBALT INTL ENERGY I | 249.000 shares | 5,711 | 6,115 |
| | COGNEX CORP | 171.000 shares | 5,706 | 6,291 |
| | COLONY FINANCIAL INC | 306.000 shares | 4,328 | 5,967 |
| | COMMVAULT SYSTEMS | 84.000 shares | 5,423 | 5,852 |

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

December 31, 2012

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Corporate Equity Securities | Number of Shares | | |
| | COMPUTER SCIENCES CORP | 180.000 shares | $ 6,765 | $ 7,209 |
| | COOPER COMPANIES | 64.000 shares | 5,196 | 5,919 |
| | CORE LABORATORIES N V | 52.000 shares | 5,344 | 5,684 |
| | CORNERSTONE ONDEMAND INC | 191.000 shares | 3,739 | 5,640 |
| | COSTCO WHSL CORP NEW | 125.000 shares | 7,447 | 12,341 |
| | COVIDIEN PLC NEW F | 175.000 shares | 8,174 | 10,105 |
| | CRANE COMPANY | 139.000 shares | 5,077 | 6,433 |
| | CREE INC | 177.000 shares | 5,871 | 6,014 |
| | CURTISS WRIGHT CORP | 115.000 shares | 3,594 | 3,775 |
| | CVS CAREMARK CORP | 249.000 shares | 11,495 | 12,039 |
| | D R HORTON INC | 144.000 shares | 2,798 | 2,848 |
| | DARLING INTL INC | 381.000 shares | 2,758 | 3,272 |
| | DEXCOM INC | 508.000 shares | 6,786 | 6,904 |
| | DIGITAL GENERATION INC | 386.000 shares | 7,465 | 4,211 |
| | DISCOVER FINANCIAL SVCS | 200.000 shares | 5,266 | 7,710 |
| | DISCOVERY COMMUNICATIONS SER A | 267.000 shares | 11,228 | 16,949 |
| | DOLLAR GENERAL | 220.000 shares | 10,733 | 9,700 |
| | DONALDSON COMPANY INC | 420.000 shares | 9,328 | 13,793 |
| | DYCOM INDUSTRIES INC | 490.000 shares | 7,073 | 9,702 |
| | E M C CORP MASS | 649.000 shares | 11,750 | 16,420 |
| | E P L OIL & GAS INC | 182.000 shares | 2,734 | 4,104 |
| | EBAY INC | 168.000 shares | 8,706 | 8,568 |
| | EBIX.COM INC NEW | 196.000 shares | 3,962 | 3,160 |
| | ECOLAB INC | 217.000 shares | 9,632 | 15,602 |
| | EDWARDS LIFESCIENCES CP | 45.000 shares | 4,275 | 4,058 |
| | ENCORE CAPITAL GROUP INC | 149.000 shares | 3,207 | 4,562 |
| | ENDO PHARM HOLDINGS INC | 148.000 shares | 2,884 | 3,882 |
| | ENDOLOGIX INC | 496.000 shares | 4,829 | 7,063 |
| | ENDURANCE SPECIALTY HLDG | 250.000 shares | 10,805 | 9,923 |
| | ENERSYS | 163.000 shares | 3,418 | 6,134 |
| | ENTROPIC COMMUNICATIONS | 1,070.000 shares | 7,857 | 5,660 |
| | EQUIFAX | 182.000 shares | 8,673 | 9,850 |
| | EXAR CORP | 126.000 shares | 1,064 | 1,121 |
| | EXPEDIA INC NEW | 150.000 shares | 7,558 | 9,216 |
| | EXPRESS SCRIPTS HOLDING COMPANY | 204.000 shares | 3,555 | 11,016 |
| | EZCORP CL A NON-VOTING | 486.000 shares | 8,347 | 9,667 |
| | F E I COMPANY | 184.000 shares | 7,053 | 10,207 |
| | FARO TECHNOLOGIES INC | 215.000 shares | 8,185 | 7,671 |
| | FIFTH STREET FINANCE CP | 781.000 shares | 9,277 | 8,138 |
| | FIRST AMER FINANCIAL | 216.000 shares | 5,264 | 5,203 |
| | FIRST FINL BANCORP OHIO | 341.000 shares | 5,138 | 4,985 |
| | FIVE BELOW | 104.000 shares | 3,612 | 3,332 |
| | FLUIDIGM CORPORATION | 172.000 shares | 2,435 | 2,461 |
| | FOOT LOCKER INC | 120.000 shares | 3,621 | 3,854 |
| | FORTINET INC | 255.000 shares | 5,362 | 5,360 |
| | FORUM ENERGY TECH IN | 100.000 shares | 2,237 | 2,475 |
| | FRESH MARKET INC | 142.000 shares | 7,218 | 6,829 |
| | FUSION-IO INC | 185.000 shares | 3,785 | 4,242 |

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

December 31, 2012

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| Corporate Equity Securities | | Number of Shares | | |
| | GENESEE & WYOMING CL A | 71.000 shares | $ 4,266 | $ 5,402 |
| | GEORGIA GULF NEW | 97.000 shares | 4,229 | 4,004 |
| | GEOSPACE TECHNOLOGIES CP | 23.000 shares | 1,054 | 2,044 |
| | GILEAD SCIENCES INC | 254.000 shares | 11,054 | 18,656 |
| | GNC HOLDINGS INC | 338.000 shares | 10,772 | 11,249 |
| | GOOGLE INC CLASS A | 28.000 shares | 16,221 | 19,807 |
| | GRAFTECH INTERNATIONAL | 639.000 shares | 5,740 | 6,000 |
| | GRAINGER W W INC | 55.000 shares | 10,774 | 11,130 |
| | GREEN DOT INC CL A | 514.000 shares | 5,709 | 6,271 |
| | GREENBRIER CO | 226.000 shares | 3,564 | 3,654 |
| | GREENHILL & CO INC | 109.000 shares | 4,049 | 5,667 |
| | GUESS INC | 194.000 shares | 5,105 | 4,761 |
| | GUIDEWIRE SOFTWARE I | 75.000 shares | 1,623 | 2,229 |
| | GULFPORT ENERGY CP NEW | 66.000 shares | 1,926 | 2,523 |
| | H M S HOLDINGS CORP | 220.000 shares | 5,094 | 5,702 |
| | HAIN CELESTIAL GROUP | 123.000 shares | 7,247 | 6,669 |
| | HANCOCK HOLDING CO | 160.000 shares | 5,640 | 5,077 |
| | HARLEY DAVIDSON | 101.000 shares | 4,978 | 4,932 |
| | HARMAN INTL INDS INC NEW | 354.000 shares | 14,189 | 15,803 |
| | HEARTWARE INTL INC | 21.000 shares | 1,428 | 1,763 |
| | HERBALIFE LTD | 119.000 shares | 4,200 | 3,920 |
| | HERTZ GLOBAL HOLDGS INC | 347.000 shares | 5,566 | 5,646 |
| | HEXCEL CORP | 204.000 shares | 4,947 | 5,500 |
| | I H S INC | 104.000 shares | 10,367 | 9,984 |
| | IAC INTERACTIVE CORP NEW | 168.000 shares | 6,242 | 7,937 |
| | IBERIABANK CORP | 167.000 shares | 9,515 | 8,203 |
| | ILLUMINA INC | 154.000 shares | 6,754 | 8,561 |
| | INTERDIGITAL INC | 170.000 shares | 4,907 | 6,985 |
| | INTUIT | 160.000 shares | 4,744 | 9,516 |
| | INTUITIVE SURGICAL NEW | 10.000 shares | 5,451 | 4,904 |
| | IPG PHOTONICS CORP | 88.000 shares | 4,512 | 5,865 |
| | IRONWOOD PHARMA INC | 230.000 shares | 3,189 | 2,548 |
| | ITRON INC NEW | 90.000 shares | 4,096 | 4,010 |
| | JUNIPER NETWORKS INC | 471.000 shares | 15,311 | 9,265 |
| | KANSAS CITY SOUTHERN | 210.000 shares | 13,452 | 17,531 |
| | KEY ENERGY GROUP INC | 505.000 shares | 3,505 | 3,510 |
| | KIRBY CORPORATION | 41.000 shares | 1,285 | 2,537 |
| | KRATON PERFORMANCE P | 75.000 shares | 1,934 | 1,802 |
| | KULICKE & SOFFA INDS INC | 367.000 shares | 3,809 | 4,400 |
| | LENNAR CORP | 235.000 shares | 5,580 | 9,087 |
| | LINKEDIN CORP | 39.000 shares | 3,898 | 4,478 |
| | LKQ CORP | 376.000 shares | 5,910 | 7,934 |
| | LUFKIN INDUSTRIES INC | 224.000 shares | 15,174 | 13,021 |
| | MADDEN STEVEN LTD | 87.000 shares | 3,079 | 3,677 |
| | MAP PHARMACEUTICALS INC | 133.000 shares | 2,052 | 2,081 |
| | MARKETAXESS HOLDINGS INC | 85.000 shares | 2,820 | 3,001 |
| | MATERION CORPORATION | 551.000 shares | 12,607 | 14,205 |
| | MEAD JOHNSON NUTRITION CO | 82.000 shares | 5,839 | 5,403 |

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| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Corporate Equity Securities | Number of Shares | | |
| | MEDIVATION INC | 163.000 shares | $ 7,925 | $ 8,339 |
| | MERGE HEALTHCARE INC | 854.000 shares | 3,966 | 2,109 |
| | METHANEX CORP | 90.000 shares | 2,123 | 2,868 |
| | MICHAEL KORS HLDGS LTD | 186.000 shares | 6,663 | 9,492 |
| | MICROSTRATEGY INC A NEW | 101.000 shares | 11,808 | 9,431 |
| | MOHAWK INDS INC | 74.000 shares | 6,370 | 6,695 |
| | MONSANTO CO NEW DEL | 146.000 shares | 10,864 | 13,819 |
| | MRC GLOBAL | 200.000 shares | 4,068 | 5,556 |
| | NATIONAL-OILWELL INC | 140.000 shares | 10,661 | 9,569 |
| | NEWELL RUBBERMAID INC | 277.000 shares | 5,850 | 6,169 |
| | NEWPARK RESOURCES | 1,156.000 shares | 8,662 | 9,075 |
| | NIKE INC | 272.000 shares | 9,005 | 14,035 |
| | NU SKIN ENTERPRISES CL A | 129.000 shares | 5,049 | 4,779 |
| | NXP SEMICONDUCTORS NV F | 291.000 shares | 7,392 | 7,659 |
| | OIL STATES INTERNATIONAL | 48.000 shares | 1,714 | 3,434 |
| | OLIN CORP | 171.000 shares | 3,397 | 3,692 |
| | OMNIVISION TECHNOLOGIES INC | 645.000 shares | 8,334 | 9,082 |
| | PENTAIR LTD | 169.000 shares | 7,405 | 8,306 |
| | PERFORMANT FINL CORP | 362.000 shares | 3,943 | 3,656 |
| | PETSMART INC | 83.000 shares | 5,899 | 5,672 |
| | PRAXAIR | 110.000 shares | 9,144 | 12,040 |
| | PRECISION CASTPARTS CORP | 52.000 shares | 8,961 | 9,850 |
| | PRECISION DRILLING TR | 1056.000 shares | 8,627 | 8,744 |
| | PRICESMART INC | 89.000 shares | 6,158 | 6,852 |
| | PROS HLDGS INC | 274.000 shares | 4,244 | 5,011 |
| | QUALCOMM INC | 295.000 shares | 13,780 | 18,249 |
| | QUALYS INC | 284.000 shares | 3,909 | 4,200 |
| | QUANTA SERVICES INC | 217.000 shares | 5,562 | 5,922 |
| | REALOGY HOLDINGS COR | 139.000 shares | 4,921 | 5,832 |
| | REDHAT INC | 213.000 shares | 11,596 | 11,280 |
| | REGENERON PHARMACEUTICALS INC | 36.000 shares | 4,797 | 6,159 |
| | RENT A CENTER INC | 93.000 shares | 1,765 | 3,195 |
| | ROSS STORES INC | 176.000 shares | 4,027 | 9,520 |
| | ROWE T PRICE GROUP INC | 179.000 shares | 11,559 | 11,656 |
| | S B A COMMUNICATIONS CORP | 118.000 shares | 5,680 | 8,376 |
| | SANCHEZ ENERGY CORP | 107.000 shares | 2,302 | 1,926 |
| | SCHLUMBERGER LTD | 199.000 shares | 17,797 | 13,790 |
| | SERVICE NOW INC | 312.000 shares | 9,678 | 9,369 |
| | SMART BALANCE INC | 287.000 shares | 3,548 | 3,702 |
| | SPIRIT AIRLINES | 502.000 shares | 6,804 | 8,901 |

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

December 31, 2012

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Corporate Equity Securities | Number of Shares | | |
| | SPLUNK INC | 255.000 shares | $ 7,976 | $ 7,400 |
| | SPRINT NEXTEL CORP | 775.000 shares | 3,472 | 4,394 |
| | STAGE STORES INC NEW | 205.000 shares | 4,946 | 5,080 |
| | STANCORP FINL GROUP INC | 120.000 shares | 5,627 | 4,400 |
| | STARBUCKS CORP | 242.000 shares | 12,113 | 12,978 |
| | STARWOOD PPTY TRUST | 280.000 shares | 5,608 | 6,429 |
| | STATE BANK FINL CORP | 507.000 shares | 7,975 | 8,051 |
| | SVB FINANCIAL GROUP INC | 184.000 shares | 10,060 | 10,298 |
| | SYNAPTICS INC | 206.000 shares | 5,588 | 6,174 |
| | SYNNEX CORPORATION | 196.000 shares | 5,672 | 6,738 |
| | TERADATA CORP | 67.000 shares | 3,983 | 4,147 |
| | THE HERSHEY COMPANY | 109.000 shares | 7,674 | 7,872 |
| | THERAVANCE NEW | 112.000 shares | 2,180 | 2,491 |
| | TITAN MACHY INC | 200.000 shares | 5,072 | 4,940 |
| | TOLL BROTHERS INC | 251.000 shares | 6,886 | 8,115 |
| | TRACTOR SUPPLY CO | 71.000 shares | 5,785 | 6,274 |
| | TRIMBLE NAV LTD | 150.000 shares | 7,744 | 8,967 |
| | TRIUMPH GRP INC NEW | 62.000 shares | 1,773 | 4,049 |
| | US SILICA HLDGS INC | 229.000 shares | 2,768 | 3,831 |
| | ULTA SALON COSM & FRAG | 95.000 shares | 6,970 | 9,335 |
| | ULTIMATE SOFTWARE GROUP | 37.000 shares | 1,986 | 3,493 |
| | UNDER ARMOUR INC CL A | 104.000 shares | 3,547 | 5,047 |
| | UNITED NATURAL FOODS INC | 243.000 shares | 8,423 | 10,611 |
| | UNITED TECHNOLOGIES CORP | 176.000 shares | 12,595 | 14,434 |
| | UNIVERSAL DISPLAY CORP | 169.000 shares | 6,340 | 4,330 |
| | URBAN OUTFITTERS INC | 152.000 shares | 5,858 | 5,983 |
| | USG CORP NEW | 362.000 shares | 5,338 | 10,162 |
| | VISA INC CL A | 137.000 shares | 11,592 | 20,767 |
| | VITAMIN SHOPPE INC | 93.000 shares | 5,396 | 5,335 |
| | VULCAN MATLS CO | 199.000 shares | 9,437 | 10,358 |
| | WATERS CORPORATION | 75.000 shares | 4,384 | 6,534 |
| | WATSON PHARMACEUTICALS | 69.000 shares | 5,956 | 5,934 |
| | WELLS FARGO & CO NEW | 329.000 shares | 9,864 | 11,245 |
| | WESCO INTERNATIONAL INC | 67.000 shares | 3,453 | 4,518 |
| | WESTLAKE CHEMICAL CORP | 77.000 shares | 5,948 | 6,106 |
| | WHIRLPOOL CORP | 90.000 shares | 7,909 | 9,158 |
| | WHOLE FOODS MKT INC | 32.000 shares | 1,553 | 2,917 |
| | WMS INDS INC | 353.000 shares | 7,376 | 6,178 |
| | WOODWARD GOVERNOR CO | 72.000 shares | 2,608 | 2,745 |
| | XYRATEX LTD | 666.000 shares | 8,485 | 5,601 |
| | Total Corporate Equity Securities | | 1,449,022 | 1,646,623 |
| | Cash | N/A | 6,845 | 6,845 |
| | | | $ 14,648,043 | $ 15,311,454 |

* Party-in-interest

# *Schedule SB, Line 26 – Schedule of Active Participant Data*

## *Participant Information*

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

| | Service Group | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | < 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
| 0 – 24 | | | | | | | | | | | |
| 25 – 29 | | | 4 | | | | | | | | 4 |
| 30 – 34 | | | 4 | 2 | | | | | | | 6 |
| 35 – 39 | | | 4 | 3 | 3 | 1 | | | | | 11 |
| 40 – 44 | | | 3 | 6 | 10 | 9 | | | | | 28 |
| 45 – 49 | | | 4 | 15 | 6 | 6 | 3 | | | | 34 |
| 50 – 54 | | | 5 | 2 | 8 | 3 | 5 | 3 | 1 | | 27 |
| 55 – 59 | | | 2 | 8 | 3 | 2 | 6 | 6 | 3 | | 30 |
| 60 – 64 | | | 1 | 8 | 5 | 4 | 1 | | | 2 | 21 |
| 65 – 69 | | | 1 | 2 | | | | | | | 3 |
| 70+ | | | | | 1 | | | | | | 1 |
| Total | | | 28 | 46 | 36 | 25 | 15 | 9 | 4 | 2 | 165 |

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

## *Actuarial Assumptions*

| | |
|---|---|
| **Mortality** | As defined in regulations 1.430(h)(3). This table is based on the RP-2000 sex distinct table that reflects projected mortality improvements 15 years into the future from the valuation date for nonannuitants and 7 years into the future for annuitants. |
| **Interest** | Funding target: September 2011 Segment Rates<br>ASC 960 Disclosures: 7.75% per annum<br>ASC 715-30 discount rate: 4.52% per annum<br>ASC 715-30 assumed return on asset: 7.75% per annum |
| **Salary Growth** | No future increases in plan compensation will be valued due to the plan freeze on January 1, 2007. |
| **Assumed Retirement Age** | Age 65 for employees under age 65; immediate for employees over age 65. |
| **Withdrawal** | Rates of withdrawal for included employees are shown in the table below for sample ages.<br><br>Age Males Females<br>20 6.6% 6.6%<br>25 5.3 5.3<br>30 4.8 4.8<br>35 4.5 4.5<br>40 3.8 3.8<br>45 3.2 3.2<br>50 1.5 1.5<br>55 0.3 0.3<br>60 0.0 0.0 |
| **Percentage Married** | Assumed 100% married. |
| **Spousal Age Difference** | Spouses are assumed to be the same age. |
| **Form of Payment** | Participants are assumed to elect the normal form of payment. |
| **Valuation Date** | January 1, 2012. |
| **Assumption Changes Since Last Year** | Funding target interest rates were changed from the 24-month averaged segment rates for September 2010 to the 24-month averaged segment rates for September 2011.<br>The discount rate for calculating ASC 715-30 expense was changed from 5.50% in 2011 to 4.52% in 2012.<br>The mortality table for ASC 715-30 and ASC 960 was updated to the same table used for funding.<br>There have been no other changes in actuarial methods or assumptions since the prior valuation other than the required changes mandated by the Pension Protection Act of 2006 with respect to the mortality table. |

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

## Liability Valuation Method

**Funding Target and Target Normal Cost as Defined in PPA**

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

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

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

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

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

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

## Asset Valuation Method

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

**Net Periodic Pension Cost (Expense) Purposes:** The market-related value of assets is equal to the market value of assets.

## Procedures

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

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

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

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

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

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**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

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

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

**A** Name of plan

SPRINGFIELD ELECTRIC SUPPLY COMPANY DB PLAN

**B** Three-digit plan number (PN) ▶ 001

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

SPRINGFIELD ELECTRIC SUPPLY COMPANY

**D** Employer Identification Number (EIN)

37-0739309

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 1 Day 1 Year 2012

**2** Assets:

| | | |
|---|---|---|
| a Market value | 2a | 13,902,668 |
| b Actuarial value | 2b | 13,902,668 |

**3** Funding target/participant count breakdown:

| | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|
| a For retired participants and beneficiaries receiving payment | 3a | 50 | 8,774,719 |
| b For terminated vested participants | 3b | 35 | 1,308,180 |
| c For active participants: | | | |
| (1) Non-vested benefits | 3c(1) | | 176,261 |
| (2) Vested benefits | 3c(2) | | 8,398,902 |
| (3) Total active | 3c(3) | 165 | 8,575,163 |
| d Total | 3d | 250 | 18,658,062 |

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

| | | |
|---|---|---|
| a Funding target disregarding prescribed at-risk assumptions | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| **5** Effective interest rate | 5 | 5.55 |
| **6** Target normal cost | 6 | 231,764 |

**Statement by Enrolled Actuary**

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

**SIGN HERE** DH

Signature of actuary

7-10-13

Date

DAVID HILKO

Type or print name of actuary

11-05365

Most recent enrollment number

DELOITTE CONSULTING LLP

Firm name

(312) 486-3057

Telephone number (including area code)

111 SOUTH WACKER

CHICAGO IL 60606-4301

Address of the firm

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

## Part II Beginning of Year Carryover Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 487,453 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 487,453 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 0.11 % | 536 | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 3,012 |
| | b Interest on (a) using prior year's effective interest rate of 6.30 % except as otherwise provided (see instructions) | | 190 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 3,202 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 487,989 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 71.89 % |
| 15 | Adjusted funding target attainment percentage | 15 | 71.89 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 82.90 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/17/2012 | 215,000 | | | | |
| 07/13/2012 | 215,000 | | | | |
| 10/15/2012 | 215,000 | | | | |
| 12/21/2012 | 500,000 | | | | |
| 01/15/2013 | 215,000 | | | | |
| 03/08/2013 | 500,000 | | | | |
| | | | Totals ► 18(b) | 1,860,000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1,773,917 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 2.06 % | 5.25 % | 6.32 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

| | | |
|---|---|---|
| **24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | ☐ Yes | ☒ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | ☐ Yes | ☒ No |
| **26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | ☒ Yes | ☐ No |

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 231,764 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 5,243,383 | 1,085,789 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | 0 |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1,317,553 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 487,989 | 0 | 487,989 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 829,564 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1,773,917 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 944,353 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 487,989 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

## Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

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

| Age | Percent Assumed to Retire |
|---|---|
| 65 | 100% |

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

# *Schedule SB, Part V – Summary of Plan Provisions*

## *Plan Provisions Summary*

| | |
|---|---|
| **1. Effective Date** | February 1, 1957. Last restated effective as of January 1, 2009. |
| **2. Eligibility to Participate** | Prior to the plan freeze, employees became participants on January 1 or July 1 after one year of service and the attainment of age 21. As of January 1, 2007, no new participants will be added to the plan. |
| **3. Credited Service** | No Credited Service will accrue after January 1, 2007.<br>Prior to the plan freeze, a full year of Credited Service was granted for each plan year in which an employee works at least 1,000 hours. |
| **4. Vesting Service** | A full year of vesting service is granted for each plan year in which an employee works at least 1,000 hours. |
| **5. Compensation** | Gross compensation is recognized for benefit purposes. Average Annual Earnings are the average earnings during the highest 5 consecutive calendar years of employment. Annual Average Earnings are frozen as of January 1, 2007. |
| **6. Retirement Eligibility** | Normal retirement date: Age 65 and 5 years of service.<br>Earliest retirement date: First of any month on or after attainment of age 55 and completion of 10 years of service. |
| **7. Accrued Retirement Benefit** | The frozen normal retirement benefit computed using Average Earnings, Covered Compensation and Credit Service as of January 1, 2007.<br>Prior to the plan freeze, the Accrued Retirement Benefit was 1% of final Average Earnings plus .5% of Average Earnings in excess of Covered Compensation all multiplied by years of Credited Service up to a maximum of 35 years. |
| **8. Normal Retirement Benefit** | Accrued Benefit at normal retirement date. |
| **9. Late Retirement** | Greater of accrued benefit at late retirement date or actuarially increased normal retirement benefit. |
| **10. Early Retirement** | Accrued retirement benefit actuarially reduced. |
| **11. Vested Termination** | Accrued benefits are 100% vested when 5 years of Vesting Service are earned. |
| **12. Pre-Retirement Death Benefit** | The pre-retirement survivor annuity plus the excess, if any, of the present value of the participant's accrued benefit minus the present value of the pre-retirement survivor annuity. |
| **13. Normal Form of Pension** | For unmarried participants, level monthly payments for life. For married participants, a reduced 50% joint and survivor benefit. |
| **14. Optional Forms of Pension Benefits** | Lump sums of less than $50,000<br>10 year certain and life annuity<br>75% joint and survivor annuity<br>100% joint and survivor annuity |
| **15. Changes in Plan Provisions since the Prior Valuation** | None. |

**Schedule H, Line 4i**
**Schedule of Assets (Held At End of Year)**

Name of Plan:
Springfield Electric Supply Company Defined Benefit Plan
►

Employer Identification Number:► 37-0739309
For plan year (beginning/ending):► 01/01/2012 - 12/31/2012 Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | SEE ATTACHED | SEE ATTACHED AUDITORS REPORT | 0 | 0 |
| | | | | |
| | | | | |
| | | | |

## *Schedule SB, Line 32 – Schedule of Amortization Bases*

| Date Established | Amortization Base Type | Remaining Number of Years | Annual Shortfall Amortization Installment | Present Value of Remaining Amortization Installments as of January 1, 2012 |
|---|---|---|---|---|
| January 1, 2012 | Shortfall | 7 | $378,706 | $2,390,429 |
| January 1, 2011 | Shortfall | 6 | $65,431 | $364,873 |
| January 1, 2010 | Shortfall | 5 | $204,648 | $982,759 |
| January 1, 2009 | Shortfall | 4 | $234,509 | $910,016 |
| January 1, 2008 | Shortfall | 3 | $202,495 | $595,306 |
| | | | $1,085,789 | $5,243,383 |