

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>12/01/2010</u> and ending <u>11/30/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>12/01/1959</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MADISON/STANDARD ELECTRIC COMPANIES</u> <u>31855 VAN DYKE AVE</u> <u>WARREN, MI 48093-1047</u>	2b Employer Identification Number (EIN) <u>38-0783210</u> 2c Sponsor's telephone number <u>586-825-0200</u> 2d Business code (see instructions) <u>425110</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/11/2013</u>	<u>JORDAN GLASS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/11/2013</u>	<u>JORDAN GLASS</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MADISON/STANDARD ELECTRIC COMPANIES 31855 VAN DYKE AVE WARREN, MI 48093-1047	3b Administrator's EIN 38-0783210 3c Administrator's telephone number 586-825-0200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	338
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	222
b Retired or separated participants receiving benefits.....	6b	8
c Other retired or separated participants entitled to future benefits.....	6c	93
d Subtotal. Add lines 6a , 6b , and 6c	6d	323
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	324
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	1

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

1A 1G 1I

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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
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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) ☒ **6** **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2010 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning **12/01/2010** and ending **11/30/2011**

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	

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

(a) Name of insurance carrier
SECURITY LIFE OF DENVER

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0499703	68713	E440000375	12	12/01/2010	11/30/2011

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

(a) Total amount of commissions paid 1167	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE ENTERPRISE GROUP **1000 TOWN CENTER, SUITE 700**
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1167	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ IND RATES AS FILED WITH INSUR COMM		
b Premiums paid to carrier	6b	12210
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2010 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	

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

(a) Name of insurance carrier

SECURITY LIFE OF DENVER

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0499703	68713	E440000376	2	12/01/2010	11/30/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
549	0

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

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

THE ENTERPRISE GROUP **1000 TOWN CENTER, SUITE 700**
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
549	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ IND RATES AS FILED WITH INSUR COMM		
b Premiums paid to carrier	6b	4035
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2010 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	

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

(a) Name of insurance carrier

SECURITY LIFE OF DENVER

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0499703	68713	E440000141	13	12/01/2010	11/30/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
719	0

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

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

THE ENTERPRISE GROUP
1000 TOWN CENTER
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
719	0		3

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ IND RATES AS FILED WITH INSUR COMM		
b Premiums paid to carrier	6b	7252
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2010 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011	
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES	
D Employer Identification Number (EIN) 38-0783210	

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

(a) Name of insurance carrier CNA - VALLEY FORGE LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-6200031	70211	IND POLICIES	2	12/01/2010	11/30/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE ENTERPRISE GROUP 1000 TOWN CENTER, SUITE 700 SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ IND RATES AS FILED WITH INSUR COMM		
b	Premiums paid to carrier	6b	258
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	
d	Total of balance and additions (add b and c(6)).	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2010 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning **12/01/2010** and ending **11/30/2011**

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	

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

(a) Name of insurance carrier

NEW ENGLAND FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2708937	91626	003284-000	14	12/01/2010	11/30/2011

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

(a) Total amount of commissions paid 1735	(b) Total amount of fees paid 0
--	--

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

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

WILLIAM H. MCCOY
3000 TOWN CENTER, SUITE 550
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1548			3

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

JOSEPH H. LACKEY
3000 TOWN CENTER, SUITE 550
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
187			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ SEE ATTACHMENT		
b Premiums paid to carrier	6b	32651
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MADISON/STANDARD ELECTRIC COMPANIES		
D Employer Identification Number (EIN) 38-0783210		

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

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	001354-051	22	12/01/2010	11/30/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
799	0

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

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

WILLIAM H. MCCOY
3000 TOWN CENTER, SUITE 550
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
713			3

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

JOSEPH H. LACKEY
3000 TOWN CENTER, SUITE 550
SOUTHFIELD, MI 48075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
86			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ SEE ATTACHMENT		
b Premiums paid to carrier	6b	22988
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

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

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

A Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	D Employer Identification Number (EIN) <u>38-0783210</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>10722012</u>
b	Actuarial value 2b <u>10722012</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>10</u> <u>2101635</u>
b	For terminated vested participants 3b <u>94</u> <u>835581</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>19332</u>
(2)	Vested benefits 3c(2) <u>9960046</u>
(3)	Total active 3c(3) <u>235</u> <u>9979378</u>
d	Total 3d <u>339</u> <u>12916594</u>
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.37</u> %
6	Target normal cost 6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/05/2013</u>
Signature of actuary	Date
<u>DIANE M. STORM</u>	<u>11-03737</u>
Type or print name of actuary	Most recent enrollment number
<u>DIANE M. STORM</u>	<u>248-895-8473</u>
Firm name	Telephone number (including area code)
<u>495 ROLLING GREEN CIRCLE</u> <u>ROCHESTER HILLS, MI 48309-1259</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance	
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0	
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0	
9 Amount remaining (Item 7 minus item 8).....	0	0	
10 Interest on item 9 using prior year's actual return of <u>4.18</u> %			
11 Prior year's excess contributions to be added to prefunding balance:			
a Excess contributions (Item 38 from prior year)		524410	
b Interest on (a) using prior year's effective rate of <u>6.67</u> %		34978	
c Total available at beginning of current plan year to add to prefunding balance		559388	
d Portion of (c) to be added to prefunding balance.....		0	
12 Reduction in balances due to elections or deemed elections.....	0	0	
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0	

Part III	Funding percentages		
14 Funding target attainment percentage.....	14	83.00	%
15 Adjusted funding target attainment percentage.....	15	83.01	%
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	85.68	%
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	
03/15/2011	57497	14792	10/18/2011	66666	4930	
05/27/2011	66667	9925	11/16/2011	66667	9861	
06/16/2011	9170	4866	01/19/2012	42920		
07/18/2011	66666	4931	02/17/2012	66667		
08/16/2011	66666	4930	03/16/2012	66667		
09/16/2011	66667	4931	04/18/2012	66667		
			Totals ►	18(b)	800000	18(c) 59166

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 contribution 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	754269
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part II	Beginning of year carryover and prefunding balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8).....		
10 Interest on item 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of _____%		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....		

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	%
15 Adjusted funding target attainment percentage.....	15	%
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	%
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
05/16/2012	38531	0			
07/17/2012	51882	0			
			Totals ►	18(b)	18(c)

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 contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	Yes ☐ No ☐
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes ☐ No ☐
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 6.40 %	3rd segment: 6.61 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			4
22 Weighted average retirement age	22			65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1677917	361656
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	361656
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	361656
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	754269
38 Interest-adjusted excess contributions for current year (see instructions).....	38	392613
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

GLASS RETIREMENT STRATEGIES, INC.

27-0148468

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 11 15 17 38 64 70	NONE	46469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO ADVISORS

23-2384840

(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?
27 51	NONE	10863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY VIRCHOW KRAUSE, LLP

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BODMAN PLC

38-1308687

(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?
29	NONE	5634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

R.H. BLUESTEIN & COMPANY

38-2953545

(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?
51 68	NONE	31126	Yes ☒ No ☐	Yes ☐ No ☒	1610	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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **12/01/2010** and ending **11/30/2011**

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	333332	333333
(2) Participant contributions	1b(2)	4931	4931
(3) Other	1b(3)		724
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	997868	719167
(2) U.S. Government securities	1c(2)	122714	129253
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1567902	1485380
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	863	748
(B) Common	1c(4)(B)	2931269	3038178
(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)	2508743	2584447
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	125000	588967

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8592622	8885128

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		1894
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	1894

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8592622	8883234
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	800026	
(B) Participants	2a(1)(B)	59166	
(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)		859192

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	402	
(B) U.S. Government securities	2b(1)(B)	2187	
(C) Corporate debt instruments	2b(1)(C)	71292	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3188	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		77069

(2) Dividends: (A) Preferred stock	2b(2)(A)	22	
(B) Common stock	2b(2)(B)	85081	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	75380	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		160483

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2838349	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2895451	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-57102

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-46975	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-46975
(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)		321
c Other income.....	2c		92200
d Total income. Add all income amounts in column (b) and enter total.....	2d		1085188

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	559209	
(2) To insurance carriers for the provision of benefits	2e(2)	83866	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		643075
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)	61602	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	43583	
(4) Other	2i(4)	46316	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		151501
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		794576

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		290612
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) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BAKER TILLY VIRCHOW KRAUSE, LLP

(2) EIN: 39-0859910

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 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)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011		
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MADISON/STANDARD ELECTRIC COMPANIES		D Employer Identification Number (EIN) 38-0783210
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
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): 38-6102918		
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 10
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND
TRUST**

Warren, Michigan

FINANCIAL STATEMENTS

Including Independent Auditors' Report
As of and for the Years Ended November 30, 2011 and 2010

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

To the Trustees
Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust
Warren, Michigan

We have audited the accompanying Statements of Net Assets Available for Benefits of Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust as of November 30, 2011 and 2010 and the related Statements of Changes in Net Assets Available for Benefits for the years then ended. These financial statements are the responsibility of the plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the plan as of November 30, 2011 and 2010 and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules, as listed in the table of contents, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Baker Tilly Virchow Krause, LLP

Southfield, Michigan
August 29, 2012

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of November 30, 2011 and 2010

ASSETS		
	<u>2011</u>	<u>2010</u>
Cash and cash equivalents	\$ 719,167	\$ 997,868
Receivables		
Employer contributions	333,333	333,333
Employee contributions	4,931	4,931
Other receivables	<u>724</u>	<u>-</u>
Total receivables	<u>338,988</u>	<u>338,264</u>
Investments, at fair market value		
Common stock	3,038,926	2,932,132
Mutual funds	2,584,447	2,508,743
Hedge fund	463,967	-
Bonds	<u>1,739,633</u>	<u>1,815,616</u>
Total investments, at fair market value	<u>7,826,973</u>	<u>7,256,491</u>
TOTAL ASSETS	<u>\$ 8,885,128</u>	<u>\$ 8,592,623</u>
LIABILITIES		
Withheld Taxes Payable	<u>\$ 1,895</u>	<u>\$ -</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 8,883,233</u>	<u>\$ 8,592,623</u>

See accompanying notes to financial statements.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Years ended November 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS		
Investment income:		
Net appreciation in fair market value of investments	\$ -	\$ 289,329
Interest	77,069	15,912
Dividends	<u>160,483</u>	<u>151,466</u>
Net investment income	<u>237,552</u>	<u>456,707</u>
Contributions:		
Employers	800,026	800,000
Employees	<u>59,166</u>	<u>66,411</u>
Total contributions	<u>859,192</u>	<u>866,411</u>
Other income	<u>92,200</u>	<u>356,846</u>
Total Additions to Net Assets	<u>1,188,944</u>	<u>1,679,964</u>
DEDUCTIONS		
Deductions from net assets:		
Net depreciation in fair market value of investments	67,723	-
Net depreciation of hedge fund investments	36,033	-
Benefits paid to participants	559,209	1,350,360
Insurance premiums - Participants' life	83,866	90,361
Insurance premiums - Pension Benefit Guaranty Corp	37,731	33,247
Professional and investment advisor fees	105,187	69,341
Miscellaneous	<u>8,585</u>	<u>6,243</u>
Total deductions	<u>898,334</u>	<u>1,549,552</u>
Net increase	290,610	130,412
NET ASSETS AVAILABLE FOR BENEFITS -		
Beginning of year	<u>8,592,623</u>	<u>8,462,211</u>
NET ASSETS AVAILABLE FOR BENEFITS -		
End of year	<u>\$ 8,883,233</u>	<u>\$ 8,592,623</u>

See accompanying notes to financial statements.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

November 30, 2011 and 2010

NOTE 1 - Description of the Plan

The following description of the Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust (the "plan") provides only general information. Participants should refer to the Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust summary plan description for a more complete description of the plan's provisions.

General

The plan is a defined benefit pension plan established by Madison Electric Company, Standard Electric Company and M & S Data Service Corporation (collectively, the "company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan covers all eligible employees of the company, except those employees excluded under a collective bargaining agreement of a labor organization. Prior to the 2009 plan amendment (see below), eligibility began upon completion of six months of continuous service and the attainment of age twenty and one-half.

The plan requires that an insurance contract be purchased for certain participants, who must contribute 40% of annual premiums (not exceeding 6% of their compensation) as a condition for participation.

The plan was amended as of February 6, 2009 with the resulting changes to the plan noted as follows:

- (a) On or after April 1, 2009, no future employees can become a participant, and no rehired employee can again become an active participant.
- (b) As of April 1, 2009, the participants' accrued normal benefit retirement is frozen, and no additional benefits will accrue after that date.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, demand deposits and short-term investments with original maturities of three months or less. The plan maintains cash and cash equivalent balances in financial institutions exceeding federally insured amounts. The plan has not incurred any losses in connection with these deposits.

Pension Benefits

The plan calls for benefits to be paid to eligible employees, at retirement, based primarily upon years of service with the company and the average of their five highest consecutive years of compensation. Eligible employees will normally receive either a joint or survivor annuity, although, an alternative form of payment may be determined by the administrator. Participants become fully vested in their accrued retirement benefit after seven years of service.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2011 and 2010

NOTE 1 - Description of Plan (cont.)

Death and Disability Benefits

The plan provides a death benefit equal to the greater of the present value of the participant's accrued benefit or the proceeds of any insurance contract purchased for such participant, as allowed by the plan. Active employees who become totally or permanently disabled receive annual disability benefits based on the present value of the participant's accrued benefit as of the date they become disabled. Disability benefits are paid until age 65 at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to age 65 with their annual compensation remaining the same as at the date they became disabled.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with generally accepted accounting principles requires the plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Investments

The plan's 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. Refer to Note 4 Fair Value of Financial Instruments for details on inputs, valuation techniques and fair value measurement level within the fair value hierarchy.

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The plan pays all significant administrative expenses of the plan.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2011 and 2010

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, "Fair Value Measurements and Disclosures," which requires new disclosures and provides clarification of existing disclosures about fair value measurements. More specifically, this update requires: (a) an entity to disclose separately the amounts of significant transfers in and out of Levels 1 and 2 fair value measurements and to describe the reasons for the transfers; and (b) information about purchases, sales, issuances and settlements to be presented separately in the reconciliation for fair value measurements using significant unobservable inputs (Level 3 inputs). This guidance clarifies existing disclosure requirements for the level of disaggregation used for classes of assets and liabilities measured at fair value and requires disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements using Level 2 and Level 3 inputs. The update was effective for the 2011 plan year, except for the disclosure requirements related to the purchases, sales, issuances and settlements in the rollforward activity of Level 3 fair value measurements. Those disclosure requirements will be effective for the 2012 plan year. The adoption of this guidance did not have a material impact on the Plan's financial statements.

In May 2011, the FASB issued ASU No. 2011-04, "Fair Value Measurement," which aligns disclosures related to fair value between U.S. and International Financial Reporting Standards. The standards update includes changes to the wording used to describe many of the U.S. requirements for measuring fair value and changes to the disclosure of information about fair value measurements. More specifically, the changes clarify the intent of the FASB regarding the application of existing fair value measurements and disclosures as well as changing some particular principles or requirements for measuring fair value or for disclosing information about fair value measurements. This update will be effective for the Plan in 2012. The Plan is evaluating the impact that the application of this update will have on its financial statements.

Other Income

Other income reflected on the statement of changes in net assets available for benefits represents proceeds from insurance policies received by the plan, primarily for policy surrender values.

Funding Policy

The company's funding policy is to make annual contributions to the plan, determined by an actuary, to fund the present value of accumulated plan benefits in agreement with ERISA's minimum funding requirements.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated plan benefits are prepared 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.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2011 and 2010

NOTE 2 - Summary of Significant Accounting Policies (cont.)

The plan has various investments in any combination of funds whose underlying assets consist of stock, equities, fixed income securities, mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Subsequent Events

The plan has evaluated subsequent events through August 29, 2012, which is the date that the financial statements were approved and available to be issued for events requiring recording or disclosure in the plan's financial statements.

NOTE 3 - Investments

The following presents investments as of November 30, 2011 and 2010 and investment income for the year ended November 30, 2011.

	<u>2011</u>		<u>2010</u>
Investments			
Common stocks (none greater than 5% of assets)	\$ 3,038,926		\$ 2,932,132
Mutual funds			
Growth Fund of America CLA	1,467,217	*	1,433,607
American High Income Trust	359,296		352,022
Bond Fund of America	174,867		167,550
PIMCO Total Return	268,150		265,087
PIMCO Real Return Fund	314,917		290,477
Hedge Fund			
Atlantic Fund I, L.P.	463,967	*	-
Bonds			
Corporate (none greater than 5% of assets)	1,485,380		1,569,200
Other	<u>254,253</u>		<u>246,416</u>
Total Investments	<u>\$ 7,826,973</u>		<u>\$ 7,256,491</u>

Investments that represent 5% or more of the plan's net assets are separately identified with an "***".

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2011 and 2010

NOTE 3 - Investments (cont.)

During the years ended November 30, 2011 and 2010, the plan's investments (including dividends, interest, realized and unrealized gains and losses on investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	2011	2010
Common stocks	\$ 44,272	\$ 196,776
Mutual funds	75,701	245,349
Hedge Fund	(36,033)	-
Bonds	<u>49,856</u>	<u>14,582</u>
Investment Gain	<u>\$ 133,796</u>	<u>\$ 456,707</u>

NOTE 4 - Fair Value of Financial Instruments

The plan follows accounting principles generally accepted in the United States of America for measuring, reporting, and disclosing fair value. These standards apply to all assets and liabilities that are measured, reported, and/or disclosed on a fair value basis.

As defined in the accounting standards, 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. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

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

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data. Inputs to the valuation methodology include

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

Level 3 - Unobservable inputs that are unobservable and not corroborated by market data.

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

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2011 and 2010

NOTE 4 - Fair Value of Financial Instruments (cont.)

The following is a description of the valuation methodologies used for assets measured at fair value. There has been no changes in the methodologies used at November 30, 2011 and 2010.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Hedge funds: Valued at the net asset value (NAV) of the fund assets.

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

The plan sponsor is responsible for the determination of fair value. Accordingly, they perform periodic analysis on the prices received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the plan sponsor has not historically adjusted the prices obtained from the pricing services. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The table below presents the balance of assets measured at fair value on a recurring basis by level within the hierarchy.

	November 30, 2011			
	Total	Level 1	Level 2	Level 3
Mutual funds				
Large Growth Funds	\$ 1,467,216	\$ 1,467,216	\$ -	\$ -
Bond Funds	1,117,231	1,117,231	-	-
Common stocks	3,038,926	3,038,926	-	-
Hedge Fund	463,967	-	-	463,967
Bonds				
Corporate	1,485,380	1,485,380	-	-
Government & Agency	129,253	129,253	-	-
Foreign	125,000	125,000	-	-
Total Assets	<u>\$ 7,826,973</u>	<u>\$ 7,363,006</u>	<u>\$ -</u>	<u>\$ 463,967</u>

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2011 and 2010

NOTE 4 - Fair Value of Financial Instruments (cont.)

	November 30, 2010			
	Total	Level 1	Level 2	Level 3
Mutual funds				
Large Growth Funds	\$ 1,433,607	\$ 1,433,607	\$ -	\$ -
Bond Funds	1,075,136	1,075,136	-	-
Common stocks	2,932,132	2,932,132	-	-
Bonds				
Corporate	1,567,902	1,567,902	-	-
Government & Agency	122,714	122,714	-	-
Foreign	125,000	125,000	-	-
Total Assets	<u>\$ 7,256,491</u>	<u>\$ 7,256,491</u>	<u>\$ -</u>	<u>\$ -</u>

The changes in Level 3 assets during the year ended November 30, 2011 is summarized as follows:

	2011
Balances, beginning of year	\$ -
Purchases, Issuances, sales and settlements	500,000
Depreciation	<u>(36,033)</u>
Balances, end of year	<u>\$ 463,967</u>

The Level 3 amount represents the investment in the Atlantic Fund I, L.P. ("the Partnership"). Based on the audited statements of the Partnership, there are no unfunded future commitments. Redemption from the Partnership fund are subject to approval of the general partner and are limited based on the terms of the partnership agreement. The Partnership is organized for the purpose of seeking capital appreciation and interest, dividend and other income by investing in and trading securities and other financial instruments and engaging in all activities and transactions as the General Partner may deem reasonably necessary or advisable or incidental in connection therewith. This class of hedge funds invest primarily in short-term investments and equity securities with substantially all investments based in the United States. The investments which are traded on a national securities exchange are valued at the closing price. Marketable United States Government obligations are valued at the dealer closing bid prices on the date of determination. The fair values of these investments have been estimated using the net asset value per share of the investments. Other investments consist of investment in private equity, in the technology industry sector. Private equity investments are not listed or traded on a securities exchange and a ready market does not exist to indicate fair value; therefore the General Partner has valued the investments at fair value in good faith.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

November 30, 2011 and 2010

NOTE 5 - Plan Termination

Presently, the company has no intention to terminate the plan; however, it may do so at any time. In the event of termination, the net assets of the plan will be allocated as prescribed by ERISA and the Pension Benefits Guaranty Corporation ("PBGC"). Certain benefits under the plan are insured by the PBGC if the plan terminates. 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 6 - Tax Status

The plan obtained its latest determination letter on February 28, 2003, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. The plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator is not aware of any events that have occurred that might adversely affect the plan's qualified status.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan. The financial statements effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2011 and 2010, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

NOTE 7 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the plan's provisions to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered through the valuation date. The plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for such factors as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2011 and 2010

NOTE 7 - Actuarial Present Value of Accumulated Plan Benefits (cont.)

The actuarial present value of accumulated plan benefits is determined by the plan's actuary. Significant actuarial assumptions used in the valuation as of December 1, 2010 and 2009 are as follows:

	<u>2010</u>	<u>2009</u>
Calculated effective interest rate	6.37%	6.67%
Compensation increase rate	None	None
Mortality basis	IRS Prescribed Table	IRS Prescribed Table
Normal retirement age	65	65

A schedule of actuarial present value of accumulated benefits and assets available for benefits as of December 1, 2010 is presented below:

Actuarial present value of accumulated plan benefits

Vested Benefits

Active participants	\$ 8,449,447
Retirees and beneficiaries	1,904,473
Terminated participants	<u>748,897</u>
Total vested benefits	11,102,817

Nonvested benefits	<u>16,167</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 11,118,984</u>
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The actuarial present value of accumulated plan benefits has been calculated on the assumption that the plan will continue indefinitely. Values calculated pursuant to a plan termination would be different, and would depend on the timing and circumstances of the termination.

The changes in the actuarial present value of accumulated plan benefits for the year ended December 1, 2010 are presented below:

Actuarial present value of accumulated plan benefits at the beginning of the year	\$11,135,500
Increase (decrease) during the plan year attributable to:	
Net benefits accumulated (including actuarial gains and losses)	601,622
Increase for interest due to the decrease in the discount period	732,222
Benefits paid	<u>(1,350,360)</u>
Net increase (decrease)	<u>(16,516)</u>
Actuarial present value of accumulated plan benefits at year end	<u>\$11,118,984</u>

The plan invests in insurance contracts for certain individual plan participants to fund their benefit obligation. These funds are allocated to purchase annuities for individual participants and may not be withdrawn or otherwise invested by the plan. Accordingly, the obligation to fund benefits is transferred to the insurance company, and these assets are not included in the assets of the plan. As of November 30, 2011 and 2010 the fair value of these contracts were approximately \$2,115,000 and \$2,140,000, respectively.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS November 30, 2011 and 2010

NOTE 8 - Party-In-Interest Transactions

The plan uses Glass Retirement Strategies, Inc. as the actuarial service provider. The plan also uses R.H. Bluestein & Company as investment advisors. Transactions with these two entities qualify as party-in-interest, as defined by ERISA. Certain plan-related audit and legal fees are paid by the plan. Total fees for all professional and investment advisor services amounted to approximately \$105,000 for the year ended November 30, 2011. In addition, certain plan investments are shares of registered investment company funds managed by the custodian. Fees paid by the plan for investment management services are netted against investment income and are considered party in interest transactions.

SUPPLEMENTAL INFORMATION

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001

EIN: 38-0783210

November 30, 2011

(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
	Mutual Funds			
	American High Income Trust	31,514 shares	\$ 380,734	\$ 359,297
	Bond Fund of America	13,577 shares	173,182	174,867
	American Funds Growth Fund	49,674 shares	1,445,777	1,467,217
	PIMCO Fds Pac Invt Mgt Ser	23,071 shares	284,685	268,150
	PIMCO Real Return Fund	25,062 shares	299,747	314,917
	Common Stock			
	Agrium Inc	70 shares	5,616	4,899
	AXA	145 shares	2,079	2,098
	Air Products & Clean	300 Shares	29,371	25,125
	American Movil Sab ADR AMX	285 shares	6,666	6,789
	BASF SE	150 shares	11,264	10,922
	BHP Billiton Ltd	320 shares	26,368	24,054
	British Amern TOB PLC	150 shares	10,935	13,973
	Brookfield Asset Mgt	145 shares	4,238	4,022
	Canadian Natl Ry Co	175 shares	11,191	13,573
	Canadian National Resources Ltd	220 shares	7,796	8,215
	Canadian Pacific Railway	250 shares	14,735	13,841
	Cooper Industries Ltd	275 shares	14,988	15,271
	Core Laboratories Inc	80 shares	6,848	9,284
	Carmax Inc.	350 shares	9,967	10,066
	Copart Inc.	225 shares	9,177	10,109
	Costco Wholesale Corp	300 shares	20,283	25,590
	CRH OLC ADR	640 shares	11,226	12,256
	Ecolab Inc.	205 shares	10,651	11,689
	Ensign Energy Service Inc	115 shares	1,468	1,824
	Edwards Lifesciences	400 shares	33,173	26,412
	Ensco Plc ADR	100 shares	4,890	5,197
	Eog Resources Inc.	74 shares	6,355	7,677
	Estee Lauder C1 A	400 shares	40,656	47,192
	Exxon Mobil Corp	500 shares	39,101	40,220
	Fibria Celulose	53 shares	810	412
	Fedex Corp	500 shares	45,560	41,540
	Finning Intl Inc.	30 shares	819	686
	Fletronics Intl	745 shares	5,356	4,448
	Flir Systems Inc.	330 shares	8,970	8,864
	Ford Motor Company	5000 shares	69,923	53,000
	Laboratory Corp of Amer Hlds	114 shares	9,509	9,772
	Leucadia National Corp	300 shares	8,138	7,026
	Liverty Global Inc Ser C	165 shares	6,116	6,254

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001

EIN: 38-0783210

November 30, 2011

(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
	Common Stock (continued)			
	Manulife Finl Corp	130 shares	1,808	1,400
	Nabors Industries Ltd	685 shares	14,493	12,289
	Nestle SA	387 shares	21,181	21,722
	Noble Corp	540 shares	18,317	18,646
	Novartis AG	190 shares	10,148	10,283
	Occidental Petroleum	400 shares	35,257	39,560
	Omnicom Group	190 shares	7,506	8,202
	Partnerre Ltd	70 shares	5,425	4,600
	Potash Corp of Saskatchewan	145 shares	20,844	18,853
	Perrigo Co	250 shares	24,551	24,475
	Posco Sponsored ADR	50 shares	4,111	4,283
	Potash Corp	400 shares	23,385	17,336
	PPG Industries	300 shares	22,686	26,325
	Rio Tinto PLC	260 shares	16,674	13,798
	Staples Inc.	490 shares	7,123	7,061
	Schlumberger Ltd	245 shares	18,948	18,456
	Suncor Energy Inc	385 shares	12,940	11,558
	T J X Cos Inc New	205 shares	12,207	12,649
	Talisman Energy Inc	255 shares	4,891	3,468
	Teck Cominco Ltd	225 shares	11,138	8,210
	Tenaris SA	335 shares	14,264	12,489
	Transocean Inc	200 shares	13,406	8,570
	Trican Well Service	50 shares	968	852
	UBS AG	450 shares	6,782	5,612
	Unilever NV	498 shares	14,349	16,987
	Vale	600 shares	19,008	13,950
	Weatherford Intl Ltd	570 shares	11,634	8,641
	Yara International ASA	15 shares	715	611
	Aegon	1451 shares	8,655	6,341
	AKZO Nobel	171 shares	9,035	8,641
	Alcatel-Lucent SA	1330 shares	3,644	2,155
	Astellas Pharma-Unso ADR	255 shares	9,086	9,703
	Astrazenca PLC	325 shares	15,252	14,944
	Banco Do Brasil SA BDOR	410 Shares	7,586	5,494
	Barclays PLC	560 shares	9,038	6,524
	BP PIC	260 share	11,426	11,323
	Brasil Telecom	24 shares	198	154
	Banco Santander BrasilSA ADR	255 shares	1,757	1,969

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001
 EIN: 38-0783210
 November 30, 2011

(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
	Common Stock (continued)			
	Berkley W R Corp	340 shares	10,124	11,597
	Boing co.	600 shares	38,497	41,214
	Broadridge Financial Sol.	405 shares	8,585	9,141
	Brookfiels Asser Management	460 shares	13,052	12,760
	Brown & Brown Inc.	285 shares	5,406	5,945
	Brown Forman Corp CL B	80 shares	5,639	6,385
	Canon Inc	220 shares	10,353	9,902
	Carrefour	2195 shares	17,903	11,458
	Cemex SAB DE	1160 shares	9,908	5,406
	Centrais Elec Braz Com	917 shares	12,269	8,519
	Church & Dwight	1000 shares	41,299	44,250
	DAI Nippon Printing Ltd	540 shares	6,771	5,206
	Daiichi Sankyo Co-Unspon	500 shares	9,680	8,925
	Deutsche Bank	75 shares	3,597	2,946
	Deutsche Telekom AG	1100 shares	14,102	14,278
	ENI	475 shares	19,823	20,164
	Ericsson (LM) Tel-SP	820 shares	8,462	8,717
	First Pac Co Ltd	2475 shares	10,445	14,033
	France Telecom	916 shares	18,853	15,819
	Fujifilm Holdings Corp	363 shares	12,208	8,708
	Glaxosmithkline PLC	310 shares	11,867	13,789
	General Electric Co.	2500 shares	40,376	39,775
	Glacier Bancorp Inc.	370 shares	3,808	4,444
	Google Inc AA	50 shares	27,786	29,970
	H Lundbeck A/S	535 shares	9,256	10,299
	Honda Motor Ltd	305 shares	11,101	9,653
	Home Depot Inc.	650 shares	23,347	25,493
	HSBC Holding PLC SPON	190 shares	8,760	7,439
	Intesa Sanpaolo	860 shares	9,361	8,282
	Italcementi SPA	860 shares	6,828	5,306
	Ilex Corp	245 shares	8,360	8,933
	Ingersoll Rand PLC	290 shares	11,890	9,605
	J Sainsbury Plc	727 shares	16,105	13,813
	Jacob Engineering Group	230 shares	8,246	9,554

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001

EIN: 38-0783210

November 30, 2011

(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
	Common Stock (continued)			
	Kingfisher Plc	1725 shares	12,558	13,559
	Koninklijke Ahold	1217 shares	14,313	15,407
	Korea Elec Pwr Corp	590 shares	7,027	6,549
	Kinder Morgan, Inc	875 shares	24,176	25,812
	Marks & Spencer Plc	954 shares	11,124	9,826
	Mitsubishi UFJ Financial	2015 shares	9,491	8,745
	MSAD = Mitsui Sumitomo Ins	1020 shares	11,669	9,914
	Mizuho Financial Group	2080 shares	6,510	5,408
	McCormick & Co Inc.	130 shares	6,134	6,331
	Molycorp	600 shares	23,766	20,310
	Monsato Co	700 shares	42,631	51,415
	Nippon Telegraph & Telephone Corp	690 shares	15,622	17,043
	Nissan Motor	630 shares	11,819	11,504
	Noble Corp Baar Namen AKT	210 shares	7,400	7,251
	Petroleo Brasileiro SA	400 shares	11,462	10,028
	Portugal Telecom SGPS	969 shares	12,374	6,017
	Sanofi-Aventis	375 shares	11,445	13,129
	Seiko Epson Corp	1330 shares	10,906	9,111
	Seven & I Holding ADR	255 shares	13,012	14,150
	SK Telecommunications Co	760 shares	13,665	11,240
	Sony Corp	425 shares	13,636	7,671
	ST Microelectronics	1020 shares	9,129	6,457
	Sumitomo Mitshi Finl Group Inc	1582 shares	9,603	8,828
	Swiss Reins Co PUR 6/22&7/8	155 shares	8,795	8,120
	Swisscom AG	260 shares	10,639	9,794
	Takeda Pharmaceutical	380 shares	8,786	7,752
	TDK Corp	165 shares	10,524	8,399
	Tele Norte Leste Participacoes	165 shares	2,325	1,561
	T Rowe Price Group Inc.	100 shares	5,226	5,676
	TE Connectivity	353 shares	10,617	11,194
	Telecom Italia SPA	1408 shares	17,347	15,924
	Telefonica SA	277 shares	576	5,194
	Techne Corp	127 shares	9,197	8,571
	TIM Participacoes SA	50 shares	965	1,191
	Tokio Marine Holdings	352 shares	9,923	8,469
	Total S.A. Spons ADR	380 shares	18,946	19,661
	Toyota Motor Corporation ADR	185 shares	14,373	12,193
	Telefonica Brasil SA	86 shares	-	2,319

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001
EIN: 38-0783210
November 30, 2011

(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
	Common Stock (continued)			
	UBS AG - REG	565 shares	8,515	7,046
	Unilever NV	350 shares	9,933	11,939
	Vodafone Group Plc	405 shares	10,534	10,996
	Wolseley Plc	1,110 shares	2,930	3,252
	Wolters Kluwer NV	470 shares	9,165	8,079
	Wabtec	125 shares	7,492	8,458
	Walt Disney Co	1000 shares	36,510	35,850
	Wells Fargo & Co	950 shares	24,324	24,567
	Western Union Co	485 shares	8,107	8,531
	Weyerhaeuser Co	1500 shares	26,144	25,185
	Whole Foods Mkt Inc.	250 shares	15,484	17,025
	Allergan Inc.	400 shares	26,858	33,488
	American Express Company	1200 shares	51,806	57,648
	Apple Inc	175 shares	54,451	66,885
	American Water Works	1500 shares	42,485	46,605
	Amphenol corp	110 shares	4,831	4,986
	Arch Cap Group	225 shares	7,533	8,498
	Bed Bath & Beyond	130 shares	7,806	7,867
	Bristol Myers Squibb Company	2000 shares	50,904	65,440
	Caterpillar Inc.	600 shares	50,753	58,723
	Cisco Systems Inc.	2000 shares	32,104	37,280
	Citrix Systems Inc.	500 shares	33,831	35,695
	Coca Cola Company	800 shares	50,975	53,784
	Corning Inc.	1000 shares	13,984	13,270
	Dentsply International Inc.	295 shares	10,085	10,652
	Discovery Communications Inc.	180 shares	6,823	6,811
	Devon Energy Corporation	500 shares	35,285	32,730
	Diageo PLC	160 shares	11,466	13,698
	Diageo PLC ADR	500 shares	39,373	42,805
	ITC Holdings Corporation	700 shares	42,697	51,744
	M & T Bank Corp	97 shares	7,056	7,079
	McDonalds Corporation	500 shares	39,150	47,760
	Markel Corp.	35 shares	13,333	14,049
	Nestle SA Sponsored ADR	700 shares	39,836	39,291
	National Oilwell Varco Inc	500 shares	37,333	35,850
	Rio Tinto PLC ADR	400 shares	24,407	21,228
	Ritchie Bros Auctioneers Inc	335 shares	6,941	6,891
	Republic Services Inc.	1000 shares	28,354	27,450
	Roche Holdings LTD ADR	700 shares	24,766	27,797

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

Plan # 001

EIN: 38-0783210

November 30, 2011

(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
	Common Stock (continued)			
	Schlumberger LTD	500 shares	38,557	37,665
	Union Pacific Corporation	600 shares	54,484	62,046
	United Technologies	700 shares	60,627	53,620
	Valspar Corp	290 shares	9,444	10,695
	Visa Inc. CL A	550 shares	47,860	53,334
	Other			
	State of Israel - Bond		125,000	125,000
	Ford Motor Credit	8.70% Due 10/01/14	54,800	54,659
	Ford Motor Credit	7.50% Due 08/01/12	53,750	51,788
	Atlantic Fund 1 L P		500,000	463,967
	Berkshire Hathaway Fin	4.60% Due 05/15/13	107,887	105,187
	Costco Wholesale Corp	5.300% Due 03/15/12	103,722	101,315
	Chevron Corporation	3.95% Due 03/03/14	108,299	107,136
	Coca Cola Corporation	5.35% Due 11/15/17	116,447	119,591
	Colgate Palmolive	4.20% Due 05/15/13	108,045	105,312
	Eli Lilly & Co	3.55% Due 03/06/12	103,425	100,762
	Eli Lilly & Co	4.20% Due 03/06/14	108,799	107,501
	General Electric Company	5.00% Due 02/01/13	161,309	156,602
	Procter & Gamble Company	4.95% Due 08/15/14	113,138	110,932
	Walt Disney Company	6.375% Due 03/01/12	106,882	101,358
	Walt Disney Company	4.70% Due 12/01/12	107,700	104,103
	Wyeth	5.50% Due 03/15/13	164,930	159,134
	US Treasury Note Infl Index	112,300 shares	122,714	129,253
	Brasil Telecom Part - Preferred Shares	42 Shares	863	748
	TOTAL		<u>\$ 7,873,628</u>	<u>\$ 7,826,973</u>

* Represents a party in interest

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION

PLAN AND TRUST

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

Plan # 001 EIN: 38-0783210

Year ended November 30, 2011

Description of asset (include interest rate and maturity in case of loan)	Purchase Price		Selling Price		Lease Rental		Expense Incurred		Cost of Asset		Current Value of Asset on Transaction		Net Gain/ (Loss)	
Atlantic Fund I, L.P.		\$ 500,000.00	\$	-	\$	-	\$	-	\$	500,000	\$	463,967	\$	(36,033)

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Statement of Actuarial Assumptions and Method

Plan Year: 12/1/2010 to 11/30/2011

Valuation Date: 12/1/2010

	<u>For PPA Funding</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Segment 1 3.92%	Segment 1 2.48%	Pre-Retirement 5.00%
	Segment 2 6.40%	Segment 2 4.39%	Post-Retirement 5.00%
	Segment 3 6.61%	Segment 3 5.28%	
Pre-Retirement			
Turnover	T-5 LESS GA51M WITHDRAWAL RATES	None	None
Mortality	Male-RP2000 Healthy Male Retiree Projected to 2017 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2017 with Scale AA	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation
Future Insurance	Insurance is assumed to be carried at the current level until retirement		Not applicable
Post-Retirement			
Mortality	Male-RP2000 Healthy Male Retiree Projected to 2017 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2017 with Scale AA	2010 Applicable Mortality Table	GA 51 M projected to '70 with scale C set back 2 years
Assumed Benefit Form For Funding		Normal Form	
Calculated Effective Interest Rate		6.37%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Summary of Plan Provisions
Plan Year: 12/1/2010 to 11/30/2011

Plan Effective Date	December 1, 1959
Plan Year	From December 1 to November 30
Eligibility	<p>All employees not excluded by class are eligible to enter on the December 1 coincident with or following the completion of the following requirements:</p> <p>6 months of service Minimum age 20 years and 6 months old</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 65 Completion of 5 years of participation</p>
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p>Maximum benefit is \$16,250 per month Maximum percent of salary is 100%</p> <p>Benefit is based on average salary during the highest 5 consecutive years of employment during the last 10 years</p>
Early Retirement Age	<p>Attainment of age 60</p> <p>10 years of service</p>
Early Retirement Benefit	1/15th, 1/30th
Normal Form of Benefit	A benefit payable for the life of the participant and payments guaranteed for 5 years
Accrued Benefit	<p>A fraction of the normal retirement benefit, calculated based on average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal retirement.</p> <p>Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:</p> <p>Years before December 1, 2005 Years with less than 1,000 hours</p>

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Summary of Plan Provisions
Plan Year: 12/1/2010 to 11/30/2011

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	20
4	40
5	60
6	80
7	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

The greater of the proceeds of any insurance policies on the life of the participant or the actuarial equivalent of the accrued benefit earned to date of death but in no event more than the larger of 100 times the anticipated retirement benefit or the reserves under a typical Individual Level Premium funding method

Insurance

83GAMU TERM RISK 83GAMU Mortality Risk per \$1,000 Death Benefit--

No one with less than 1 years of service over age 60 will be issued new insurance

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

EIN: 38-0783210 PN: 001

2010 Schedule SB Attachment
Optional Forms of Benefit

The plan's normal form of payment is a Life With 5 Years Certain annuity, payable for the life of the participant. If the participant dies before receiving payments for 5 full years, payments will continue to his/her surviving beneficiary for the remainder of the 5-year period and then stop.

For married participants, the actuarial equivalence of this benefit will be paid in the form of a Joint and 50% Survivor annuity unless the participant elects a different form of payment and the spouse consents in writing. This benefit is payable for the life of the participant, with 50% payable to the surviving spouse for his/her lifetime. Payments cease on the death of the participant and spouse.

The following forms of payment are also available:

Life Only	Payable for the life of the participant.
Life With 15 Years Certain	Payable for the life of the participant. If the participant dies before receiving payments for 15 full years, payments will continue to his/her surviving beneficiary for the remainder of the 15-year period and then stop.
Life With 20 Years Certain	Payable for the life of the participant. If the participant dies before receiving payments for 20 full years, payments will continue to his/her surviving beneficiary for the remainder of the 20-year period and then stop.
Joint and 100% Survivor	Payable for the life of the participant and his/her beneficiary. Payments cease on the death of both.
Joint and 75% Survivor	Payable for the life of the participant. If the participant dies before his/her beneficiary, 75% of the benefit will continue for the life of the beneficiary.
Joint and 50% Survivor	Payable for the life of the participant. If the participant dies before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.
Single Lump Sum	This is a one-time payment of the lump sum equivalent of the plan's normal form of benefit.

MADISON/STANDARD ELECTRIC COMPANIES**DEFINED BENEFIT PENSION PLAN AND TRUST**

Schedule of Active Participant Data
Plan Year: 12/1/2010 to 11/30/2011
Valuation Date: 12/1/2010

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1-4	2	2	4	3	5	5	5	1	2	0	1	30
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2480
5-9	0	1	4	5	11	10	15	11	4	0	1	62
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4193
10-14	0	0	5	8	9	10	9	4	2	1	0	48
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3880
15-19	0	0	0	6	7	6	5	5	4	0	0	33
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5254
20-24	0	0	0	0	3	4	7	5	8	0	0	27
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4396
25-29	0	0	0	0	0	3	5	8	1	2	0	19
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	0	0	0	1	5	5	0	0	11
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	0	0	0	0	0	3	0	0	3
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40+	0	0	0	0	0	0	0	0	0	1	1	2
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	2	3	13	22	35	38	47	39	29	4	3	235
Ave Sal	n/a	n/a	n/a	3695	3683	4292	4145	5608	7500	n/a	n/a	5052

*Employees who have not met the minimum eligibility requirements are excluded

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Shortfall Amortization
Valuation Date: December 1, 2010

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
12/01/2008	7-year	5	\$484,034	\$2,244,345
12/01/2009	7-year	6	\$(254,050)	\$(1,364,265)
12/01/2010	7-year	7	<u>\$131,672</u>	<u>\$797,837</u>
Total			\$361,656	\$1,677,917

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
<u>EQUITIES</u>				
Aegon	1451 Shares	\$ 8,655	\$ 6,341	
Agrium Inc	70 Shares	\$ 5,616	\$ 4,899	
Air Products & Chem	300 Shares	\$ 29,371	\$ 25,125	
AKZO Nobel	171 Shares	\$ 9,035	\$ 8,641	
Alcatel-Lucent SA	1330 Shares	\$ 3,644	\$ 2,155	
Allergan Inc	400 Shares	\$ 26,858	\$ 33,488	
America Movil Sab ADR AMX	285 Shares	\$ 6,666	\$ 6,789	
American Express Co	1200 Shares	\$ 51,806	\$ 57,648	
American Water Works	1500 Shares	\$ 42,485	\$ 46,605	
Amphenol corp	110 Shares	\$ 4,831	\$ 4,986	
Apple Inc	175 Shares	\$ 54,451	\$ 66,885	
Arch Cap Group	225 Shares	\$ 7,533	\$ 8,498	
Astellas Pharma-Unso ADR	255 Shares	\$ 9,086	\$ 9,703	
Astrazeneca PLC	325 Shares	\$ 15,252	\$ 14,944	
AXA	145 Shares	\$ 2,079	\$ 2,098	
Banco Do Brasil SA BDOR	410 Shares	\$ 7,586	\$ 5,494	
Banco Santander BrasilSA ADR	255 Shares	\$ 1,757	\$ 1,969	
Barclays PLC	560 Shares	\$ 9,038	\$ 6,524	
BASF SE	150 Shares	\$ 11,264	\$ 10,922	
Bed Bath & Beyond	130 Shares	\$ 7,806	\$ 7,867	
Berkley W R Corp	340 Shares	\$ 10,124	\$ 11,597	
BHP Billiton Ltd	320 Shares	\$ 26,368	\$ 24,054	
Boing co.	600 Shares	\$ 38,497	\$ 41,214	
BP PLC	260 Shares	\$ 11,426	\$ 11,323	
Brasil Telecom SA Com btm/c	24 Shares	\$ 198	\$ 154	
Bristol Myers Squibb Co	2000 Shares	\$ 50,904	\$ 65,440	
British Amern TOB PLC	150 Shares	\$ 10,935	\$ 13,973	
Broadridge Financial Sol.	405 Shares	\$ 8,585	\$ 9,141	
Brookfield Asset Mgt	145 Shares	\$ 4,238	\$ 4,022	
Brookfiels Asser Mangmnt	460 Shares	\$ 13,052	\$ 12,760	
Brown & Brown Inc.	285 Shares	\$ 5,406	\$ 5,945	
Brown Forman Corp CL B	80 Shares	\$ 5,639	\$ 6,385	
Canadian National Resources Lt	220 Shares	\$ 7,796	\$ 8,215	
Canadian Natl Ry Co	175 Shares	\$ 11,191	\$ 13,573	
Canadian Pacific Railway	250 Shares	\$ 14,735	\$ 13,841	
Canon Inc	220 Shares	\$ 10,353	\$ 9,902	
Carmax Inc.	350 Shares	\$ 9,967	\$ 10,066	
Carrefour SA	2195 Shares	\$ 17,903	\$ 11,458	

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Caterpillar Inc	600 Shares	\$ 50,760	\$ 58,728	
Cemex SAB DE	1160 Shares	\$ 9,908	\$ 5,406	
Centrais Elec Braz Com *	917 Shares	\$ 12,269	\$ 8,519	
Church & Dwight	1000 Shares	\$ 41,299	\$ 44,250	
Cisco Systems Inc	2000 Shares	\$ 32,104	\$ 37,280	
Citrix System Inc.	500 Shares	\$ 33,831	\$ 35,695	
Coca Cola Co *	800 Shares	\$ 50,975	\$ 53,784	
Cooper Industries Ltd	275 Shares	\$ 14,988	\$ 15,271	
Copart Inc.	225 Shares	\$ 9,177	\$ 10,109	
Core Laboratories Inc	80 Shares	\$ 6,848	\$ 9,284	
Corning Inc	1000 Shares	\$ 13,984	\$ 13,270	
Costco Wholesale Corp	300 Shares	\$ 20,283	\$ 25,590	
CRH OLC ADR	640 Shares	\$ 11,226	\$ 12,256	
DAI Nippon Printing Ltd	540 Shares	\$ 6,771	\$ 5,206	
Daiichi Sankyo Co-Unspon	500 Shares	\$ 9,680	\$ 8,925	
Dentsply International Inc.	295 Shares	\$ 10,085	\$ 10,652	
Deutsche Bank AG	75 Shares	\$ 3,597	\$ 2,946	
Deutsche Telekom AG	1100 Shares	\$ 14,102	\$ 14,278	
Devon Energy Corp	500 Shares	\$ 35,285	\$ 32,730	
Diageo PLC	160 Shares	\$ 11,466	\$ 13,698	
Diageo PLC ADR	500 Shares	\$ 39,373	\$ 42,805	
Discovery Communications Inc.	180 Shares	\$ 6,823	\$ 6,811	
Ecolab Inc.	205 Shares	\$ 10,651	\$ 11,689	
Edwards Lifesciences	400 Shares	\$ 33,173	\$ 26,412	
ENI	475 Shares	\$ 19,823	\$ 20,164	
Ensco Plc ADR	100 Shares	\$ 4,890	\$ 5,197	
Ensign Energy Service Inc	115 Shares	\$ 1,468	\$ 1,824	
Eog Resources Inc.	74 Shares	\$ 6,355	\$ 7,677	
Ericsson (LM) Tel-SP	820 Shares	\$ 8,462	\$ 8,717	
Estee Lauder C1 A	400 Shares	\$ 40,656	\$ 47,192	
Exxon Mobil Corp	500 Shares	\$ 39,101	\$ 40,220	
Fedex Corp	500 Shares	\$ 45,560	\$ 41,540	
Fibria Celulose S A	53 Shares	\$ 810	\$ 412	
Finning Intl Inc.	30 Shares	\$ 819	\$ 686	
First Pac Co Ltd	2475 Shares	\$ 10,445	\$ 14,033	
Fletronics Intl	745 Shares	\$ 5,356	\$ 4,448	
Flir Systems Inc.	330 Shares	\$ 8,970	\$ 8,864	
Ford Motor Co	5000 Shares	\$ 69,923	\$ 53,000	
France Telecom	916 Shares	\$ 18,853	\$ 15,819	

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Fujifilm Holdings Corp	363 Shares	\$ 12,208	\$ 8,708	
General Electric Co	2500 Shares	\$ 40,376	\$ 39,775	
Glacier Bancorp Inc.	370 Shares	\$ 3,808	\$ 4,444	
Glaxosmithkline PLC	310 Shares	\$ 11,867	\$ 13,789	
Google Inc AA	50 Shares	\$ 27,786	\$ 29,970	
H Lundbeck A/S	535 Shares	\$ 9,256	\$ 10,299	
Home Depot Inc.	650 Shares	\$ 23,347	\$ 25,493	
Honda Motor Ltd	305 Shares	\$ 11,101	\$ 9,653	
HSBC Holding PLC SPON	190 Shares	\$ 8,760	\$ 7,439	
Ilex Corp	245 Shares	\$ 8,360	\$ 8,933	
Ingersoll Rand PLC	290 Shares	\$ 11,890	\$ 9,605	
Intesa Sanpaolo	860 Shares	\$ 9,361	\$ 8,282	
Italcementi SPA	860 Shares	\$ 6,828	\$ 5,306	
ITC Holdings Corp	700 Shares	\$ 42,697	\$ 51,744	
J Sainsbury PLC	727 Shares	\$ 16,105	\$ 13,813	
Jacob Engineering Group	230 Shares	\$ 8,246	\$ 9,554	
Kinder Morgan, Inc	875 Shares	\$ 24,176	\$ 25,812	
Kingfisher PLC	1725 Shares	\$ 12,558	\$ 13,559	
Koninklijke Ahold	1217 Shares	\$ 14,313	\$ 15,407	
Korea Elec Pwr Corp	590 Shares	\$ 7,027	\$ 6,549	
Laboratory Corp of Amer Hlds	114 Shares	\$ 9,509	\$ 9,772	
Leucadia National Corp	300 Shares	\$ 8,138	\$ 7,026	
Liverty Global Inc Ser C	165 Shares	\$ 6,116	\$ 6,254	
M & T Bank Corp	97 Shares	\$ 7,056	\$ 7,079	
Manulife Finl Corp	130 Shares	\$ 1,808	\$ 1,400	
Markel Corp.	35 Shares	\$ 13,333	\$ 14,049	
Marks & Spencer PLC	954 Shares	\$ 11,124	\$ 9,826	
Mc Cormick & Co Inc	130 Shares	\$ 6,134	\$ 6,331	
McDonalds Corp	500 Shares	\$ 39,150	\$ 47,760	
Mitsubishi UFJ Financial	2015 Shares	\$ 9,491	\$ 8,745	
Mizuho Financial Grp	2080 Shares	\$ 6,510	\$ 5,408	
Molycorp	600 Shares	\$ 23,766	\$ 20,310	
Monsanto Co	700 Shares	\$ 42,631	\$ 51,415	
MSAD = Mitsui Sumitomo Ins	1020 Shares	\$ 11,669	\$ 9,914	
Nabors Industries Ltd	685 Shares	\$ 14,493	\$ 12,289	
National Oilwell Varco Inc	500 Shares	\$ 37,333	\$ 35,850	
Nestle SA	387 Shares	\$ 21,181	\$ 21,722	
Nestle SA Sponsored ADR	700 Shares	\$ 39,836	\$ 39,291	
Nippon Telegraph & Telephone	690 Shares	\$ 15,622	\$ 17,043	

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Nissan Mtr Ltd	630 Shares	\$ 11,819	\$ 11,504	
Noble Corp	540 Shares	\$ 18,317	\$ 18,646	
Noble Corp Baar Namen AKT	210 Shares	\$ 7,400	\$ 7,251	
Novartis AG	190 Shares	\$ 10,148	\$ 10,283	
Occidental Petroleum	400 Shares	\$ 35,257	\$ 39,560	
Omnicom Group	190 Shares	\$ 7,506	\$ 8,202	
Partnerre Ltd	70 Shares	\$ 5,425	\$ 4,600	
Perrigo Co	250 Shares	\$ 24,551	\$ 24,475	
Petroleo Brasileiro SA	400 Shares	\$ 11,462	\$ 10,028	
Portugal Telecom SGPS	969 Shares	\$ 12,374	\$ 6,017	
Posco Sponsored ADR	50 Shares	\$ 4,111	\$ 4,283	
Potash Corp	400 Shares	\$ 23,385	\$ 17,336	
Potash Corp of Saskatchewan	145 Shares	\$ 20,844	\$ 18,853	
PPG Industries	300 Shares	\$ 22,686	\$ 26,325	
Republic Services Inc	1000 Shares	\$ 28,354	\$ 27,450	
Rio Tinto PLC	260 Shares	\$ 16,674	\$ 13,798	
Rio Tinto PLC ADR	400 Shares	\$ 24,407	\$ 21,228	
Ritchie Bros Auctioneers Inc	335 Shares	\$ 6,941	\$ 6,891	
Roche Holdings Ltd ADR	700 Shares	\$ 24,766	\$ 27,797	
Sanofi-Aventis	375 Shares	\$ 11,445	\$ 13,129	
Schlumberger Ltd	245 Shares	\$ 18,948	\$ 18,456	
Schlumberger LTD	500 Shares	\$ 38,557	\$ 37,665	
Seiko Epson Corp	1330 Shares	\$ 10,906	\$ 9,111	
Seven & I Holding ADR	255 Shares	\$ 13,012	\$ 14,150	
SK Telecommunications Co	760 Shares	\$ 13,665	\$ 11,240	
Sony Corp	425 Shares	\$ 13,636	\$ 7,671	
ST Microelectronics	1020 Shares	\$ 9,129	\$ 6,457	
Staples Inc.	490 Shares	\$ 7,123	\$ 7,061	
Sumitomo Mitshi Finl Group Inc	1582 Shares	\$ 9,603	\$ 8,828	
Suncor Energy Inc	385 Shares	\$ 12,940	\$ 11,558	
Swiss Reins Co PUR 6/22&7/8	155 Shares	\$ 8,795	\$ 8,120	
Swisscom AG	260 Shares	\$ 10,639	\$ 9,794	
T J X Cos Inc New	205 Shares	\$ 12,207	\$ 12,649	
T Rowe Price Group Inc.	100 Shares	\$ 5,226	\$ 5,676	
Takeda Pharmaceutical	380 Shares	\$ 8,786	\$ 7,752	
Talisman Energy Inc	255 Shares	\$ 4,891	\$ 3,468	
TDK Corp	165 Shares	\$ 10,524	\$ 8,399	
TE Connectivity (old name TYC	353 Shares	\$ 10,617	\$ 11,194	
Techne Corp	127 Shares	\$ 9,197	\$ 8,571	

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Teck Cominco Ltd	225 Shares	\$ 11,138	\$ 8,210	
Tele Norte Leste Participacoes S	165 Shares	\$ 2,325	\$ 1,561	
Telecom Italia SPA TI	1408 Shares	\$ 17,347	\$ 15,924	
Telefonica Brasil SA VIV	86 Shares	\$ -	\$ 2,319	
Telefonica SA TEF	277 Shares	\$ 576	\$ 5,194	
Tenaris SA	335 Shares	\$ 14,264	\$ 12,489	
TIM Participacoes SA	50 Shares	\$ 965	\$ 1,191	
Tokio Marine Holdings	352 Shares	\$ 9,923	\$ 8,469	
Total S.A. Spons ADR	380 Shares	\$ 18,946	\$ 19,661	
Toyota Mtr Corp adr	185 Shares	\$ 14,373	\$ 12,193	
Transocean Inc	200 Shares	\$ 13,406	\$ 8,570	
Trican Well Service	50 Shares	\$ 968	\$ 852	
UBS AG	450 Shares	\$ 6,782	\$ 5,612	
UBS AG -REG	565 Shares	\$ 8,515	\$ 7,046	
Unilever NV	350 Shares	\$ 9,933	\$ 11,939	
Unilever NV	498 Shares	\$ 14,349	\$ 16,987	
Union Pacific Corp	600 Shares	\$ 54,484	\$ 62,046	
United Technologies	700 Shares	\$ 60,627	\$ 53,620	
Vale	600 Shares	\$ 19,008	\$ 13,950	
Valspar Corp	290 Shares	\$ 9,444	\$ 10,695	
Visa Inc CL A	550 Shares	\$ 47,860	\$ 53,334	
Vodafone Group PLC	405 Shares	\$ 10,534	\$ 10,996	
Wabtec	125 Shares	\$ 7,492	\$ 8,458	
Walt Disney Co	1000 Shares	\$ 36,510	\$ 35,850	
Weatherford Intl Ltd	570 Shares	\$ 11,634	\$ 8,641	
Wells Fargo & Co	950 Shares	\$ 24,324	\$ 24,567	
Western Union Co	485 Shares	\$ 8,107	\$ 8,531	
Weyerhaeuser Co	1500 Shares	\$ 26,144	\$ 25,185	
Whole Foods Mkt Inc.	250 Shares	\$ 15,484	\$ 17,025	
Wolseley PLC	1110 Shares	\$ 2,930	\$ 3,252	
Wolters Kluwer NV	470 Shares	\$ 9,165	\$ 8,079	
Yara International ASA	15 Shares	\$ 715	\$ 611	
		\$ 3,021,793	\$ 3,038,178	

PREFERRED SHARES

Brasil Telecom Part	42 shares	\$ 863	\$ 748
		\$ 863	\$ 748

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
<u>MUTUAL FUNDS</u>				
American High Income Trust	31514.921 shares	\$ 380,734	\$ 359,297	
Bond Fund of America	13577.795 shares	\$ 173,182	\$ 174,867	
American Funds Growth Fund of America	49674.533 shares	\$ 1,445,777	\$ 1,467,217	
PIMCO Fds Pac Invt Mgt Ser Tc	23071.1235 shares	\$ 284,685	\$ 268,150	
PIMCO Real Return Fund	25062.747 shares	\$ 299,747	\$ 314,917	
		\$ 2,584,126	\$ 2,584,447	
<u>CORPORATE BONDS</u>				
Berkshire Hathaway Fin	100000 Shares @ 4.60% Due-5/15/13	\$ 107,887	\$ 105,187	
Costo Wholesale Corp	100.000 shares 5.300% Due 3-15-12	\$ 103,722	\$ 101,315	
Chevron Corp	100000 Shares @ 3.95% Due-3/3/14	\$ 108,299	\$ 107,136	
Coca Cola Co	100000 Shares @ 5.35% Due-11/15/17	\$ 116,447	\$ 119,591	
Colgate Palmolive	100000 Shares @ 4.20% Due-5/15/13	\$ 108,045	\$ 105,312	
Ford Motor Credit	50000 Shares 8.7% Due 10-01-14	\$ 54,800	\$ 54,659	
Ford Motor Credit	50,000 Shares 7.5% Due 08-01-12	\$ 53,750	\$ 51,788	
<u>CORPORATE BONDS CONTINUED</u>				
Eli Lilly & Co	100000 Shares @ 3.55% Due-3/6/12	\$ 103,425	\$ 100,762	
Eli Lilly & Co	100000 Shares @ 4.20% Due-3/6/14	\$ 108,799	\$ 107,501	
General Electric Co	150000 Shares @ 5.00% Due-2/1/13	\$ 161,309	\$ 156,602	
Procter & Gamble Co	100000 Shares @ 4.95% Due-8/15/14	\$ 113,138	\$ 110,932	
Walt Disney Co	100000 Shares @ 6.375% Due-3/1/12	\$ 106,882	\$ 101,358	
Walt Disney Co	100000 Shares @ 4.70% Due-12/1/12	\$ 107,700	\$ 104,103	

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Wyeth	150000 Shares @ 5.50% Due-3/15/13	\$ 164,930	\$ 159,134	
		\$ 1,519,132	\$ 1,485,380	
<u>OTHER</u>				
State of Israel Bonds	various dates/maturities	\$ 125,000	\$ 125,000	
		\$ 125,000	\$ 125,000	
<u>GOVERNMENT & AGENCY ISSUES</u>				
US Treasury Note Infl Index	112,300 Shares	\$ 122,714	\$ 129,253	
		\$ 122,714	\$ 129,253	
<u>HEDGE FUNDS</u>				
Atlantic Fund 1 L P		\$ 500,000	\$ 463,967	
Purchased 7/01/2011		\$ 500,000	\$ 463,967	
<u>CASH & EQUIVALENTS</u>				
Money Market / Sweep Funds	multiple accounts	\$ 719,167	\$ 719,167	
		\$ 719,167	\$ 719,167	
TOTAL PLAN INVESTMENTS			\$ 8,546,140	

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
<u>EQUITIES</u>			
CALL/CTXS JAN '11 75	(3) Calls	\$ -	\$ 642
CALL/FCX JAN '11 114	(3) Calls	\$ -	\$ 765
CALL/FDX JAN '11 100	(3) Calls	\$ -	\$ 558
Deere & Co	300 Shares	\$ 22,854	\$ 24,420
Perrigo Co	500 Shares	\$ 30,726	\$ 33,129
Netflix Inc	50 Shares	\$ 10,066	\$ 10,288
Celgene Corp	200 Shares	\$ 12,096	\$ 10,612
Gilead Sciences Inc	200 Shares	\$ 7,462	\$ 7,632
3M Co	100 Shares	\$ 8,652	\$ 8,836
Freeport-McMoRan	400 Shares	\$ 20,940	\$ 19,920
FedEx Corp	200 Shares	\$ 18,954	\$ 17,126
Citrix Systems Inc	100 Shares	\$ 6,951	\$ 6,793
Citrix Systems Inc	200 Shares	\$ 14,109	\$ 13,585
Barrick Gold Corp	600 Shares	\$ 32,861	\$ 31,485
Ivanhoe Mines Ltd Rts	500 Shares	\$ 964	\$ 765
Ivanhoe Mines Ltd	500 Shares	\$ 13,906	\$ 13,020
Oshkosh Corp	500 Shares	\$ 17,261	\$ 15,259
Mosaic Co	200 Shares	\$ 14,088	\$ 13,485
CALL/NFLX JAN '11 200	(2) Calls	\$ -	\$ 2,118
Molycorp Inc	500 Shares	\$ 16,931	\$ 27,393
CALL/OSK JAN '11 37	(5) Calls	\$ -	\$ 532
United States Steel	500 Shares	\$ 27,304	\$ 23,067
Molycorp Inc	300 Shares	\$ 11,582	\$ 15,811
Molycorp Inc	100 Shares	\$ 3,861	\$ 5,984
Molycorp Inc	100 Shares	\$ 3,861	\$ 5,479
Monsanto Co	100 Shares	\$ 6,499	\$ 6,880
Molycorp Inc	200 Shares	\$ 9,944	\$ 11,968
BHP Billiton Ltd ADR	150 Shares	\$ 13,946	\$ 14,135
Peabody Energy Corp	200 Shares	\$ 12,693	\$ 13,532
National Oilwell Varco	100 Shares	\$ 6,639	\$ 7,410
U S Bancorp	300 Shares	\$ 8,133	\$ 7,411
Procter & Gamble Co	200 Shares	\$ 12,902	\$ 12,670
Hess Corp	100 Shares	\$ 7,626	\$ 6,261
Mosaic Co	200 Shares	\$ 15,012	\$ 13,485
Costco Wholesale	100 Shares	\$ 7,261	\$ 7,437

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
<u>EQUITIES</u>			
Anheuser-Busch InBev ADR	200 Shares	\$ 11,422	\$ 10,048
Walt Disney Co	500 Shares	\$ 18,840	\$ 15,209
Peabody Energy Corp	300 Shares	\$ 18,877	\$ 16,130
General Electric Co	1,000 Shares	\$ 19,647	\$ 20,379
Deere & Co	200 Shares	\$ 17,983	\$ 16,478
Monsanto Co	200 Shares	\$ 14,135	\$ 13,760
Gentex Corp	500 Shares	\$ 15,320	\$ 15,805
Union Pacific Corp	100 Shares	\$ 9,429	\$ 10,071
Mosaic Co	100 Shares	\$ 7,785	\$ 6,742
Allegheny Techs	300 Shares	\$ 19,555	\$ 19,714
CALL/X MAR '11 60	(5) Calls	\$ -	\$ 1,060
Peabody Energy Corp	200 Shares	\$ 12,546	\$ 10,753
Cavium Inc	500 Shares	\$ 22,144	\$ 21,034
Corning Inc	500 Shares	\$ 11,484	\$ 8,976
Jefferies Grp Inc	1,000 Shares	\$ 25,261	\$ 23,820
CALL/OSK MAR '11 40	(5) Calls	\$ -	\$ 557
Hess Corp	100 Shares	\$ 8,374	\$ 7,165
Hess Corp	100 Shares	\$ 8,374	\$ 6,261
Mosaic Co	200 Shares	\$ 17,042	\$ 13,194
Citrix Systems Inc	200 Shares	\$ 14,012	\$ 13,585
Barrick Gold Corp	400 Shares	\$ 19,730	\$ 20,990
Hess Corp	200 Shares	\$ 16,845	\$ 14,329
Netflix Inc	100 Shares	\$ 20,746	\$ 22,580
Devon Energy Corp	200 Shares	\$ 18,212	\$ 15,474
BHP Billiton Ltd ADR	100 Shares	\$ 9,577	\$ 9,423
Teva Pharm Ind ADR	100 Shares	\$ 5,075	\$ 4,513
U S Bancorp	500 Shares	\$ 13,585	\$ 12,352
Deere & Co	100 Shares	\$ 9,190	\$ 8,239
DIRECTV CI A	300 Shares	\$ 13,803	\$ 14,022
DIRECTV CI A	200 Shares	\$ 9,202	\$ 9,285
IBM Corp	200 Shares	\$ 32,639	\$ 33,421
IBM Corp	100 Shares	\$ 16,267	\$ 16,711
Exxon Mobil Corp	150 Shares	\$ 12,150	\$ 10,880
CALL/BTU APR '11 75	(5) Calls	\$ -	\$ 900
CALL/HES APR '11 85	(5) Calls	\$ -	\$ 660

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of acquisitions	Proceeds of dispositions
<u>EQUITIES</u>			
Caterpillar Inc	200 Shares	\$ 21,542	\$ 20,348
Monsanto Co	200 Shares	\$ 14,258	\$ 13,005
Union Pacific Corp	100 Shares	\$ 9,660	\$ 10,071
Walt Disney Co	300 Shares	\$ 12,939	\$ 11,556
Exxon Mobil Corp	300 Shares	\$ 25,038	\$ 23,766
Exxon Mobil Corp	200 Shares	\$ 16,692	\$ 14,506
Costco Wholesale	200 Shares	\$ 15,535	\$ 15,730
Cavium Inc	200 Shares	\$ 9,179	\$ 6,150
Molycorp Inc	200 Shares	\$ 13,659	\$ 10,957
Netflix Inc	100 Shares	\$ 23,779	\$ 25,737
Cavium Inc	200 Shares	\$ 9,505	\$ 6,150
Allergan Inc	200 Shares	\$ 16,201	\$ 16,732
CALL/MCP JUN '11 75	(8) Calls	\$ -	\$ 3,272
Campbell Soup Co	1,000 Shares	\$ 35,055	\$ 33,979
Devon Energy Corp	100 Shares	\$ 8,283	\$ 7,737
Freeport-McMoRan	200 Shares	\$ 9,743	\$ 10,272
EMC Corp	500 Shares	\$ 13,503	\$ 10,100
CALL/CTXS JUL '11 82.5	(5) Calls	\$ 1,120	\$ 2,240
EMC Corp	300 Shares	\$ 7,888	\$ 6,060
Halliburton Co	500 Shares	\$ 24,115	\$ 26,045
EMC Corp	400 Shares	\$ 10,789	\$ 8,080
EMC Corp	300 Shares	\$ 8,358	\$ 6,060
Visa Inc Cl A	150 Shares	\$ 13,463	\$ 13,999
Oracle Corp	1,000 Shares	\$ 26,997	\$ 28,075
SM Energy Co	200 Shares	\$ 15,703	\$ 15,286
Church & Dwight Co	200 Shares	\$ 8,335	\$ 8,784
IBM Corp	250 Shares	\$ 43,286	\$ 44,633
Prudential Finl Inc	300 Shares	\$ 15,205	\$ 15,351
Swiss Reins Co	70 Shares	\$ 3,972	\$ 3,024
Eog Resources	16 Shares	\$ 1,374	\$ 1,527
Northern Trust Corp	140 Shares	\$ 5,021	\$ 5,240
T J X Cos Inc.	35 Shares	\$ 2,084	\$ 2,002
TOTAL		\$ 1,307,614	\$ 1,280,885

Schedule H, line 4j - Schedule of Reportable Transactions

Madison / Standard Electric Companies Pension Plan

Employer Identification Number: 38-0783210

Plan Number: 001

For the Plan Year Beginning 12/01/2010 and Ending 11/30/2011

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction	Net gain or loss
	Atlantic Fund 1 LP	500,000				500,000	463,967	(36,033)

EIN: 38-0783210 / PN 001

Attachment to 2010 Form 5500
Schedule SB, line 22 – Description of Weighted Average Retirement Age

MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
EIN: 38-0783210 / PLAN # 001

FOR THE PLAN YEAR
DECEMBER 1, 2010 THROUGH NOVEMBER 30, 2011

The weighted average retirement age is equal to the normal retirement age of 65.

Actives are assumed to retire on their normal retirement date of 65 with 5 years of participation. In this plan 224 are assumed to retire at age 65 and the remaining 11 are retiring at a postponed retirement age or with 5 years of participation at ages from 66 to 76.

APPLICABLE TO STANDARD ELECTRIC: Pension Consolidation thru Omega 5

Insurance contracts (cont.)

<u>Policy Numbers</u>	<u>Issue Years</u>	<u>Basis</u>
3,000,000 and higher (Vanguard VIII) (Survivorship Life)	1995 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
3,000,000 and higher (MetMass) (Vanguard IX) (Survivorship Life)	1996 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,800,000 and higher (NELICO) (Vanguard Series) (Survivorship Life) (L10, L85)	1996 - Present 1996 - 2002 1996 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,199,999	1980 - 1981	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,200,000 - 7,299,999 (OL) (RI) (YRT)	1981- 1983 1981- 1984 1981 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,300,000 - 7,399,999 (Pension Consolidation)	1983- 1983	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 2)	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 3)	1989 - 1994	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,500,000 and higher (Omega 4)	1985 - 1987	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,700,000 and higher (Omega 5)	1996 - Present	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,049,999 (UL - FEL)	1982 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,050,000 - 7,099,999 (Non-Pension) (UL-84) (UL-CCL)	1984 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1989 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1991 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,050,000 and higher (Ultraflex)	1999 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 - 7,999,999 (Pension) (UL -84) (UL-CCL)	1984- 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1989 - 1996	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 and higher (Pension) (UL -CCL)	1996 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 - 7,999,999 First to Die UL)	1993 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,000,001 - 7,999,999 (VUL)	1995 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

APPLICABLE TO STANDARD ELECTRIC: Pension Consolidation thru Omega 5

Insurance contracts (cont.)

<u>Policy Numbers</u>	<u>Issue Years</u>	<u>Basis</u>
3,000,000 and higher (Vanguard VIII) (Survivorship Life)	1995 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
3,000,000 and higher (MetMass) (Vanguard IX) (Survivorship Life)	1996 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,800,000 and higher (NELICO) (Vanguard Series) (Survivorship Life) (L10, L85)	1996 - Present 1996 - 2002 1996 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,199,999	1980 - 1981	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,200,000 - 7,299,999 (OL) (RI) (YRT)	1981- 1983 1981- 1984 1981 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,300,000 - 7,399,999 (Pension Consolidation)	1983- 1983	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 2)	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 3)	1989 - 1994	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,500,000 and higher (Omega 4)	1985 - 1987	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,700,000 and higher (Omega 5)	1996 - Present	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,049,999 (UL - FEL)	1982 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,050,000 - 7,099,999 (Non-Pension) (UL-84) (UL-CCL)	1984 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1989 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1991 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,050,000 and higher (Ultraflex)	1999 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 - 7,999,999 (Pension) (UL -84) (UL-CCL)	1984- 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
	1989 - 1996	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 and higher (Pension) (UL -CCL)	1996 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,400,000 - 7,999,999 First to Die UL)	1993 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
7,000,001 - 7,999,999 (VUL)	1995 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

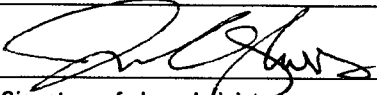
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010
	This Form is Open to Public Inspection	

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>12/01/2010</u> and ending <u>11/30/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a Name of plan	MADISON/STANDARD ELECTRIC COMPANIES
1b Three-digit plan number (PN) ▶	001
1c Effective date of plan	12/01/1959
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MADISON/STANDARD ELECTRIC COMPANIES 31855 Van Dyke Ave WARREN MI 48093-1047	2b Employer Identification Number (EIN) 38-0783210 2c Sponsor's telephone number (586) 825-0200 2d Business code (see instructions) 425110

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		<u>9/11/13</u>	JORDAN GLASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/11/13</u>	JORDAN GLASS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	338
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	222
b Retired or separated participants receiving benefits.....	6b	8
c Other retired or separated participants entitled to future benefits.....	6c	93
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	323
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e.....	6f	324
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	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 1A 1G 1I </div>		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 6 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 12/01/2010 and ending 11/30/2011

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

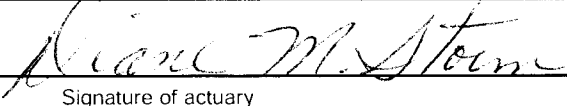
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	10,722,012	
b Actuarial value.....	2b	10,722,012	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	10	2,101,635
b For terminated vested participants	3b	94	835,581
c For active participants:			
(1) Non-vested benefits.....	3c(1)		19,332
(2) Vested benefits	3c(2)		9,960,046
(3) Total active	3c(3)	235	9,979,378
d Total.....	3d	339	12,916,594
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.37 %	
6 Target normal cost.....	6	0	

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	<u>09/05/2013</u> Date <u>11-03737</u> Most recent enrollment number <u>(248) 895-8473</u> Telephone number (including area code)
<u>Diane M. Storm</u> Type or print name of actuary <u>Diane M. Storm</u> Firm name <u>495 Rolling Green Circle</u> <u>Rochester Hills</u> <u>MI 48309-1259</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>4.18</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		524,410
b Interest on (a) using prior year's effective rate of <u>6.67</u> %		34,978
c Total available at beginning of current plan year to add to prefunding balance		559,388
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	83.00 %
15 Adjusted funding target attainment percentage.....	15	83.01 %
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	85.68 %
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
03/15/2011	57,497	14,792	10/18/2011	66,666	4,930
05/27/2011	66,667	9,925	11/16/2011	66,667	9,861
06/16/2011	9,170	4,866	01/19/2012	42,920	
07/18/2011	66,666	4,931	02/17/2012	66,667	
08/16/2011	66,666	4,930	03/16/2012	66,667	
09/16/2011	66,667	4,931	04/18/2012	66,667	
Totals ►			18(b)	800,000	18(c) 59,166

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 contribution 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	754,269

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 6.40 %	3rd segment: 6.61 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,677,917	361,656
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	361,656
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	361,656
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	754,269
38 Interest-adjusted excess contributions for current year (see instructions)	38	392,613
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**

Employer ID# 38-0783210: Plan No. 001

Quarterly Installment Payment: \$57,497.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 1, 2010

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Adj Cth</u>
03-15-2011	57,497.00	2010	6.37%	56,484.73
05-27-2011	66,667.00	2010	6.37%	64,693.67
06-27-2011	9,170.00	2010	6.37%	8,852.89
07-18-2011	66,666.00	2010	6.37%	64,126.02
08-16-2011	66,666.00	2010	6.37%	63,818.05
09-16-2011	66,667.00	2010	6.37%	63,491.43
10-18-2011	66,666.00	2010	6.37%	63,143.62
11-16-2011	66,667.00	2010	6.37%	62,841.31
01-19-2012	42,920.00	2010	6.37%	40,022.84
02-17-2012	66,667.00	2010	6.37%	61,868.33
03-16-2012	66,667.00	2010	6.37%	61,560.99
04-18-2012	66,667.00	2010	6.37%	61,224.67
05-16-2012	38,531.00	2010	6.37%	35,215.60
07-17-2012	51,882.00	2010	6.37%	46,924.49
Totals:	800,000.00			754,268.64

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 contribution from prior years	19a		0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b		0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	754,268.64	