

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>12/01/2011</u> and ending <u>11/30/2012</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, including room or suite number (Employer, if for single-employer plan) <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 (2011)
v.012611

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	324
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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	214
b Retired or separated participants receiving benefits.....	6b	9
c Other retired or separated participants entitled to future benefits.....	6c	95
d Subtotal. Add lines 6a , 6b , and 6c	6d	318
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	318
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	2

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/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **12/01/2011** and ending **11/30/2012**

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	68716	E440000375	12	12/01/2011	11/30/2012

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
313	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	
313	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
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(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	7864
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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

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 <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	D Employer Identification Number (EIN) <u>38-0783210</u>	

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
<u>84-0499703</u>	<u>68716</u>	<u>E440000376</u>	<u>2</u>	<u>12/01/2011</u>	<u>11/30/2012</u>

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 <u>179</u>	(b) Total amount of fees paid <u>0</u>
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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	
<u>179</u>	<u>0</u>		<u>3</u>

(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	3223
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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **12/01/2011** and ending **11/30/2012**

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.
---------------	---

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	68716	E440000141	13	12/01/2011	11/30/2012

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
209	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	
209	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	

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	5874
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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **12/01/2011** and ending **11/30/2012**

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	12/01/2011	11/30/2012

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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **12/01/2011** and ending **11/30/2012**

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	13	12/01/2011	11/30/2012

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
0	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	
0			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	
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	

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	32046
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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **12/01/2011** and ending **11/30/2012**

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	12/01/2011	11/30/2012

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
0	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	
0			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	
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	

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	22136
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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

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

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

A Name of plan <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>2011</u>
2	Assets:
a	Market value 2a <u>10993177</u>
b	Actuarial value 2b <u>10993177</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>1746089</u>
b	For terminated vested participants 3b <u>92</u> <u>826242</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>8029</u>
(2)	Vested benefits 3c(2) <u>11952669</u>
(3)	Total active 3c(3) <u>216</u> <u>11960698</u>
d	Total 3d <u>318</u> <u>14533029</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>5.57 %</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>08/30/2013</u>
Signature of actuary <u>DIANE M. STORM ASA, FCA, MAAA, EA</u>	Date <u>11-03737</u>
Type or print name of actuary <u>DIANE M. STORM ASA, FCA, MAAA, EA</u>	Most recent enrollment number <u>248-895-8473</u>
Firm name <u>495 ROLLING GREEN CIRCLE</u> <u>ROCHESTER HILLS, MI 48309-1259</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.10</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		392613
b Interest on (a) using prior year's effective rate of <u>6.37</u> % except as otherwise provided (see instructions)		25009
c Total available at beginning of current plan year to add to prefunding balance		417622
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages		
14 Funding target attainment percentage	14	75.64 %
15 Adjusted funding target attainment percentage	15	73.95 %
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	83.01 %
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
12/20/2011	66667	4930	09/20/2012	66667	4797
01/19/2012	23747	4930	10/18/2012	66666	4797
05/16/2012	28135	14792	11/19/2012	66667	10056
06/15/2012	66667	4931	01/17/2013	61361	
07/17/2012	14832	4931	02/15/2013	66667	
08/17/2012	66667	4797	04/17/2013	66666	
			Totals ►	18(b)	800000
				18(c)	58961

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	760845

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 (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions)		
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	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 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
05/15/2013	61361				
07/15/2013	61362				
08/15/2013	15868				
			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 contributions 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: 2.11%	2nd segment: 5.31%	3rd segment: 6.32 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3539854	702516	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	702516	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	702516	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	760845	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	58329	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

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 <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	D Employer Identification Number (EIN) <u>38-0783210</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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	13951	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO ADVISORS

34-1542819

(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	12252	Yes ☒ No ☐	Yes ☐ No ☒	6788	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	9750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	13814	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	35780	Yes ☒ No ☐	Yes ☐ No ☒	565	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>12/01/2011</u> and ending <u>11/30/2012</u>		
A Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">001</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	D Employer Identification Number (EIN) <u>38-0783210</u>	

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)	333333	333333
(2) Participant contributions	1b(2)	4931	4869
(3) Other	1b(3)	724	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	719167	482254
(2) U.S. Government securities	1c(2)	129253	129621
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1485380	1927622
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	748	0
(B) Common	1c(4)(B)	3038178	3619010
(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)	2584447	2967079
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	588967	578264

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	8885128	10042052

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1894	236
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1894	236

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8883234	10041816
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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)	800000	
(B) Participants	2a(1)(B)	58962	
(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)		858962

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	142	
(B) U.S. Government securities	2b(1)(B)	2199	
(C) Corporate debt instruments	2b(1)(C)	60638	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2257	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		65236
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	81080	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	69490	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		150570
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1330934	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1340385	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-9451

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	570184	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		570184
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		34127
d Total income. Add all income amounts in column (b) and enter total.....	2d		1669628

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	301524	
(2) To insurance carriers for the provision of benefits	2e(2)	67008	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		368532
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)	37540	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	47632	
(4) Other	2i(4)	57342	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		142514
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		511046

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1158582
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.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

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 <u>MADISON/STANDARD ELECTRIC COMPANIES</u>	D Employer Identification Number (EIN) <u>38-0783210</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-6102918</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>4</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% 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 November 30, 2012 and 2011 and for the Years Then Ended

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included as part of these statements are not applicable to Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust.

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2012 and 2011, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust as of November 30, 2012 and 2011, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes as of November 30, 2012 is presented for purposes of additional analysis and is not a required part of the 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Baker Tilly Virchow Krause, LLP

Southfield, Michigan
August 19, 2013

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of November 30, 2012 and 2011

ASSETS		
	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$ 482,254	\$ 719,167
Receivables		
Employer contributions	333,333	333,333
Employee contributions	4,869	4,931
Other receivables	<u>-</u>	<u>724</u>
Total Receivables	<u>338,202</u>	<u>338,988</u>
Investments, at fair market value		
Common stock	3,619,010	3,038,926
Mutual funds	2,967,079	2,584,447
Hedge fund	453,264	463,967
Bonds	<u>2,182,243</u>	<u>1,739,633</u>
Total Investments, at Fair Market Value	<u>9,221,596</u>	<u>7,826,973</u>
TOTAL ASSETS	<u>\$10,042,052</u>	<u>\$ 8,885,128</u>
LIABILITIES		
Withheld Taxes Payable	\$ 236	\$ 1,895
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$10,041,816</u>	<u>\$ 8,883,233</u>

See accompanying notes to financial statements.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Years Ended November 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS		
Investment income:		
Net appreciation in fair market value of investments	\$ 571,436	\$ -
Interest	65,236	77,069
Dividends	<u>150,570</u>	<u>160,483</u>
Net Investment Income	<u>787,242</u>	<u>237,552</u>
Contributions:		
Employers	800,000	800,026
Employees	<u>58,962</u>	<u>59,166</u>
Total Contributions	<u>858,962</u>	<u>859,192</u>
Other income	<u>34,127</u>	<u>92,200</u>
Total Additions to Net Assets	<u>1,680,331</u>	<u>1,188,944</u>
DEDUCTIONS		
Deductions from net assets:		
Net depreciation in fair market value of investments	-	67,723
Net depreciation of hedge fund investments	10,703	36,033
Benefits paid to participants	301,524	559,209
Insurance premiums - Participants' life	67,007	83,866
Insurance premiums - Pension Benefit Guaranty Corp	52,167	37,731
Professional and investment advisor fees	85,172	105,187
Miscellaneous	<u>5,175</u>	<u>8,585</u>
Total Deductions	<u>521,748</u>	<u>898,334</u>
Net Increase	1,158,583	290,610
NET ASSETS AVAILABLE FOR BENEFITS -		
Beginning of Year	<u>8,883,233</u>	<u>8,592,623</u>
NET ASSETS AVAILABLE FOR BENEFITS -		
End of Year	<u>\$10,041,816</u>	<u>\$ 8,883,233</u>

See accompanying notes to financial statements.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

As of November 30, 2012 and 2011 and for the Years Then Ended

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
As of November 30, 2012 and 2011 and for the Years Then Ended

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
As of November 30, 2012 and 2011 and for the Years Then Ended

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

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.

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 19, 2013, 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.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS As of November 30, 2012 and 2011 and for the Years Then Ended

NOTE 3 - Investments

The following presents investments as of November 30, 2012 and 2011 and investment income for the years then ended:

Investments	<u>2012</u>		<u>2011</u>	
Common stocks (none greater than 5% of assets)	\$ 3,619,010		\$ 3,038,926	
Mutual funds				
Growth Fund of America CLA	1,722,738	*	1,467,217	*
American High Income Trust	413,294		359,296	*
Bond Fund of America	187,381		174,867	
PIMCO Total Return	298,451		268,150	
PIMCO Real Return Fund	345,215		314,917	
Hedge Fund				
Atlantic Fund I, L.P.	453,264	*	463,967	*
Bonds				
Corporate (none greater than 5% of assets)	1,535,476		1,485,380	
Other	<u>254,621</u>		<u>254,253</u>	
Total Investments	<u>\$ 9,221,596</u>		<u>\$ 7,826,973</u>	

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

During the years ended November 30, 2012 and 2011, 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:

	<u>2012</u>		<u>2011</u>
Common stocks	\$ 377,852	\$	44,272
Mutual funds	382,632		75,701
Hedge Fund	(10,703)		(36,033)
Bonds	<u>26,758</u>		<u>49,856</u>
Investment Gain	<u>\$ 776,539</u>	\$	<u>133,796</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.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

As of November 30, 2012 and 2011 and for the Years Then Ended

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

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.

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, 2012 and 2011.

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 plan's proportionate partnership interest in the Atlantic Fund I, L.P. (see final paragraph in Note 4).

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.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

As of November 30, 2012 and 2011 and for the Years Then Ended

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

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, 2012				
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Large Growth Funds	\$ 1,722,738	\$ 1,722,738	\$ -	\$ -
Bond Funds	1,636,487	1,636,487	-	-
Common stocks	3,619,010	3,619,010	-	-
Hedge Fund	453,264	-	-	453,264
Bonds:				
Corporate	1,535,476	1,535,476	-	-
Government & Agency	129,621	129,621	-	-
Foreign	125,000	125,000	-	-
 Total Assets	 \$ 9,221,596	 \$ 8,768,332	 \$ -	 \$ 453,264

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	 \$ 7,826,973	 \$ 7,363,006	 \$ -	 \$ 463,967

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

As of November 30, 2012 and 2011 and for the Years Then Ended

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

The changes in Level 3 assets during the year ended November 30, 2012 is summarized as follows:

	<u>2012</u>
Balances, beginning of year	\$ 463,967
Depreciation	<u>(10,703)</u>
Balances, end of year	<u>\$ 453,264</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.

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.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

As of November 30, 2012 and 2011 and for the Years Then Ended

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, 2012 and 2011, there are no uncertain positions taken or expected to be taken. The plan has recognized no interest or penalties related to uncertain tax positions. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the plan is no longer subject to income tax examinations for years prior to 2010.

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.

The actuarial present value of accumulated plan benefits is determined by the plan's actuary. Significant actuarial assumptions used in the valuation as of November 30, 2011 and 2010 are as follows:

	2011	2010
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

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS As of November 30, 2012 and 2011 and for the Years Then Ended

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

A schedule of actuarial present value of accumulated benefits and assets available for benefits as of December 1, 2011 is presented below:

Actuarial present value of accumulated plan benefits	
Vested Benefits	
Active participants	\$ 9,102,704
Retirees and beneficiaries	1,611,094
Terminated participants	<u>640,741</u>
Total vested benefits	11,354,539
Nonvested benefits	<u>6,348</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 11,360,887</u>

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 November 30, 2011 are presented below:

Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 11,118,984
Increase (decrease) during the plan year attributable to:	
Net benefits accumulated (including actuarial gains and losses)	42,356
Increase for interest due to the decrease in the discount period	758,756
Benefits paid	<u>(559,209)</u>
Net increase (decrease)	<u>241,903</u>
 Actuarial present value of accumulated plan benefits at year end	 <u>\$ 11,360,887</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, 2012 and 2011 the fair value of these contracts were approximately \$2,196,000 and \$2,115,000, respectively.

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 \$85,000 and \$105,000 for the years ended November 30, 2012 and 2011, respectively. 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
As of November 30, 2012

(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	31,515 shares	\$ 388,084	\$ 413,294
	Bond Fund of America	13,577 shares	179,994	187,381
	American Funds Growth Fund	49,675 shares	1,478,183	1,722,738
	PIMCO Fds Pac Invst Mgt Ser	23,071 shares	277,175	298,451
	PIMCO Real Return Fund	25,063 shares	330,500	345,215
	Common Stock			
	Agrium Inc	70 shares	4,899	7,141
	Advance Auto Parts	91 shares	5,937	6,657
	Aegon	1,529 shares	6,674	8,776
	AKZO Nobel	513 shares	8,641	9,788
	Allergan Inc	500 shares	44,675	46,375
	American Movil Sab ADR AMX	285 shares	6,789	6,723
	American Express Co	400 shares	19,216	22,360
	American Tower REIT	450 shares	30,016	33,718
	American Water Works	2,000 shares	64,675	76,340
	Amphenol Corp	100 shares	4,987	6,811
	Apple Inc	175 shares	66,876	102,409
	Arch Cap Group	225 shares	8,498	10,148
	Astellas Pharma-Unso ADR	255 shares	9,703	12,916
	Astrazeneca PLC	325 shares	14,944	15,451
	AXA	145 shares	2,098	2,388
	Banco Do Brasil SA BDORY	410 shares	5,494	4,305
	Banco Snatander Brasil SA ADR	475 shares	3,852	3,178
	Barclays PLC	560 shares	6,524	8,865
	BASF SE	150 shares	10,922	13,484
	Bed Bath & Beyond	190 shares	11,329	11,157
	Berkely W R Corp	340 shares	11,598	13,516
	BHP Billiton Ltd	320 shares	24,054	23,053
	Boing Co	700 shares	48,344	51,996
	BP PLC	345 shares	15,236	14,407
	Bristol Myers Squibb Co	2,000 shares	65,440	65,260
	British Amern TOB PLC	150 shares	13,973	15,815
	Brookfield Asset Mgt	145 shares	4,022	5,037
	Brookfiels Asser Mangmnt	393 shares	10,884	13,653
	Brown & Brown Inc	285 shares	5,945	7,649
	Brown Forman Corp CL B	87 shares	4,629	6,106
	C.H. Robinson WW	205 shares	11,891	12,657
	Canadian National Resources Ltd	220 shares	8,215	6,268
	Canadian Natl Ry Co	175 shares	13,573	15,720

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

As of November 30, 2012

(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)			
	Canadian Pacific Railway	250 shares	13,841	21,468
	Canon Inc	290 shares	12,297	10,202
	Carmax Inc	308 shares	8,858	11,168
	Carrefour SA	3,594 shares	16,244	17,539
	Catepillar Inc	1,100 shares	102,418	93,764
	Cemex SAB DE	987 shares	4,385	8,375
	Centias Elec Braz Com	917 shares	8,519	3,356
	Church & Dwight	1,300 shares	60,087	70,395
	Coca Cola Co	900 shares	57,520	64,464
	Cooper Industries Ltd	275 shares	15,271	20,488
	Copart Inc	500 shares	11,323	15,075
	Core Laboratories Inc	80 shares	9,284	8,254
	Costco Wholesale Corp	600 shares	51,145	62,352
	CRH OLC ADR	775 shares	14,559	14,237
	Crown Holdings Inc	193 shares	7,200	7,209
	DAI Nippon Printing Ltd	540 shares	5,206	4,028
	Daiichi Sankyo Co-Unspon	555 shares	9,755	8,497
	Diamler AG	170 shares	7,464	8,437
	Dentsply International Inc	215 shares	7,764	8,536
	Deutsche Telekom AG	1,100 shares	14,278	12,122
	Diageo PLC	160 shares	13,698	19,131
	Diageo PLC ADR	500 shares	42,805	59,785
	Discovery Communications Inc.	128 shares	4,844	7,204
	Ecolab	800 shares	52,523	57,664
	Ecolab Inc	125 shares	7,128	9,010
	Edwards Lifesciences	400 shares	26,412	34,708
	ENI	475 shares	20,164	22,529
	Ensco PLC ADR	125 shares	6,214	7,279
	Ensign Energy Service Inc	115 shares	1,824	1,674
	Eog Resources Inc	61 shares	6,328	7,175
	Equinix	150 shares	29,930	27,864
	Ericsson (LM) Tel-SP	1,130 shares	11,399	10,611
	Expeditors Intl Wash	238 shares	8,272	8,906
	Exxon Mobil Corp	500 shares	43,432	44,070
	Fedex Corp	325 shares	27,001	29,097
	Fibria Celulose S A	53 shares	412	536
	Finning Intl Inc	30 shares	686	687
	First Pac Co Ltd	2,475 shares	14,033	12,796
	Fletronics Intl	745 shares	4,448	4,317

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

As of November 30, 2012

(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)			
	Ford Motor Co	5,300 shares	57,815	60,685
	France Telecom	1,066 shares	17,942	11,417
	Freeport-McMoRan	1,900 shares	73,389	74,119
	Fujifilm Holding Corp	363 shares	8,708	6,657
	GDF Suz Spon	775 shares	18,299	17,438
	Gilead Sciences Inc	375 shares	20,009	28,125
	Glacier Bancorp Inc	370 shares	4,444	5,376
	Glaxosmithkline PLC	270 shares	12,010	11,613
	Google Inc AA	50 shares	30,709	34,918
	H Lundbeck A/S	535 shares	10,299	8,849
	Hain Celestial Grp Inc	850 shares	48,848	51,230
	Home Depot Inc	700 shares	31,436	45,549
	Honda Motor Ltd	305 shares	9,653	10,157
	HSBC Holding PLC SPON	190 shares	7,439	9,715
	IMB Corp	150 shares	31,055	28,511
	Ilex Corp	174 shares	6,344	7,821
	Ingersoll Rand PLC	325 shares	11,079	15,854
	Intesa Sanpaolo	860 shares	8,282	8,617
	Italcementi SPA	860 shares	5,306	3,870
	ITV PLC UNPON	140 shares	1,624	2,219
	J Sainsbury PLC	397 shares	7,543	8,710
	Jacob Engineering Group	180 shares	7,477	7,369
	Kinder Morgan Inc	1,150 shares	36,073	38,882
	Kingfisher PLC	875 shares	6,878	7,779
	Koninklijke Ahold	1,217 shares	15,407	15,395
	Korea Elec Pwr Corp	590 shares	6,549	7,239
	Laboratory Corp of Amer Hlds	136 shares	11,630	11,504
	Leucadia National Corp	360 shares	8,313	7,974
	Liverty Global Inc Ser C	165 shares	6,254	8,724
	Lukoil Oil Russia	170 shares	10,623	10,698
	M&T Bank Corp	97 shares	7,079	9,480
	Manulife Finl Corp	130 shares	1,400	1,671
	Markel Corp	39 shares	15,765	18,681
	Marks & Spencer PLC	954 shares	9,826	11,954
	McCormick & Co Inc	130 shares	6,331	8,393
	McDonalds Corp	600 shares	56,668	52,224
	Micros Sytm	194 shares	9,290	8,431
	Microsoft	850 shares	26,957	22,623
	Mitsubishi UFJ Financial	2,015 shares	8,745	9,289

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

As of November 30, 2012

(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)			
	Monsanto Co	1,110 shares	85,569	100,749
	MSAD = Mitsui Sumitomo Ins	1,020 shares	9,914	8,813
	Nabors Industries Ltd	685 shares	12,289	10,070
	National Oilwell Varco Inc	583 shares	40,000	37,565
	Nestle SA	387 shares	21,722	25,349
	Nestle SA Sponsored ADR	1,500 shares	89,022	98,250
	Nike Inc	500 shares	51,466	48,740
	Nippon Telegraph & Telephone Corp	690 shares	17,043	15,477
	Noble Corp	540 shares	18,646	18,625
	Noble Corp Baar Namen AKT	175 shares	6,043	6,036
	Novartis AG	190 shares	10,283	11,790
	Omnicom Group	230 shares	10,118	11,440
	Oracle Corp	1,000 shares	26,209	32,175
	Partnerre Ltd	70 shares	4,600	5,802
	Peabody Energy Corp	1,150 shares	27,501	28,876
	Perrigo Co	250 shares	24,475	25,875
	Petroleo Brasileiro SA	490 shares	11,774	8,600
	Petsmart Inc	200 shares	14,281	14,132
	Portugal Telecom SGPS	969 shares	6,017	4,535
	Posco Sponsored ADR	105 shares	8,934	7,811
	Postash Corp of Saskatchewan	435 shares	18,853	16,756
	Prudential Finl Inc	400 shares	23,848	20,848
	Qualcomm Inc	450 shares	25,978	28,629
	Rio Tinto PLC	260 shares	13,798	12,948
	Ritchie Bros Auctioneers Inc	412 shares	8,354	9,439
	Sanofi-Aventis	375 shares	13,129	16,733
	Schlumberger Ltd	245 shares	18,456	17,547
	Seagate Tech PLC	165 shares	4,957	4,142
	Seiko Epson Corp	1,330 shares	9,111	3,804
	Seven & I Holding ADR	105 shares	8,324	6,185
	SK Telecommunications	345 shares	5,067	5,268
	Sony Corp	425 shares	7,671	4,140
	Southern Co	600 shares	27,303	26,130
	ST Microelectronics	1,110 shares	6,774	7,060
	Suz Environ Unspn	1,210 shares	6,344	6,655
	Sumitomo Mitshi Finl Group Inc	1,582 shares	8,828	10,267
	Suncor Energy Inc	385 shares	11,558	12,555
	Swiss Reins Co PUR 6/22&7/8	155 shares	8,120	11,239
	TJ X Cos Inc New	285 shares	8,791	12,636

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

As of November 30, 2012

(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)			
	Takeda Pharmaceutical	380 shares	7,752	8,721
	Talisman Energy Inc	255 shares	3,468	2,861
	TDK Corp	165 shares	8,399	6,498
	TE Connectivity	473 shares	15,098	16,645
	Techne Corp	142 shares	9,566	10,068
	Teck Cominco Ltd	225 shares	8,210	7,576
	Telecom Italia SPA	1,963 shares	20,584	17,844
	Telefonica Brasil SA VIV	86 shares	2,319	1,887
	Telefonica SA TEF	284 shares	5,281	3,701
	Tenaris SA	335 shares	12,489	13,380
	Tesco PLC Spon	105 shares	6,330	7,052
	Tiffany & Co	120 shares	6,519	7,078
	TIM Participacoes SA	425 shares	9,413	7,535
	Tokio Marine Holdings	352 shares	8,469	9,078
	Total SA Spns ADR	380 shares	19,661	19,061
	Toyota Mtr Corp ADR	185 shares	12,193	15,925
	Transocean Inc	200 shares	8,570	9,240
	Trican Well Service	50 shares	852	621
	UBS AG	450 shares	5,612	7,070
	UBS AG - REG	565 shares	7,046	8,876
	Unilever NV	350 shares	11,939	13,241
	Unilever NV	423 shares	14,429	16,002
	Union Pacific Corp	600 shares	62,046	73,668
	Vale	600 shares	13,950	10,458
	Valspar	125 shares	6,823	7,848
	Visa Corp	550 shares	53,334	82,340
	Vodafone Group PLC	330 shares	8,960	8,512
	Vodafone Grp ADR	1,000 shares	28,324	25,795
	Wabtec	125 shares	8,458	10,578
	Walt Disney Co	1,000 shares	35,850	49,660
	Weatherford Intl Ltd	570 shares	8,641	5,934
	Wells Fargo & Co	2,200 shares	65,422	72,622
	Weyerhaeuser Co	3,100 shares	61,819	85,436
	Wolters Kluwer NV	494 shares	8,445	9,460
	WORLD Fuel Serv Co	190 shares	7,713	7,401
	Yara International ASA	15 shares	611	751

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

As of November 30, 2012

(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
	Other			
	State of Israel Bonds	1 bond @ \$50,000 and 3 bonds @ \$25,000	125,000	125,000
	Atlantic Fund 1 L P	Hedge Fund	463,967	453,264
	Ally Financial Inc	4.625% Due 06/26/15	393,173	392,147
	Berkshire Hathaway Financial	4.60% Due 05/15/13	105,187	101,879
	Chevron Corporation	3.95% Due 03/03/14	107,136	104,210
	Coca Cola Company	5.35% Due 11/15/17	119,591	120,488
	Colgate Palmolive	4.20% Due 05/15/13	105,312	101,785
	Ford Motor Credit	8.70% Due 10/01/14	54,659	56,050
	Ford Motor Credit CR	7.00% Due 04/15/15	111,625	111,096
	Eli Lilly & Company	4.20% Due 03/06/14	107,501	104,433
	General Electric Company	5.00% Due 02/01/13	156,601	151,081
	Hewlett Packard Company	2.35% Due 03/15/15	102,292	98,964
	PepsiAmericas	4.375% Due 02/15/14	106,867	104,485
	Procter & Gamble Company	4.95% Due 08/15/14	110,932	107,764
	Starbucks Corporation	6.25% Due 08/05/17	122,354	121,184
	Walt Disney Company	4.70% Due 12/01/12	104,103	100,000
	Wyeth	5.50% Due 03/15/13	159,134	152,056
	US Treasury Note Infl Index	118,952 shares	129,253	129,621
	TOTAL		<u>\$ 8,651,410</u>	<u>\$ 9,221,596</u>

* Represents a party in interest

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

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

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

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ▶	001
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>2011</u>			
2 Assets:			
a Market value	2a	10,993,177	
b Actuarial value	2b	10,993,177	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	10	1,746,089
b For terminated vested participants	3b	92	826,242
c For active participants:			
(1) Non-vested benefits	3c(1)		8,029
(2) Vested benefits	3c(2)		11,952,669
(3) Total active	3c(3)	216	11,960,698
d Total	3d	318	14,533,029
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.57 %	
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 Diane M. Storm ASA, FCA, MAAA, EA Type or print name of actuary Diane M. Storm ASA, FCA, MAAA, EA Firm name 495 Rolling Green Circle Rochester Hills MI 48309-1259 Address of the firm	<u>8/30/2013</u> Date 11-03737 Most recent enrollment number (248) 895-8473 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>0.10</u> %.....		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		392,613
b Interest on (a) using prior year's effective rate of <u>6.37</u> % except as otherwise provided (see instructions).....		25,009
c Total available at beginning of current plan year to add to prefunding balance.....		417,622
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	75.64 %
15 Adjusted funding target attainment percentage	15	73.95 %
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	83.01 %
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
12/20/2011	66,667	4,930	09/20/2012	66,667	4,797
01/19/2012	23,747	4,930	10/18/2012	66,666	4,797
05/16/2012	28,135	14,792	11/19/2012	66,667	10,056
06/15/2012	66,667	4,931	01/17/2013	61,361	
07/17/2012	14,832	4,931	02/15/2013	66,667	
08/17/2012	66,667	4,797	04/17/2013	66,666	
Totals •			18(b)	800,000	18(c) 58,961

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	760,845

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: 2.11 %	2nd segment: 5.31 %	3rd segment: 6.32 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....	21b		4
22 Weighted average retirement age	22		65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	3,539,854	702,516	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	702,516	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	702,516	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	760,845	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	58,329	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
Employer ID# 38-0783210: Plan No. 001**

Quarterly Installment Payment: \$90,414.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 1, 2011

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Adj Ctb</u>
12-20-2011	66,667.00	2011	5.57%	66,482.69
01-19-2012	23,747.00	2011	5.57%	23,578.06
05-16-2012	28,135.00	2011	5.57%	27,446.64
06-15-2012	66,667.00	2011	5.57%	64,752.23
07-17-2012	14,832.00	2011	5.57%	14,336.90
08-17-2012	66,667.00	2011	5.57%	64,151.19
09-20-2012	4,527.00	2011	10.57%/5.57%	4,331.94
	62,140.00	2011	5.57%	59,499.53
10-18-2012	66,666.00	2011	5.57%	63,564.04
11-19-2012	66,667.00	2011	5.57%	63,269.30
01-17-2013	61,361.00	2011	5.57%	57,726.83
02-15-2013	66,667.00	2011	5.57%	62,454.11
04-17-2013	66,666.00	2011	5.57%	61,873.48
05-15-2013	61,361.00	2011	5.57%	56,709.71
07-15-2013	61,362.00	2011	5.57%	56,200.61
08-15-2013	15,868.00	2011	5.57%	14,467.78
Totals:	800,000.00			760,845.04

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	760,845.04

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

Weighted Average Retirement Age
Plan Year: 12/1/2011 to 11/30/2012
Valuation Date: 12/1/2011

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65
Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

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

Statement of Actuarial Assumptions and Method

Plan Year: 12/1/2012 to 11/30/2013

Valuation Date: 12/1/2012

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Seg 1 2.11% 2.11%	Seg 1 2.30%	Pre-Retirement 5.00%
	Seg 2 5.31% 5.31%	Seg 2 4.27%	Post-Retirement 5.00%
	Seg 3 6.32% 6.32%	Seg 3 5.03%	
Pre-Retirement			
Turnover	T-5 LESS GA51M WITHDRAWAL RATES	None	None
Mortality	Male-RP2000 Healthy Male Retiree Projected to 2018 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2018 with Scale AA	2011 Applicable Mortality Table from Rev Rul 2006-67	1951 GAM Table Scale C projected to 1970 setback 2 years
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 2018 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2018 with Scale AA	2011 Applicable Mortality Table from Rev Rul 2006-67	1951 GAM Table Scale C projected to 1970 setback 2 years
Assumed Benefit Form For Funding		Normal Form	
Calculated Effective Interest Rate		5.57%	

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: 12/1/2011 to 11/30/2012
Valuation Date: 12/1/2011

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: 12/1/2011 to 11/30/2012

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**

Schedule of Active Participant Data
Plan Year: 12/1/2011 to 11/30/2012
Valuation Date: 12/1/2011

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	1	0	0	0	0	0	0	0	0	1
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	1	0	0	0	0	0	0	0	1
Avg Comp	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	1	6	4	0	0	0	0	0	0	11
Avg Comp	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	1	5	7	0	0	0	0	0	13
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	1	10	10	9	2	0	0	0	0	32
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3663
45-49	0	0	11	8	10	5	2	0	0	0	36
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4633
50-54	0	2	10	17	8	3	7	2	0	0	49
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4159
55-59	0	1	4	10	4	5	10	4	1	0	39
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5519
60-64	0	0	5	3	4	5	2	4	4	0	27
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	6882
65-69	0	0	0	0	0	1	1	1	0	1	4
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	1	0	0	0	1	0	0	1	3
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	6	49	57	42	21	23	11	5	2	216
Avg Comp	n/a	n/a	3986	3632	5083	5640	7574	n/a	n/a	n/a	4990

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

Average Age: 50.3

Average Service: 16

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

Shortfall Amortization
Valuation Date: December 1, 2011

<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	4	\$484,034	\$1,876,946
12/01/2009	7-year	5	\$(254,050)	\$(1,218,826)
12/01/2010	7-year	6	\$131,672	\$733,369
12/01/2011	7-year	7	<u>\$340,860</u>	<u>\$2,148,365</u>
Total			\$702,516	\$3,539,854

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 12/01/2011 and Ending 11/30/2012

(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	
MUTUAL FUNDS				
American High Income Trust	31,514.921 Shares	\$ 388,084	\$ 413,294	
Bond Fund of America	13,577.795 Shares	179,994	187,381	
American Funds Growth Fund of America	49,674.533 Shares	1,478,183	1,722,738	
PIMCO Fds Pac Invst Mgt Ser Total Return	23,071.124 Shares	277,175	298,451	
PIMCO Real Return Fund	25,062.747 Shares	330,500	345,215	
COMMON STOCK				
Agrium Inc	70 Shares	4,899	7,141	
Advance Auto Parts	91 Shares	5,937	6,657	
Aegon	1529 Shares	6,674	8,776	
AKZO Nobel	513 Shares	8,641	9,788	
Allergan Inc	500 Shares	44,675	46,375	
America Movil Sab ADR AMX	285 Shares	6,789	6,723	
American Express Co	400 Shares	19,216	22,360	
American Tower REIT	450 Shares	30,016	33,718	
American Water Works	2000 Shares	64,675	76,340	
Amphenol corp	110 Shares	4,987	6,811	
Apple Inc	175 Shares	66,885	102,424	
Arch Cap Group	225 Shares	8,498	10,148	
Astellas Pharma-Unso ADR	255 Shares	9,703	12,916	
Astrazeneca PLC	325 Shares	14,944	15,451	
AXA	145 Shares	2,098	2,388	
Banco Do Brasil SA BDORY	410 Shares	5,494	4,305	
Banco Santander BrasilSA ADR	475 Shares	3,852	3,178	
Barclays PLC	560 Shares	6,524	8,865	
BASF SE	150 Shares	10,922	13,484	
Bed Bath & Beyond	190 Shares	11,329	11,157	
Berkley W R Corp	340 Shares	11,598	13,516	
BHP Billiton Ltd	320 Shares	24,054	23,053	
Boing co.	700 Shares	48,344	51,996	
BP PLC	345 Shares	15,236	14,407	
Bristol Myers Squibb Co	2000 Shares	65,440	65,260	
British Amern TOB PLC	150 Shares	13,973	15,815	
Brookfield Asset Mgt	145 Shares	4,022	5,037	
Brookfiels Asser Mangmnt	393 Shares	10,884	13,653	
Brown & Brown Inc.	285 Shares	5,945	7,649	
Brown Forman Corp CL B	87 Shares	4,629	6,106	
C.H.Robinson WW	205 Shares	11,891	12,657	
Canadian National Resources Ltd	220 Shares	8,215	6,268	
Canadian Natl Ry Co	175 Shares	13,573	15,720	
Canadian Pacific Railway	250 Shares	13,841	21,468	
Canon Inc	290 Shares	12,297	10,202	
Carmax Inc.	308 Shares	8,858	11,168	
Carrefour SA	3594 Shares	16,244	17,539	
Caterpillar Inc	1100 Shares	102,418	93,764	
Cemex SAB DE	987 Shares	4,385	8,375	
Centrais Elec Braz Com *	917 Shares	8,519	3,356	
Church & Dwight	1300 Shares	60,087	70,395	

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 12/01/2011 and Ending 11/30/2012

(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
	Coca Cola Co *	900 Shares	57,520	64,464
	Cooper Industries Ltd	275 Shares	15,271	20,488
	Copart Inc.	500 Shares	11,323	15,075
	Core Laboratories Inc	80 Shares	9,284	8,254
	Costco Wholesale Corp	600 Shares	51,145	62,352
	CRH OLC ADR	775 Shares	14,559	14,237
	Crown Holdings Inc.	193 Shares	7,200	7,209
	DAI Nippon Printing Ltd	540 Shares	5,206	4,028
	Daiichi Sankyo Co-Unspon	555 Shares	9,755	8,497
	Daimler AG	170 Shares	7,464	8,437
	Dentsply International Inc.	215 Shares	7,764	8,536
	Deutsche Telekom AG	1100 Shares	14,278	12,122
	Diageo PLC	160 Shares	13,698	19,131
	Diageo PLC ADR	500 Shares	42,805	59,785
	Discovery Communications Inc.	128 Shares	4,844	7,204
	Ecolab	800 Shares	52,523	57,664
	Ecolab Inc.	125 Shares	7,128	9,010
	Edwards Lifesciences	400 Shares	26,412	34,708
	ENI	475 Shares	20,164	22,529
	Ensco Plc ADR	125 Shares	6,214	7,279
	Ensign Energy Service Inc	115 Shares	1,824	1,674
	Eog Resources Inc.	61 Shares	6,328	7,175
	Equinix	150 Shares	29,930	27,864
	Ericsson (LM) Tel-SP	1130 Shares	11,399	10,611
	Expeditors Intl Wash	238 Shares	8,272	8,906
	Exxon Mobil Corp	500 Shares	43,432	44,070
	Fedex Corp	325 Shares	27,001	29,097
	Fibria Celulose S A	53 Shares	412	536
	Finning Intl Inc.	30 Shares	686	687
	First Pac Co Ltd	2475 Shares	14,033	12,796
	Fletronics Intl	745 Shares	4,448	4,317
	Ford Motor Co	5300 Shares	57,815	60,685
	France Telecom	1066 Shares	17,942	11,417
	Freeport-McMoRan	1900 Shares	73,389	74,119
	Fujifilm Holdings Corp	363 Shares	8,708	6,657
	GDF Suez Spon	775 Shares	18,299	17,438
	Gilead Sciences Inc	375 Shares	20,009	28,125
	Glacier Bancorp Inc.	370 Shares	4,444	5,376
	Glaxosmithkline PLC	270 Shares	12,010	11,613
	Google Inc AA	50 Shares	30,709	34,918
	H Lundbeck A/S	535 Shares	10,299	8,849
	Hain Celestial Grp Inc	850 Shares	48,848	51,230
	Home Depot Inc.	700 Shares	31,436	45,549
	Honda Motor Ltd	305 Shares	9,653	10,157
	HSBC Holding PLC SPON	190 Shares	7,439	9,715
	IBM Corp	150 Shares	31,055	28,511
	Ilex Corp	174 Shares	6,344	7,821
	Ingersoll Rand PLC	325 Shares	11,079	15,854

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 12/01/2011 and Ending 11/30/2012

(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
Intesa Sanpaolo	860 Shares		8,282	8,617
Italcementi SPA	860 Shares		5,306	3,870
ITV PLC UNPON	140 Shares		1,624	2,219
J Sainsbury PLC	397 Shares		7,543	8,710
Jacob Engineering Group	180 Shares		7,477	7,369
Kinder Morgan, Inc	1150 Shares		36,073	38,882
Kingfisher PLC	875 Shares		6,878	7,779
Koninklijke Ahold	1217 Shares		15,407	15,395
Korea Elec Pwr Corp	590 Shares		6,549	7,239
Laboratory Corp of Amer Hlds	136 Shares		11,630	11,504
Leucadia National Corp	360 Shares		8,313	7,974
Liverty Global Inc Ser C	165 Shares		6,254	8,724
Lukoil Oil Russia	170 Shares		10,623	10,698
M & T Bank Corp	97 Shares		7,079	9,480
Manulife Finl Corp	130 Shares		1,400	1,671
Markel Corp.	39 Shares		15,765	18,681
Marks & Spencer PLC	954 Shares		9,826	11,954
Mc Cormick & Co Inc	130 Shares		6,331	8,393
McDonalds Corp	600 Shares		56,668	52,224
Micros Sytm	194 Shares		9,290	8,431
Microsoft	850 Shares		26,957	22,623
Mitsubishi UFJ Financial	2015 Shares		8,745	9,289
Monsanto Co	1100 Shares		85,569	100,749
MSAD = Mitsui Sumitomo Ins	1020 Shares		9,914	8,813
Nabors Industries Ltd	685 Shares		12,289	10,070
National Oilwell Varco Inc	583 Shares		40,000	37,565
Nestle SA	387 Shares		21,722	25,349
Nestle SA Sponsored ADR	1500 Shares		89,022	98,250
Nike Inc.	500 Shares		51,466	48,740
Nippon Telegraph & Telephone Corp	690 Shares		17,043	15,477
Noble Corp	540 Shares		18,646	18,625
Noble Corp Baar Namen AKT	175 Shares		6,043	6,036
Novartis AG	190 Shares		10,283	11,790
Omnicom Group	230 Shares		10,118	11,440
Oracle Corp	1000 Shares		26,209	32,175
Partnerre Ltd	70 Shares		4,600	5,802
Peabody Energy Corp	1150 Shares		27,501	28,876
Perrigo Co	250 Shares		24,475	25,875
Petroleo Brasileiro SA	490 Shares		11,774	8,600
PetSmart Inc	200 Shares		14,281	14,132
Portugal Telecom SGPS	969 Shares		6,017	4,535
Posco Sponsored ADR	105 Shares		8,934	7,811
Potash Corp of Saskatchewan	435 Shares		18,853	16,756
Prudential Finl Inc	400 Shares		23,848	20,848
Qualcomm Inc	450 Shares		25,978	28,629
Rio Tinto PLC	260 Shares		13,798	12,948
Ritchie Bros Auctioneers Inc	412 Shares		8,354	9,439
Sanofi-Aventis	375 Shares		13,129	16,733

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 12/01/2011 and Ending 11/30/2012

(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	
Schlumberger Ltd	245 Shares	18,456	17,547	
Seagate Tech PLC	165 Shares	4,957	4,142	
Seiko Epson Corp	1330 Shares	9,111	3,804	
Seven & I Holding ADR	105 Shares	8,324	6,185	
SK Telecommunications Co	345 Shares	5,067	5,268	
Sony Corp	425 Shares	7,671	4,140	
Southern Co	600 Shares	27,303	26,130	
ST Microelectronics	1110 Shares	6,774	7,060	
Suez Environ Unspn	1210 Shares	6,344	6,655	
Sumitomo Mitshi Finl Group Inc	1582 Shares	8,828	10,267	
Suncor Energy Inc	385 Shares	11,558	12,555	
Swiss Reins Co PUR 6/22&7/8	155 Shares	8,120	11,239	
T J X Cos Inc New	285 Shares	8,791	12,636	
Takeda Pharmaceutical	380 Shares	7,752	8,721	
Talisman Energy Inc	255 Shares	3,468	2,861	
TDK Corp	165 Shares	8,399	6,498	
TE Connectivity (old name TYCO)	473 Shares	15,098	16,645	
Technic Corp	142 Shares	9,566	10,068	
Teck Cominco Ltd	225 Shares	8,210	7,576	
Telecom Italia SPA	T1 1963 Shares	20,584	17,844	
Telefonica Brasil SA	VIV 86 Shares	2,319	1,887	
Telefonica SA	TEF 284 Shares	5,281	3,701	
Tenaris SA	335 Shares	12,489	13,380	
Tesco PLC Spon	105 Shares	6,330	7,052	
Tiffany & Co	120 Shares	6,519	7,078	
TIM Participacoes SA	425 Shares	9,413	7,535	
Tokio Marine Holdings	352 Shares	8,469	9,078	
Total S.A. Spons ADR	380 Shares	19,661	19,061	
Toyota Mtr Corp adr	185 Shares	12,193	15,925	
Transocean Inc	200 Shares	8,570	9,240	
Trican Well Service	50 Shares	852	621	
UBS AG	450 Shares	5,612	7,070	
UBS AG -REG	565 Shares	7,046	8,876	
Unilever NV	350 Shares	11,939	13,241	
Unilever NV	423 Shares	14,429	16,002	
Union Pacific Corp	600 Shares	62,046	73,668	
Vale	600 Shares	13,950	10,458	
Valspar Corp	125 Shares	6,823	7,848	
Visa Inc CL A	550 Shares	53,334	82,340	
Vodafone Group PLC	330 Shares	8,960	8,512	
Vodafone Grp ADR	1000 Shares	28,324	25,795	
Wabtec	125 Shares	8,458	10,578	
Walt Disney Co	1000 Shares	35,850	49,660	
Weatherford Intl Ltd	570 Shares	8,641	5,934	
Wells Fargo & Co	2200 Shares	65,422	72,622	
Weyerhaeuser Co	3100 Shares	61,819	85,436	
Wolters Kluwer NV	494 Shares	8,445	9,460	
WORLD Fuel Serv Co	190 Shares	7,713	7,401	

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 12/01/2011 and Ending 11/30/2012

(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
	Yara International ASA	15 Shares	611	751
OTHER				
	State of Israel Bonds		125,000	125,000
	Atlantic Fund I L P		463,967	453,264
	Ally Financial Inc.	4.625% Due 06/26/15	393,173	392,146
	Berkshire Hathaway Fin	4.60% Due 05/15/13	105,187	101,879
	Chevron Corp	3.95% Due 03/03/14	107,136	104,210
	Coca Cola Co	5.35% Due 11/15/17	119,591	120,488
	Colgate Palmolive	4.20% Due 05/15/13	105,312	101,785
	Ford Motor Credit	8.70% Due 10/01/14	54,659	56,050
	Ford Motor Credit CR	7.00% Due 04/15/15	111,625	111,096
	Eli Lilly & Co	4.20% Due 03/06/14	107,501	104,433
	General Electric Co	5.00% Due 02/01/13	156,601	151,081
	Hewlett Packard Co	2.35% Due 03/15/15	102,292	98,964
	PepsiAmericas	4.375% Due 02/15/14	106,867	104,485
	Procter & Gamble Co	4.95% Due 08/15/14	110,932	107,764
	Starbucks Corp	6.25% Due 08/05/17	122,354	121,184
	Walt Disney Co	4.70% Due 12/01/12	104,103	100,000
	Wyeth	5.50% Due 03/15/13	159,134	152,056
	US Treasury Note Infl Index	118,952 Shares	129,253	129,621
	TOTAL		\$ 8,651,410	\$ 9,221,594

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 12/01/2011 and Ending 11/30/2012

(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
Advance Auto Parts	39 Shares	\$ 2,545	\$ 3,109
Check Point software	450 shares	23,687	20,980
Cisco Systems Inc.	350 Shares	6,757	5,862
Flir Systems Inc.	95 Shares	2,101	1,776
Joy Globe Inc.	100 Shares	9,436	6,260
Occidental Petroleum	200 Shares	16,689	15,489
Oracle	500 Shares	12,755	16,249
SM Energy Co.	450 Shares	33,467	23,834
		\$ 107,437	\$ 93,559

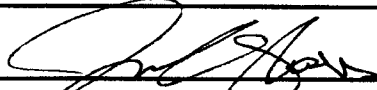
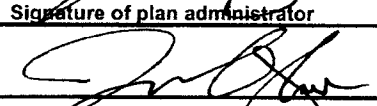
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2011 or fiscal plan year beginning <u>12/01/2011</u> and ending <u>11/30/2012</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>	
		<u>12/01/1959</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>MADISON/STANDARD ELECTRIC COMPANIES</u> <u>31855 Van Dyke Ave</u> <u>WARREN</u> <u>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>9/11/13</u>	<u>JORDAN GLASS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/11/13</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 (2011)
v.012611

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	324
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	214
b Retired or separated participants receiving benefits.....	6b	9
c Other retired or separated participants entitled to future benefits	6c	95
d Subtotal. Add lines 6a , 6b , and 6c	6d	318
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	318
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	2
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: 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	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)