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 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TEMPCO ELECTRIC HEATER CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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

TEMPCO ELECTRIC HEATER CORPORATION

607 NORTH CENTRAL AVENUE
WOOD DALE, IL 60191

607 NORTH CENTRAL AVENUE
WOOD DALE, IL 60191

2b Employer Identification Number (EIN)
36-2749374

2c Sponsor's telephone number
630-350-2252

2d Business code (see instructions)
335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/28/2015	TERRY BILTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
TEMPCO ELECTRIC HEATER CORPORATION

607 NORTH CENTRAL AVENUE
WOOD DALE, IL 60191

3b Administrator's EIN
36-2749374

3c Administrator's telephone number
630-350-2252

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**	289
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**	244
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	275
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	277
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	171
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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:
2F 2G 2J 2K 2T 3D

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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

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

A Name of plan
TEMPCO ELECTRIC HEATER CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPCO ELECTRIC HEATER CORPORATION

D Employer Identification Number (EIN)
36-2749374

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

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	1925	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
TEMPCO ELECTRIC HEATER CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEMPCO ELECTRIC HEATER CORPORATION

D Employer Identification Number (EIN)
36-2749374

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-3022712-024	C	680273

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
TEMPCO ELECTRIC HEATER CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPCO ELECTRIC HEATER CORPORATION

D Employer Identification Number (EIN)
36-2749374

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	156248	152303
(9) Value of interest in common/collective trusts	1c(9)	570221	680273
(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)	4415250	4420726
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5141719	5253302
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5141719	5253302

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	77689	
(B) Participants	2a(1)(B)	534243	
(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)		611932
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1826	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1826
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	112599	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		112599
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		20515
(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)		-341643
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		405229
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	291652	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		291652
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2	
(4) Other	2i(4)	1992	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1994
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		293646
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		111583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HARTMAN & ROEHR **(2)** EIN: 36-4176987

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.) **4a**	X		175778
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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.

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

A Name of plan
TEMPCO ELECTRIC HEATER CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEMPCO ELECTRIC HEATER CORPORATION

D Employer Identification Number (EIN)
36-2749374

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

HARTMAN & ROEHR, LTD.

Certified Public Accountants

656 Busse Highway
Park Ridge, Illinois 60068

Phone: 847-823-1187
Fax: 847-823-7264

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Tempco Electric Heater Corporation 401(k) Plan

We were engaged to audit the financial statements of the Tempco Electric Heater Corporation 401(k) Plan as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedules as of and for the year ended December 31, 2011. These financial statements and schedules are the responsibility of the Plan's management.

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

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hartman & Roehr CPA's, Ltd.

Hartman & Roehr CPA's, Ltd.
Park Ridge, Illinois
September 20, 2012

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2011 & 2010

	2011	2010
Assets available for benefits:		
Investments, at fair value:		
Shares of registered investment companies:		
(Pooled separate accounts):		
Fidelity Value	$ 232,271.07	$ 266,429.55
Fidelity Contra Fund	118,074.63	148,553.56
Fidelity Mortgage Securities	5,235.66	1,948.91
Fidelity Select Healthcare	26,647.93	15,720.17
Fidelity Select Technology	16,862.69	89,631.70
Fidelity Select Utilities	8,210.11	6,430.48
Fidelity Select Financial	1,655.55	13,328.32
Fidelity Canada	81,807.02	180,593.31
Fidelity Blue Chip Growth	605,754.19	553,261.11
Fidelity Growth Strategies	212,791.65	222,988.73
Fidelity Diversified International	432,586.61	418,001.02
Fidelity Dividend Growth	357,666.23	433,963.03
Fidelity Mid-Cap Stock	132,102.46	115,714.29
Fidelity Small Cap Stock	4,651.71	5,309.70
Fidelity Latin American	82,760.27	152,761.61
Fidelity Freedom Income	70,258.15	4,912.95
Fidelity Freedom 2000	40,723.17	36,617.99
Fidelity Freedom 2010	205,701.03	182,551.74
Fidelity Freedom 2020	366,207.36	360,013.97
Fidelity Freedom 2030	276,550.99	266,663.20
Fidelity Small Cap Discovery	110,655.35	32,633.62
Spartan Total Market Index	61,972.53	12,135.49
Fidelity Select Natural Resources	48,196.74	60,415.89
Fidelity Select Industrials	63,531.98	17,720.84
Fidelity Select Consumer Discovery	2,296.75	25,271.82
Fidelity Managed Income Portfolio	663,494.50	565,584.43
Fidelity US Bond Index	518,280.30	482,322.54
Fidelity Large Cap Value	41,415.32	17,770.19
Fidelity Freedom 2040	25,218.97	27,925.66
Fidelity Freedom 2005	19.00	57,465.27
Fidelity Freedom 2015	81,626.60	48,027.30
Fidelity Freedom 2025	154,587.68	130,053.75
Fidelity Freedom 2035	280.89	261.09
Fidelity Freedom 2045	23,684.62	16,759.58
Fidelity Freedom 2050	10,441.09	11,091.71
Loans to participants	152,302.50	156,247.86
Total investments	$ 5,236,523.30	$ 5,137,082.38
Receivable from Tempco Electric Heater Corp.	-	30,435.13
Net assets available for benefits	$ 5,236,523.30	$ 5,167,517.51

The accompanying notes are an integral part of these financial statements.

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

Additions to net assets attributed to:	
Investment Income	
Net appreciation (depreciation) in fair value of investments	$ (281,986.49)
Realized gain (loss) on sales	(59,657.04)
Interest & Dividends	122,798.08
	(218,845.45)
Contributions	
Rollover	-
Employer	74,602.07
Participants	506,894.44
	581,496.51
Total additions	362,651.06
Deductions from net assets attributed to:	
Benefits paid to participants	291,651.82
Administrative expenses	1,993.45
Total deductions	293,645.27
Net increase prior to interfund transfers	69,005.79
Interfund transfers	-
Net increase (decrease)	69,005.79
Net assets available for benefits:	
Beginning of year	5,167,517.51
End of year	$ 5,236,523.30

The accompanying notes are an integral part of these financial statements.

TEMPCO ELECTRIC HEATER CORPORATION
401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 & 2010

A. DESCRIPTION OF PLAN

The following description of the Tempco Electric Heater Corporation Employees' 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General. The Plan is a defined contribution plan covering all non-union employees of the Company who have three months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Contributions. Employer contributions to the plan are determined by the Board of Directors. Participants may contribute up to 60 percent of their annual wages. The Employer matched 15 percent of the employee contributions for 2011. Since January 2012, the Employer matched 20 percent of the employee contributions.

3. Participant Accounts. Each participant's account is credited with an allocation of (a) the Employee's contribution, (b) the Company's contribution, and (c) Plan earnings. Allocations are based on participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Individual accounts are maintained for each of the Plan's participants to reflect the participant's share of the Plan's income, the Company's contributions, and the participant's contributions.

4. Vesting. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

5. Payment of Benefits. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or annual installments over a specified period.

6. Participant Loans. The plan allows the participants to take loans from the plan. The participants may borrow up to 50% of their vested balance, to a maximum of $50,000. The loans are secured by the participant's interest in the plan, bear interest at a reasonable rate and are to be repaid within five years or in the case of home purchase within ten years.

TEMPCO ELECTRIC HEATER CORPORATION
401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 & 2010

B. SUMMARY OF ACCOUNTING POLICIES

1. Date of Management's Review. Subsequent events were evaluated through September 20, 2012, which is the date the financial statements were available to be used.

2. Basis of Accounting. The financial statements of the Plan are prepared using the accrual method of accounting. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for the benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

2. Investment Valuation and Income Recognition. 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. See Note C for discussion of fair value measurement. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

3. Payment of Benefits. Benefits are recorded when paid.

C. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Benefit. The methods used to measure fair value may produce an amount that may not be indicative of the 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.

C. FAIR VALUE MEASUREMENTS (continued)

December 31, 2011	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 4,420,726	$ 4,420,726	$ -
Common Collective Trusts	663,495	-	663,495
Participant Loans	152,302	-	152,302
Total	$ 5,236,523	$ 4,420,726	$ 815,797

The fair value measurement accounting literature established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements:

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements:

The common collective trusts and participant loans are not actively traded and significant other observable inputs are not available. The common collective trust investment is fully benefit responsive, and as described in Note B, contract value is the relevant measurement. Contract value, as reported to the Plan by Fidelity Investments, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each participant's account balance.

TEMPCO ELECTRIC HEATER CORPORATION
401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 & 2010

D. INVESTMENTS

Upon enrollment in the Plan, a participant may direct employee contributions to any of thirty-five investment options. Participants may change their investment options daily. Investments are held with Fidelity Investments in pooled separate accounts.

E. PLAN TERMINATION

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

F. TAX STATUS

The Plan has adopted a prototype plan from Fidelity Investments on October 27, 1998. The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The prototype plan has obtained a favorable tax determination letter from the Internal Revenue Service. The Plan sponsor believes that the Plan continues to qualify and to operate as designed.

G. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2011	2010
Investments, at fair value:		
Mutual funds	$ 4,420,726	$ 4,415,250
Common collective trusts	663,495	565,584

SUPPLEMENTARY INFORMATION

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
EIN 36-2749374 PN 001
ATTACHMENT TO FORM 5500
SCHEDULE H, PART I, LINE c - SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2011

Issuer of Investment	Name & Description of Investments	Cost	Current Value
	Value of interest in registered investment companies (mutual funds):		
Fidelity Investments	Fidelity Value Fund	$ 251,211.29	$ 232,271.07
Fidelity Investments	Fidelity Contra Fund	108,187.93	118,074.63
Fidelity Investments	Fidelity Mortgage Securities	5,188.66	5,235.66
Fidelity Investments	Fidelity Select Healthcare	25,010.39	26,647.93
Fidelity Investments	Fidelity Select Technology	14,843.28	16,862.69
Fidelity Investments	Fidelity Select Utilities	7,142.45	8,210.11
Fidelity Investments	Fidelity Select Financial	2,210.40	1,655.55
Fidelity Investments	Fidelity Canada Fund	83,958.67	81,807.02
Fidelity Investments	Fidelity Blue Chip	603,990.11	605,754.19
Fidelity Investments	Fidelity Growth Strategies	226,070.94	212,791.65
Fidelity Investments	Fidelity Diversified International	470,196.52	432,586.61
Fidelity Investments	Fidelity Dividend Growth	370,674.66	357,666.23
Fidelity Investments	Fidelity Mid-Cap Stock	126,300.11	132,102.46
Fidelity Investments	Fidelity Small Cap Stock	4,238.00	4,651.71
Fidelity Investments	Fidelity Latin American	87,504.35	82,760.27
Fidelity Investments	Fidelity Freedom Income	70,670.17	70,258.15
Fidelity Investments	Fidelity Freedom 2000	40,548.88	40,723.17
Fidelity Investments	Fidelity Freedom 2010	210,030.51	205,701.03
Fidelity Investments	Fidelity Freedom 2020	383,350.98	366,207.36
Fidelity Investments	Fidelity Freedom 2030	293,376.25	276,550.99
Fidelity Investments	Fidelity Small Cap Discovery	108,225.37	110,655.35
Fidelity Investments	Spartan Total Market Index	58,946.53	61,972.53
Fidelity Investments	Fidelity Select Natural Resources	50,118.17	48,196.74
Fidelity Investments	Fidelity Select Industrials	69,028.98	63,531.98
Fidelity Investments	Fidelity Select Consumer Discovery	2,363.37	2,296.75
Fidelity Investments	Fidelity US Bond Index	493,661.58	518,280.30
Fidelity Investments	Fidelity Large Cap Value	40,413.63	41,415.32
Fidelity Investments	Fidelity Freedom 2040	27,017.88	25,218.97
Fidelity Investments	Fidelity Freedom 2005	20.03	19.00
Fidelity Investments	Fidelity Freedom 2015	83,345.80	81,626.60
Fidelity Investments	Fidelity Freedom 2025	154,669.30	154,587.68
Fidelity Investments	Fidelity Freedom 2035	295.90	280.89
Fidelity Investments	Fidelity Freedom 2045	25,231.54	23,684.62
Fidelity Investments	Fidelity Freedom 2050	12,233.89	10,441.09
	Total value of interest in registered investment companies	4,510,276.52	4,420,726.30
	Value of interest in common/collective trusts:		
Fidelity Investments	Fidelity Managed Income Portfolio	663,494.50	663,494.50
Tempco Electric Heater Corp, Inc.	Participant Loans - Interest from 4.25% to 6.25%	226,871.00	152,302.50
	Total	$ 5,400,642.02	$ 5,236,523.30

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	Fidelity Value Fund	Fidelity Contra Fund	Fidelity Mortgage Securities	Fidelity Select Healthcare	Fidelity Select Technology	Fidelity Select Utilities	Fidelity Select Financial	Fidelity Canada Fund
Additions to net assets attributed to:								
Investment Income								
Net appreciation (depreciation) in fair value of investments	$ (17,774.74)	$ (145.97)	$ 52.13	$ (1,393.79)	$ (1,756.42)	$ 588.59	$ (307.71)	$ (12,499.20)
Realized gain (loss) on sales	3,122.59	628.19	24.57	173.10	(14,472.47)	134.05	(646.65)	(3,248.50)
Interest & Dividends	2,171.59	272.37	122.64	2,260.30	-	147.25	4.53	1,229.83
	(12,480.56)	754.59	199.34	1,039.61	(16,228.89)	869.89	(949.83)	(14,517.87)
Contributions								
Rollover	-	-	-	-	-	-	-	-
Employer	3,439.05	2,260.98	93.42	662.85	638.18	244.33	150.05	1,319.28
Participants	22,927.46	15,073.33	622.80	4,419.53	4,254.55	1,628.61	1,000.34	10,155.28
	26,366.51	17,334.31	716.22	5,082.38	4,892.73	1,872.94	1,150.39	11,474.56
Total additions	13,885.95	18,088.90	915.56	6,121.99	(11,336.16)	2,742.83	200.56	(3,043.31)
Deductions from net assets attributed to:								
Benefits paid to participants	50,169.24	-	22.34	-	-	-	1,435.61	-
Administrative expenses	-	0.21	-	-	1.82	0.07	0.25	26.73
Total deductions	50,169.24	0.21	22.34	-	1.82	0.07	1,435.86	26.73
Net increase prior to interfund transfers	(36,283.29)	18,088.69	893.22	6,121.99	(11,337.98)	2,742.76	(1,235.30)	(3,070.04)
Interfund transfers	2,124.81	(48,567.62)	2,393.53	4,805.77	(61,431.03)	(963.13)	(10,437.47)	(95,716.25)
Net increase (decrease)	(34,158.48)	(30,478.93)	3,286.75	10,927.76	(72,769.01)	1,779.63	(11,672.77)	(98,786.29)
Net assets available for benefits:								
Beginning of year	266,429.55	148,553.56	1,948.91	15,720.17	89,631.70	6,430.48	13,328.32	180,593.31
End of year	$ 232,271.07	$ 118,074.63	$ 5,235.66	$ 26,647.93	$ 16,862.69	$ 8,210.11	$ 1,655.55	$ 81,807.02

The accompanying notes are an integral part of these financial statements.

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	Fidelity Blue Chip	Fidelity Growth Strategies	Fidelity Diversified International	Fidelity Dividend Growth	Fidelity Mid-cap Stock	Fidelity Small-cap Stock	Fidelity Latin Income	Fidelity Freedom Income
ditions to net assets attributed to:								
Investment Income								
Net appreciation (depreciation) in fair value of investments	$ (33,501.79)	$ (20,077.34)	$ (67,000.34)	$ (34,671.24)	$ (9,138.41)	$ (843.23)	$ (15,922.97)	$ (492.37)
Realized gain (loss) on sales	(8,368.11)	(1,494.64)	(1,851.50)	(45.71)	(346.54)	(28.69)	70.43	-
Interest & Dividends	22,055.91	-	8,054.38	1,912.00	6,560.70	0.83	1,354.86	1,604.79
	(19,813.99)	(21,571.98)	(60,797.46)	(32,804.95)	(2,924.25)	(871.09)	(14,497.68)	1,112.42
Contributions								
Rollover	-	-	-	-	-	-	-	-
Employer	7,659.05	4,154.01	6,368.62	3,814.13	1,784.89	39.65	1,365.64	736.50
Participants	52,417.44	27,691.51	42,457.64	25,427.39	11,899.50	263.94	9,102.84	6,269.99
	60,076.49	31,845.52	48,826.26	29,241.52	13,684.39	303.59	10,468.48	7,006.49
Total additions	40,262.50	10,273.54	(11,971.20)	(3,563.43)	10,760.14	(567.50)	(4,029.20)	8,118.91
ductions from net assets attributed to:								
Benefits paid to participants	3,215.68	11,593.76	20,047.09	67,755.93	642.10	-	-	-
Administrative expenses	775.03	558.54	0.96	-	0.05	-	7.07	-
Total deductions	3,990.71	12,152.30	20,048.05	67,755.93	642.15	-	7.07	-
Net increase prior to interfund transfers	36,271.79	(1,878.76)	(32,019.25)	(71,319.36)	10,117.99	(567.50)	(4,036.27)	8,118.91
Interfund transfers	16,221.29	(8,318.32)	46,604.84	(4,977.44)	6,270.18	(90.49)	(65,965.07)	57,226.29
Net increase (decrease)	52,493.08	(10,197.08)	14,585.59	(76,296.80)	16,388.17	(657.99)	(70,001.34)	65,345.20
t assets available for benefits:								
Beginning of year	553,261.11	222,988.73	418,001.02	433,963.03	115,714.29	5,309.70	152,761.61	4,912.95
End of year	$ 605,754.19	$ 212,791.65	$ 432,586.61	$ 357,666.23	$ 132,102.46	$ 4,651.71	$ 82,760.27	$ 70,258.15

The accompanying notes are an integral part of these financial statements.

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	Fidelity Freedom 2000	Fidelity Freedom 2010	Fidelity Freedom 2020	Fidelity Freedom 2030	Fidelity Small Cap Discovery	Spartan Total Market Index	Fidelity Select Natural Resources	Fidelity Select Industrials
ditions to net assets attributed to:								
Investment Income								
Net appreciation (depreciation) in fair value of investments	$ (311.95)	$ (7,493.73)	$ (18,373.63)	$ (19,358.87)	$ (3,437.01)	$ 1,323.21	$ (8,131.68)	$ (5,697.92)
Realized gain (loss) on sales	50.55	(66.10)	(1,236.83)	331.40	(2,321.62)	(91.51)	(12,074.18)	(17,350.65)
Interest & Dividends	999.15	6,844.36	13,131.82	10,378.17	3,068.84	961.33	556.83	3,202.72
	737.75	(715.47)	(6,478.64)	(8,649.30)	(2,689.79)	2,193.03	(19,649.03)	(19,845.85)
Contributions								
Rollover	-	-	-	-	-	-	-	-
Employer	509.32	1,520.31	5,007.23	3,407.57	1,334.59	988.18	1,174.80	1,082.63
Participants	3,395.29	10,135.88	33,383.39	22,718.87	10,258.34	6,587.64	7,832.74	8,577.28
	3,904.61	11,656.19	38,390.62	26,126.44	11,592.93	7,575.82	9,007.54	9,659.91
Total additions	4,642.36	10,940.72	31,911.98	17,477.14	8,903.14	9,768.85	(10,641.49)	(10,185.94)
ductions from net assets attributed to:								
Benefits paid to participants	1,801.33	837.70	13,131.19	5,523.03	-	1,655.98	-	-
Administrative expenses	-	-	200.00	25.00	17.83	0.31	2.14	1.68
Total deductions	1,801.33	837.70	13,331.19	5,548.03	17.83	1,656.29	2.14	1.68
Net increase prior to interfund transfers	2,841.03	10,103.02	18,580.79	11,929.11	8,885.31	8,112.56	(10,643.63)	(10,187.62)
Interfund transfers	1,264.15	13,046.27	(12,387.40)	(2,041.32)	69,136.42	41,724.48	(1,575.52)	55,998.76
Net increase (decrease)	4,105.18	23,149.29	6,193.39	9,887.79	78,021.73	49,837.04	(12,219.15)	45,811.14
t assets available for benefits:								
Beginning of year	36,617.99	182,551.74	360,013.97	266,663.20	32,633.62	12,135.49	60,415.89	17,720.84
End of year	$ 40,723.17	$ 205,701.03	$ 366,207.36	$ 276,550.99	$ 110,655.35	$ 61,972.53	$ 48,196.74	$ 63,531.98

The accompanying notes are an integral part of these financial statements.

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	Fidelity Consumer Discovery	Fidelity Managed Income	Fidelity US Bond Index	Fidelity Large Cap Value	Fidelity Freedom 2040	Fidelity Freedom 2005	Fidelity Freedom 2015	Fidelity Freedom 2025
ditions to net assets attributed to:								
Investment Income								
Net appreciation (depreciation) in fair value of investments	$ (65.85)	$ -	$ 13,249.08	$ 357.79	$ (2,128.66)	$ 5.16	$ (3,319.86)	$ (10,658.29)
Realized gain (loss) on sales	(575.69)	-	1,825.86	37.53	(243.76)	(366.33)	-	(1,154.10)
Interest & Dividends	533.10	8,372.80	13,777.79	768.95	940.35	242.99	2,609.77	5,603.24
	(108.44)	8,372.80	28,852.73	1,164.27	(1,432.07)	(118.18)	(710.09)	(6,209.15)
Contributions								
Rollover	-	-	-	-	-	-	-	-
Employer	75.83	10,200.52	5,876.92	952.28	361.63	2,156.70	3,946.82	3,193.08
Participants	505.00	71,474.70	39,177.90	6,348.47	2,411.13	14,377.85	30,362.57	23,287.08
	580.83	81,675.22	45,054.82	7,300.75	2,772.76	16,534.55	34,309.39	26,480.16
Total additions	472.39	90,048.02	73,907.55	8,465.02	1,340.69	16,416.37	33,599.30	20,271.01
ductions from net assets attributed to:								
Benefits paid to participants	441.43	16,950.18	2,495.97	924.92	4,042.50	73,862.64	-	14,462.44
Administrative expenses	-	350.10	0.50	0.16	-	-	-	25.00
Total deductions	441.43	17,300.28	2,496.47	925.08	4,042.50	73,862.64	-	14,487.44
Net increase prior to interfund transfers	30.96	72,747.74	71,411.08	7,539.94	(2,701.81)	(57,446.27)	33,599.30	5,783.57
Interfund transfers	(23,006.03)	25,162.33	(35,453.32)	16,105.19	(4.88)	-	-	18,750.36
Net increase (decrease)	(22,975.07)	97,910.07	35,957.76	23,645.13	(2,706.69)	(57,446.27)	33,599.30	24,533.93
t assets available for benefits:								
Beginning of year	25,271.82	565,584.43	482,322.54	17,770.19	27,925.66	57,465.27	48,027.30	130,053.75
End of year	$ 2,296.75	$ 663,494.50	$ 518,280.30	$ 41,415.32	$ 25,218.97	$ 19.00	$ 81,626.60	$ 154,587.68

The accompanying notes are an integral part of these financial statements.

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	Fidelity Freedom 2035	Fidelity Freedom 2045	Fidelity Freedom 2050	Loans to Participants	Receivable From Company	Total
ditions to net assets attributed to:						
Investment Income						
Net appreciation (depreciation) in fair value of investments	$ (24.95)	$ (2,038.67)	$ (995.86)	$ -	$ -	$ (281,986.49)
Realized gain (loss) on sales	-	(68.76)	(2.97)	-	-	(59,657.04)
Interest & Dividends	10.25	837.51	379.73	1,826.40	-	122,798.08
	(14.70)	(1,269.92)	(619.10)	1,826.40	-	(218,845.45)
Contributions						
Rollover	-	-	-	-	-	-
Employer	4.50	1,165.09	-	-	(3,086.56)	74,602.07
Participants	30.00	7,766.73	-	-	(27,348.57)	506,894.44
	34.50	8,931.82	-	-	(30,435.13)	581,496.51
Total additions	19.80	7,661.90	(619.10)	1,826.40	(30,435.13)	362,651.06
ductions from net assets attributed to:						
Benefits paid to participants	-	640.76	-	-	-	291,651.82
Administrative expenses	-	-	-	-	-	1,993.45
Total deductions	-	640.76	-	-	-	293,645.27
Net increase prior to interfund transfers	19.80	7,021.14	(619.10)	1,826.40	(30,435.13)	69,005.79
Interfund transfers	-	(96.10)	(31.52)	(5,771.76)	-	-
Net increase (decrease)	19.80	6,925.04	(650.62)	(3,945.36)	(30,435.13)	69,005.79
t assets available for benefits:						
Beginning of year	261.09	16,759.58	11,091.71	156,247.86	30,435.13	5,167,517.51
End of year	$ 280.89	$ 23,684.62	$ 10,441.09	$ 152,302.50	$ -	$ 5,236,523.30

The accompanying notes are an integral part of these financial statements.

TEMPCO ELECTRIC HEATER CORPORATION 401(k) PLAN
EIN 36-2749374 PN 001
ATTACHMENT TO FORM 5500
SCHEDULE H, PART I, LINE c - SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2011

Issuer of Investment	Name & Description of Investments	Cost	Current Value
	Value of interest in registered investment companies (mutual funds):		
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	Total	$ 5,400,642.02	$ 5,236,523.30

2003 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions transferred Late to Plan, Including Loan Payments	Total that Constitute Nonexempt Prohibited transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
175778.41	175778.41			