

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>12/01/2013</u> and ending <u>11/30/2014</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 DEFINED BENEFIT PENSION PLAN AND TRUST</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; include room or suite number (employer, if for a 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	Filed with authorized/valid electronic signature.	09/10/2015	JORDAN GLASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2015	JORDAN GLASS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	312
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	200
b Retired or separated participants receiving benefits		6b	11
c Other retired or separated participants entitled to future benefits		6c	88
d Subtotal. Add lines 6a , 6b , and 6c		6d	299
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	299
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1H 1I 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>6</u> 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/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **12/01/2013** and ending **11/30/2014**

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST	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

RELISTAR LIFE INSURANCE COMPANY OF NEW YORK

(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
53-0242530	61360	E440000375	17	12/01/2013	11/30/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
266	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

DANIEL RYAN
AGENT # 521699
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
266			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	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 lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **12/01/2013** and ending **11/30/2014**

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST	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 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
84-0499703	68716	E440000376	4	12/01/2013	11/30/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
639	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	
639			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	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 lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
►		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **12/01/2013** and ending **11/30/2014**

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST	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

ING USA ANNUITY AND 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
41-0991508	80942	E440000141	13	12/01/2013	11/30/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
292	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	
292			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

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	(c) Amount	(d) Purpose	

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

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(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	4554
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 lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
►		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST	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

JACKSON NATONAL 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
38-1659835	70211	XU1865924P	1	12/01/2013	11/30/2014

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

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

(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	

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

Specify nature of costs ►

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ►**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ►**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST</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

NEW ENGLAND 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
04-2708937	91626	003284-000	12	12/01/2013	11/30/2014

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

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

(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	

(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	24980
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 lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
►		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST</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

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
<u>13-5581829</u>	<u>65978</u>	<u>001354-051</u>	<u>18</u>	<u>12/01/2013</u>	<u>11/30/2014</u>

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

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

(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	

(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	16499
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 lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
►		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014	
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 DEFINED BENEFIT PENSION PLAN AND TRUST	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 12 Day 01 Year 2013	
2	Assets:	
	a Market value	2a 13345330
	b Actuarial value	2b 13349623
3	Funding target/participant count breakdown:	(1) Number of participants (2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a 11 1729059
	b For terminated vested participants	3b 91 816598
	c For active participants:	
	(1) Non-vested benefits	3c(1) 0
	(2) Vested benefits	3c(2) 10697985
	(3) Total active	3c(3) 205 10697985
	d Total	3d 307 13243642
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 6.65 %
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		09/09/2015
	Signature of actuary	Date
	DIANE M. STORM ASA, FCA, MAAA, EA	14-03737
	Type or print name of actuary	Most recent enrollment number
	DIANE M. STORM ASA, FCA, MAAA, EA	248-895-8473
	Firm name	Telephone number (including area code)
	495 ROLLING GREEN CIRCLE ROCHESTER HILLS, MI 48309-1259	
	Address of the firm	

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>0.15</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		132962
b Interest on (a) using prior year's effective interest rate of <u>7.01</u> % except as otherwise provided (see instructions)		9320
c Total available at beginning of current plan year to add to prefunding balance		142282
d Portion of (c) to be added to prefunding balance		142282
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	142282

Part III Funding Percentages		
14 Funding target attainment percentage	14	99.72 %
15 Adjusted funding target attainment percentage	15	100.80 %
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	95.84 %
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
12/16/2013	66667	4299	06/03/2014		4201
01/15/2014	66667	4299	07/01/2014		4201
02/03/2014		4299	08/22/2014	91000	4201
03/03/2014		4201	09/02/2014		4201
04/01/2014		4201	10/01/2014		4190
05/01/2014		4201	12/12/2014	50000	4183
			Totals ►	18(b)	18(c)
				274334	50677

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	266252
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	36302	285161	
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	285161	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	20902	18909
36 Additional cash requirement (line 34 minus line 35).....	36	266252	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	266252	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) 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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014	
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

GLASS RETIREMENT STRATEGIES, INC.

27-0148468

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 11 15 17 38 64 70	NONE	72383	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	19420	Yes ☒ No ☐	Yes ☐ No ☒	9150	Yes ☐ No ☒

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

GORDON ADVISORS, P.C.

38-2656556

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

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)

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	29710	Yes ☒ No ☐	Yes ☐ No ☒	5615	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014	
A Name of plan MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	50000
(2) Participant contributions.....	1b(2)	4299	4183
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	740238	386241
(2) U.S. Government securities	1c(2)	0	1565084
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1962608	379217
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	5041037	6805712
(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)	3246196	2210380
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	543751	508099

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	11538129	11908916

Liabilities

g Benefit claims payable	1g	138619	45173
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	138619	45173

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11399510	11863743
---	-----------	----------	----------

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)	274333	
(B) Participants	2a(1)(B)	50678	
(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)		325011
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	194	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	68312	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	372	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		68878
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	111950	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	176116	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		288066
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	60829891	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	60797014	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		32877
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	371943	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		371943

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		117279
d Total income. Add all income amounts in column (b) and enter total	2d		1204054

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	476856	
(2) To insurance carriers for the provision of benefits	2e(2)	87179	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		564035
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)	81883	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	51257	
(4) Other	2i(4)	42646	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		175786
j Total expenses. Add all expense amounts in column (b) and enter total	2j		739821

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		464233
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: GORDON ADVISORS, P.C.

(2) EIN: 38-2656556

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

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

Part IV Compliance Questions

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

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST</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>12</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
-----------------	-------------------

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

**Financial Report
For The Years Ended
November 30, 2014 and 2013**



**1301 WEST LONG LAKE ROAD, SUITE 200, TROY MI 48098
PH: 248-952-0200 • FAX: 248-952-0290**

Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust

Warren, Michigan

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SUPPLEMENTARY INFORMATION

Schedule of Assets (Held at End of Year)	13 - 17
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1301 W. Long Lake Rd., Ste. 200
Troy, MI 48098-6319
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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust, which comprise the statements of net assets available for benefits as of November 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's 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 audit 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 auditor's 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 financial status of Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust as of November 30, 2014 and 2013, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H line 4i – Schedule of Assets (Held At End of Year), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

Gordon Advisors, P.C.

August 31, 2015

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

Statements of Net Assets Available for Benefits

<u>ASSETS</u>		
	November 30,	
	<u>2014</u>	<u>2013</u>
Cash and Cash Equivalents	\$ 386,241	\$ 740,238
Investments - At Fair Value		
Common stock	6,805,712	5,041,037
Mutual funds	2,210,380	3,246,196
Government securities	1,565,084	0
Hedge fund	508,099	493,751
Corporate bonds	379,217	1,962,608
Israel bond	0	50,000
Total Investments	<u>11,468,492</u>	<u>10,793,592</u>
Receivables		
Employer contributions	50,000	0
Employee contributions	<u>4,183</u>	<u>4,299</u>
Total Receivables	<u>54,183</u>	<u>4,299</u>
	<u>11,908,916</u>	<u>11,538,129</u>
<u>LIABILITIES</u>		
Benefits payable	<u>45,173</u>	<u>138,619</u>
Net Assets Available for Benefits	<u><u>\$ 11,863,743</u></u>	<u><u>\$ 11,399,510</u></u>

See Independent Auditors' Report and Accompanying Footnotes.

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, 2014 and 2013

Net Assets	November 30,	
	2014	2013
Additions to net assets		
Investment Income		
Net appreciation in fair value of investments	\$ 390,472	\$ 1,260,180
Net appreciation of hedge fund investment	14,348	40,487
Interest	68,878	91,582
Dividends	288,066	172,620
Total Investment Income	761,764	1,564,869
Contributions:		
Employers	274,333	466,716
Employees	50,678	53,842
Total Contributions	325,011	520,558
Other income	117,279	810,228
Total Additions	1,204,054	2,895,655
Deductions from net assets		
Benefits paid directly to participants	476,856	1,296,523
Insurance premiums - Participants' life	87,179	65,399
Insurance premiums - Pension Benefit Guaranty Corp	38,184	66,764
Professional and investment advisor fees	133,139	104,516
Miscellaneous	4,463	4,759
Total Deductions	739,821	1,537,961
Net Increase in Plan Assets	464,233	1,357,694
Net Assets Available for Benefits - Beginning of Year	11,399,510	10,041,816
Net Assets Available for Benefits - End of Year	\$ 11,863,743	\$ 11,399,510

See Independent Auditors' Report and Accompanying Footnotes.

MADISON/STANDARD ELECTRIC COMPANIES DEFINED BENEFIT PENSION PLAN AND TRUST

Notes to the Financial Statements
November 30, 2014 and 2013

NOTE:

1. Description of Plan

The following brief description of the Madison/Standard Electric Companies Defined Benefit Pension Plan and Trust (the Plan) is provided for general information only. Participants should refer to the Plan agreement for more complete information.

General – The Plan is a defined benefit pension Plan covering substantially all members and employees of Madison Electric Company, Standard Electric Company and M&S Data Services. The Plan covers all eligible employees, except those employees covered under a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). On February 6, 2009, the Plan was amended to state that no future employees would become a participant and normal accrued benefits would be frozen with no additional accrual after April 1, 2009.

Pension Benefits – The Plan calls for benefits to be paid to eligible employees, at retirement, based 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 are fully vested after seven years of service.

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 disabled will receive annual disability benefits based upon the present value of the participant's accrued benefit as of the date of the disability. This benefit is paid until age 65, at which time, the disabled participant will begin to receive normal retirement benefits computed as if they had been employed to age 65 with annual compensation remaining the same as at the date of the disability.

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.

2. Summary of Accounting Policies

Investment Valuation and Income Recognition – The Plans investments are reported at fair value. Many factors are considered in arriving at that fair value. If available, quoted market prices are used to value investments. The amounts shown in Note 7 for securities that have no quoted market price represent estimated fair value. In general, corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. If a quoted market price for unrestricted common stock of the issuer is not available, restricted common stocks are valued at a multiple of current earnings less an appropriate discount. The multiple chosen is consistent with multiples of similar enterprises based on current market prices. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits – Benefit payments to participants are recorded upon distribution. Payments are made at the end of the month and can result in a negative cash balance due to a timing difference of when funds are sold to cover the payments.

MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
Notes to the Financial Statements (Continued)
November 30, 2014 and 2013

NOTE:

2. Summary of Accounting Policies (Continued)

Administrative Expenses – The Plan pays all significant administrative expenses of the Plan.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties – The Plan holds various types of investments. 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 those changes could materially affect the Plan's account balances and amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions and the actuarial present value of the accumulated plan benefits are prepared based upon certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

Subsequent Events – The Company has evaluated events and transactions that occurred through August 31, 2015, which is the date the financial statements were available for issue.

Other Income – Other income on the statement of changes in net assets available for benefits represents insurance proceeds received by the Plan.

3. 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 the accumulated Plan benefits in agreement with ERISA's minimum funding requirement.

4. Related Party Transactions

The Plan uses Glass Retirement Strategies, Inc. as the actuarial service provider and R.H. Bluestein & Company as investment advisors. Transactions with these two entities qualify as party in interest, as defined by ERISA. In addition, certain Plan investments are shares of a registered investment company managed by the custodian. Fees paid by the Plan for investment management services are netted against investment income. Certain Plan related audit and legal fees are paid by the Plan. Total fees for all professional and investment advisor services was \$133,139 and \$104,516 for November 30, 2014 and 2013, respectively.

**MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST**
Notes to the Financial Statements (Continued)
November 30, 2014 and 2013

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

1. All those benefits that are basic benefits;
2. All other accrued benefits guaranteed under the termination insurance provisions of ERISA by the PBGC, as of the date of termination, in excess of the basic benefits;
3. At the discretion of the Trustees, all those benefit accrual reductions and payment suspensions which were reduced or suspended in connection with a Plan reorganization of insolvency and which have not been previously restored;
4. All other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For pension Plans ending in 2014 that ceiling, which is adjusted periodically, was \$4,943 a month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

6. Tax Status

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 Plan obtained its latest determination letter on November 30, 2010, 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more than likely would not be sustained upon examination by the Internal Revenue Service.

MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
Notes to the Financial Statements (Continued)
November 30, 2014 and 2013

NOTE:**7. Investments**

The following presents investments as of November 30, 2014 and 2013 and the investment income for the years then ended.

	November 30, 2014	November 30, 2013
Investments		
Common Stock	\$ 6,805,712	\$ 5,041,037
Mutual Funds		
Growth Fund of America	1,343,213*	2,273,600*
American High Income Trust	0	493,141
Bond Fund of America	451,673	184,760
PIMCO Total Return	0	294,695
Janus Investment Fund	159,770	0
Short Term Bond Fund	255,724	0
Government Securities	1,565,084*	
Hedge Fund	508,099	493,751*
Bonds		
Corporate (none greater than 5% of assets)	379,217	1,962,608
Other	<u>0</u>	<u>50,000</u>
Total Investments	<u>\$ 11,468,492</u>	<u>\$ 10,793,592</u>

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

During the years ended November 30, 2014 and 2013, the Plan's investments (including dividends, interest, realized and unrealized gains and losses on investments bought, sold and held during the year) appreciated in value as follows:

	November 30, 2014	November 30, 2013
Common Stock	\$ 372,063	\$ 855,395
Mutual Funds	307,041	585,817
Hedge Fund	14,348	40,487
Bonds	<u>68,312</u>	<u>83,170</u>
Investment Gain	<u>\$ 761,764</u>	<u>\$ 1,564,869</u>

MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
Notes to the Financial Statements (Continued)
November 30, 2014 and 2013

NOTE:**8. Fair Value Measurements**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable input (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include: 1) quoted prices for similar assets or liabilities in active markets, 2) quoted prices for identical or similar assets or liabilities in inactive markets, 3) inputs other than quoted prices that are observable for the asset or liability, 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2014.

US Government Securities, Corporate Bonds, Common Stocks ADR's: Valued at the closing price reported in the active market in which the individual securities are traded.

Registered Investment Companies: Valued at the quoted net asset value of shares held by the Plan at year end.

Hedge Funds: Valued at the Plan's proportionate partnership interest in the Atlantic Fund, L.P.

The preceding methods described above 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.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net investment earnings include unrealized appreciation and depreciation, realized gains and losses, and dividend and interest income.

MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
Notes to the Financial Statements (Continued)
November 30, 2014 and 2013

NOTE:**8. Fair Value Measurements (Continued)**

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 following table presents the balances of the assets and liabilities measured at fair value on a recurring basis as of November 30, 2014 and 2013:

<u>Investment Assets at Fair Value as of November 30, 2014</u>				
Assets:	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Large Growth Funds	\$ 1,502,983	\$ 0	\$ 0	\$ 1,502,983
Bond Funds	707,397	0	0	707,397
Common Stock	6,805,712	0	0	6,805,712
Hedge Fund	0	0	508,099	508,099
Government Securities	1,565,084	0	0	1,565,084
Corporate Bonds	<u>379,217</u>	<u>0</u>	<u>0</u>	<u>379,217</u>
Total investments at fair value	<u>\$ 10,960,393</u>	<u>\$ 0</u>	<u>\$ 508,099</u>	<u>\$ 11,468,492</u>

<u>Investment Assets at Fair Value as of November 30, 2013</u>				
Assets:	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Large Growth Funds	\$ 2,273,600	\$ 0	\$ 0	\$ 2,273,600
Bond Funds	972,596	0	0	972,596
Common Stock	5,041,037	0	0	5,041,037
Hedge Fund	0	0	493,751	493,751
Corporate Bonds	1,962,608	0	0	1,962,608
Foreign Bonds	<u>50,000</u>	<u>0</u>	<u>0</u>	<u>50,000</u>
Total investments at fair value	<u>\$ 10,299,841</u>	<u>\$ 0</u>	<u>\$ 493,751</u>	<u>\$ 10,793,592</u>

MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
Notes to the Financial Statements (Continued)
November 30, 2014 and 2013

NOTE:**8. Fair Value Measurements (Continued)**

The changes in Level 3 assets during the year ended November 30, 2014 and 2013 are summarized as follows:

	<u>2014</u>	<u>2013</u>
Balance, beginning of year	\$ 493,751	\$ 453,264
Appreciation (Depreciation)	<u>14,348</u>	<u>40,487</u>
Balance, end of year	<u>\$ 508,099</u>	<u>\$ 493,751</u>

The Level 3 amount represents the investment in Atlantic Fund I, L.P. (the Partnership). Based upon the audited financial statement of the Partnership, there are no unfunded future commitments. Redemptions from the Partnership fund are subject to approval of the general partner and are limited based upon the terms of the Partnership agreement. The Partnership is organized for the purpose of seeking capital appreciation and interest 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 invests primarily in short term investments and equity securities with substantially all based in the United States. The investments that are traded on national security exchanges are valued at dealer closing prices on the date of determination. The fair values of these instruments have been estimated using the net value per share of the investments. 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 those investments at fair value in good faith.

9. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee's service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an enrolled actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment. The significant actuarial assumptions used in the valuation as of November 30, 2014 were (a) life expectancy of participants (IRS Prescribed table), (b) retirement age assumptions (the assumed retirement age was 65), and (c) investment return. The November 30, 2014 and 2013 valuation included a rate of return of 4.5% and 4.5% compounded annually. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

MADISON/STANDARD ELECTRIC COMPANIES
DEFINED BENEFIT PENSION PLAN AND TRUST
Notes to the Financial Statements (Continued)
November 30, 2014 and 2013

NOTE:**9. Actuarial Present Value of Accumulated Plan Benefits (Continued)**

A schedule of actuarial present value of accumulated benefits and assets available for benefits as of November 30, 2014 is presented below:

Actuarial present value of accumulated plan benefits:

Vested benefits	
Active participants	\$ 13,990,207
Retirees and beneficiaries	2,207,902
Terminated participants	<u>1,116,331</u>
Total vested benefit	17,314,440
Non-vested benefit	<u>0</u>

Total actuarial present value of accumulated plan benefits	<u>\$ 17,314,440</u>
--	----------------------

The changes in the actuarial present value of accumulated plan benefits for the year ended November 30, 2014 are presented below:

Actuarial present value of accumulated plan benefits	
at the beginning of the year	\$ 16,381,403
Increase during the plan year attributable to:	
Change in actuarial assumptions	43,791
Net Benefits Accumulated (including actuarial gains and losses)	639,668
Increase for Interest due to the Decrease Discount Period	726,434
Benefits paid	<u>(476,856)</u>
Actuarial present value of accumulated plan benefits	
at the end of the year	<u>\$ 17,314,440</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, 2014 and 2013, the fair value of these contracts was approximately \$1,938,407 and \$1,950,117.

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

**Supplementary Information
For The Year Ended
November 30, 2014**

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

EIN 38-0783210, PN 001

Schedule H, Line 4i-Schedule of Assets (Held at End of Year) November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock			
	Aegon	708 shares	\$ 4,420	\$ 5,558
	American Movil Sab DE CV	125 shares	2,606	2,964
	Banco Santander Brasil SA-ADS	345 shares	2,237	2,008
	Barclays PLC	477 shares	7,413	7,293
	BP PLC	133 shares	5,642	5,230
	British Sky Broadcast Group PLC	80 shares	4,871	4,671
	Canon Inc.	215 shares	6,724	6,861
	Carrefour SA	687 shares	2,457	4,321
	Cemex SAB DE	242 shares	1,810	3,027
	Centrais Elec Braz Com	482 shares	1,289	1,152
	China Mobile LTD	75 shares	3,379	4,629
	CIA Saneamento Basico	325 shares	2,377	2,405
	CRH PLC	235 shares	4,683	5,501
	DAI Nippon Print-Unspon	310 shares	3,208	2,709
	Daiichi Sankyo Co Ltd	405 shares	6,802	5,937
	Embraer SA	120 shares	4,009	4,432
	ENI	125 shares	6,001	4,899
	Ericsson (LM) Tel-SP	380 shares	3,546	4,784
	Erste Group Bank AG	550 shares	6,885	7,458
	First Pac Co Ltd	815 shares	2,835	4,336
	Flextronics Intl	290 shares	2,169	3,216
	Gazprom O A O	460 shares	3,058	2,663
	GDF Suez Spon ADR	355 shares	7,911	8,740
	Glaxosmithkline PLC-ADR	230 shares	11,746	10,684
	G4S PLC	210 shares	4,317	4,538
	H Lundbeck A/S	335 shares	8,163	7,521
	Honda Motor Ltd	205 shares	7,243	6,216
	HSBC Holdings PLC-SPON	87 shares	4,323	4,328
	Intesa Sanpaolo Spon ADR	260 shares	3,686	4,794
	Italcementi Spa	970 shares	7,501	5,878
	J Sainsbury PLC	342 shares	7,398	4,980
	Kingfisher PLC	205 shares	2,113	1,997
	Koninklijke Ahold	420 shares	4,456	7,405
	Lukoil Oil Co	150 shares	8,074	6,863
	Marks & Spencer PLC	329 shares	3,131	5,014
	Mitsubishi Tanabe Pharma Corp	315 shares	4,336	4,791
	Mitsubishi UFJ Financial	830 shares	5,507	4,781
	MS&AD Ins Group Hldgs	775 shares	10,209	9,021
	Nissan Motor Ltd	490 shares	8,504	9,119
	Orange	316 shares	3,120	5,527
	Petroleo Brasileiro SA	390 shares	4,512	3,982
	Posco Sponsored ADR	56 shares	3,775	3,808
	Sanofi ADR	130 shares	6,648	6,278
	Surgutneftegaz-Sp ADR	730 shares	4,946	5,001
	Swiss RE Ltd	45 shares	2,566	3,845

See Independent Auditors' Report.

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

EIN 38-0783210, PN 001

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

November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	Takeda Pharmaceutical Co	175 shares	\$ 4,678	\$ 3,651
	Telecom Italia SPA	438 shares	3,677	4,888
	Telefonica Brasil SA	121 shares	2,360	2,488
	Tesco PLC	695 shares	10,173	6,074
	Tim Participacoes SA	90 shares	1,723	2,192
	Tokio Marine Holding	157 shares	4,915	5,137
	Toyota Motor Corp	31 shares	2,263	3,817
	UBS AG-REG	485 shares	8,725	8,725
	Unilever NV	118 shares	4,480	4,795
	Willis Group Holdings	180 shares	7,695	7,688
	WM Morrison ADR	682 shares	12,077	9,480
	Allegion PLC	22 shares	898	1,185
	AXA-ADR	65 shares	1,162	1,569
	BASF SE	31 shares	2,379	2,807
	BHP Billiton Ltd	118 shares	7,988	6,092
	British Amern TOB PLC	42 shares	4,175	4,963
	Brookfield Asset Mangmnt	34 shares	1,262	1,704
	Canadian Natl RY Co	81 shares	2,923	5,755
	Canadian Natural Resources Ltd	137 shares	4,167	4,559
	Canadian Pacific Railway Ltd	37 shares	5,391	7,147
	Core Laboratories Inc.	11 shares	758	1,417
	Diageo PLC	41 shares	4,133	5,051
	Eaton Corp PLC	82 shares	5,708	5,562
	Ensco PLC	82 shares	4,740	2,772
	Ensign Energy Service Inc	54 shares	862	519
	Finning Intl Inc.	11 shares	243	246
	Ingersoll-Rand PLC	75 shares	3,965	4,730
	Manulife Finl Corp	81 shares	1,129	1,612
	Nabors Industries Ltd	154 shares	2,383	2,020
	Nestle SA	84 shares	5,272	6,304
	Noble Corp PLC	204 shares	7,822	3,670
	Novartis AG	36 shares	2,414	3,479
	Paragon Offshore Ltd	88 shares	1,563	319
	Partnerre Ltd	15 shares	1,247	1,748
	Potash Corp of Saskatchewan Inc	209 shares	6,780	7,265
	Rio Tinto PLC	148 shares	7,502	6,897
	Schlumberger Ltd	74 shares	6,032	6,360
	Suncor Energy Inc	202 shares	5,493	6,381
	Talisman Energy Inc	159 shares	1,842	749
	Teck Resources Ltd	71 shares	2,484	1,101
	Tenaris SA	183 shares	8,021	6,026
	UBS AG-REG	182 shares	3,274	3,274

See Independent Auditors' Report.

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

EIN 38-0783210, PN 001

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

November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	Unilever NV	98 shares	\$ 3,714	\$ 3,983
	Vale SA	478 shares	7,804	4,307
	Weatherford International Ltd	347 shares	4,235	4,546
	Yara International	6 shares	252	255
	Ford Motor Co	500 shares	5,179	7,865
	Goodyear Tire & Rubber Company	2,000 shares	49,396	54,820
	Whitewave Foods Co	1,750 shares	59,716	64,103
	Church & Dwight Co Inc	750 shares	47,510	57,533
	Clorox Co	500 shares	50,938	50,810
	Jarden Corp	300 shares	11,522	13,245
	Abbvie Inc	1,000 shares	65,290	69,200
	Davita Healthcare Partners Inc	500 shares	39,130	38,265
	Johnson & Johnson	800 shares	85,126	86,600
	Medtronic Inc	700 shares	46,896	51,709
	McGraw Hill Financial, Inc.	150 shares	13,589	14,019
	Walt Disney Company	200 shares	6,860	18,502
	Costco Wholesale Corp	300 shares	29,451	42,636
	Home Depot Inc	150 shares	5,388	14,910
	TJX Companies Inc.	1,000 shares	63,987	66,160
	Under Armour Inc - CI A	100 shares	7,026	7,249
	Masco Corp	1,500 shares	33,154	36,300
	Sherwin Williams Co	300 shares	72,543	73,458
	Adobe Systems Inc	250 shares	17,933	18,420
	Automatic Data Processing Inc.	750 shares	63,530	64,230
	Google Inc. - CI C	100 shares	38,798	54,183
	Verint Systems Inc.	600 shares	35,327	36,114
	Amerco	50 shares	11,362	13,910
	Palo Alto Networks Inc	200 shares	19,858	24,600
	Proofpoint Inc	500 shares	21,733	21,710
	3M Co	500 shares	80,144	80,045
	GoPro Inc - CI A	300 shares	25,469	23,391
	Caterpillar Inc	300 shares	24,620	30,180
	Deere & Co	750 shares	65,829	64,965
	Thermo Fisher Scientific Inc	700 shares	85,768	90,503
	Xylem Inc	400 shares	15,451	15,336
	Illinois Tool Works Inc	1,250 shares	116,193	118,663
	O'Reilly Automotive	700 shares	125,203	127,918
	Boeing Co	200 shares	19,448	26,872
	Lockheed Martin Corp	250 shares	36,721	47,890
	Apple Inc	1,950 shares	167,163	231,913
	Motorola Inc	750 shares	48,562	49,290
	Exxon Mobil Corp	300 shares	30,268	27,162
	Hess Corp	600 shares	51,270	43,758
	Whiting Petroleum Corp	250 shares	21,060	10,443
	Halliburton Co	200 shares	10,588	8,440

See Independent Auditors' Report.

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

EIN 38-0783210, PN 001

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

November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	Kinder Morgan Inc	1,500 shares	\$ 60,878	\$ 62,025
	Dow Chemical Co	2,000 shares	103,770	97,340
	Eastman Chemical Co	250 shares	22,102	20,730
	Monsanto Co	150 shares	9,250	17,987
	Ecolab Inc	300 shares	26,678	32,685
	Union Pacific Corp	300 shares	23,634	35,031
	United Parcel Service Inc	200 shares	20,216	21,984
	Wells Fargo & Co	600 shares	20,947	32,688
	Berkshire Hathaway Inc	1,500 shares	217,609	223,034
	Visa Inc Class A	150 shares	25,336	38,729
	Spdr S&P 500 ETF Trust	3,000 shares	621,918	621,598
	American Water Works	1,500 shares	77,604	79,575
	Actavis PLC	300 shares	77,392	81,183
	Ambarella Inc	1,000 shares	51,567	55,000
	Ingersoll-Rand Co PLC	500 shares	31,300	31,530
	Nielsen NV	250 shares	10,840	10,443
	Alibaba Group Holding	500 shares	50,983	55,820
	Anheuser Busch Inbev SA	500 shares	55,327	58,495
	Arm Holdings PLC	300 shares	13,473	12,852
	AstraZeneca Group PLC	2,000 shares	148,179	148,340
	Schlumberger Ltd	500 shares	46,602	42,975
	Advance Auto Parts	104 shares	9,876	15,296
	Amphenol Corp	210 shares	6,229	11,262
	Arch Capital Group	178 shares	8,277	10,203
	WR Berkley Corporation	296 shares	11,625	15,463
	Brookfield Asset Management	446 shares	15,417	22,354
	Brown and Brown Inc	623 shares	19,007	20,061
	Brown-Forman Corp - CI B	52 shares	3,053	5,047
	Cameron International	167 shares	10,276	8,564
	Carmax Inc	273 shares	7,635	15,556
	Catamaran Corp	102 shares	5,082	5,196
	CDW Corporation of Delaware	394 shares	11,602	13,822
	Copart Inc	568 shares	17,317	20,641
	Crown Holdings	347 shares	13,961	17,177
	Davita Healthcare Partners	195 shares	12,802	14,923
	Dentsply International Inc	235 shares	4,770	12,920
	Discovery Communications Inc - CI C	458 shares	15,037	15,577
	Expeditors International	285 shares	11,133	13,344
	Fastenal Co	208 shares	11,077	9,402
	Generac Holdings Inc.	215 shares	10,026	9,327
	Glacier Bancorp	364 shares	8,569	9,966
	Jacobs Engineering	250 shares	13,528	11,613
	Laboratory Corporation of America	146 shares	13,655	15,277
	Liberty Global PLC	420 shares	13,082	20,966

See Independent Auditors' Report.

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

EIN 38-0783210, PN 001

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

November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	M&T Bank Corp	97 shares	\$ 8,762	\$ 12,222
	Markel Corporation	40 shares	18,379	27,871
	Omnicom Group Inc	187 shares	10,646	14,449
	Perrigo Company PLC	86 shares	13,359	13,776
	Ross Stores	331 shares	18,934	30,280
	Sally Beauty Holding Inc	583 shares	15,678	18,452
	Transdigm Group Inc	72 shares	10,650	14,241
	World Fuel Services Corp	336 shares	13,758	15,214
	First Trust Emerging	15,877 shares	398,872	371,997
	First Trust Enhanced	18,106 shares	1,087,535	1,086,360
	First Trust Consumer Staples	7,979 shares	312,126	340,383
	First Trust Technology	10,184 shares	323,582	352,672
	Other			
	Ally Financial Inc	4.625% Due 6/26/15	393,173	379,217
	Atlantic Fund 1, LP	Hedge Fund	463,967	508,099
	Federated Government	Government Security	1,565,084	1,565,084
	Mutual Funds			
	Janus Investment Fund	15,058 shares	159,770	159,770
	Bond Fund of America	35,150 shares	445,816	451,673
	Growth Fund America	28,332 shares	831,484	1,343,213
	Short Term Bond Fund	25,547 shares	255,468	255,724
			\$ 10,556,072	\$ 11,468,492

See Independent Auditors' Report.

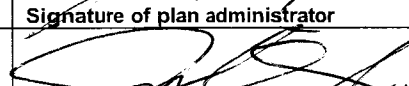
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2013 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning		12/01/2013	and ending
		11/30/2014	
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		1b Three-digit plan number (PN) ►	001
MADISON/STANDARD ELECTRIC COMPANIES Defined Benefit Pension Plan and Trust		1c Effective date of plan	12/01/1959
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)		2b Employer Identification Number (EIN)	38-0783210
MADISON/STANDARD ELECTRIC COMPANIES		2c Sponsor's telephone number	(586) 825-0200
31855 Van Dyke Ave		2d Business code (see instructions)	425110
WARREN			
MI 48093-1047			

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		9/10/15	JORDAN GLASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/10/15	JORDAN GLASS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	312
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	200
b Retired or separated participants receiving benefits	6b	11
c Other retired or separated participants entitled to future benefits	6c	88
d Subtotal. Add lines 6a , 6b , and 6c	6d	299
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	299
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1H 1I 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) 6 (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

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

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

A Name of plan MADISON/STANDARD ELECTRIC COMPANIES	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MADISON/STANDARD ELECTRIC COMPANIES	D Employer Identification Number (EIN) 38-0783210
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
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>2013</u>			
2 Assets:			
a Market value	2a		13,345,330
b Actuarial value	2b		13,349,623
3 Funding target/participant count breakdown:			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment	3a	11	1,729,059
b For terminated vested participants	3b	91	816,598
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		10,697,985
(3) Total active	3c(3)	205	10,697,985
d Total	3d	307	13,243,642
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		6.65 %
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>9/9/2015</u> Date 14-03737 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) 2013
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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>0.15</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		132,962
b Interest on (a) using prior year's effective interest rate of <u>7.01</u> % except as otherwise provided (see instructions)		9,320
c Total available at beginning of current plan year to add to prefunding balance		142,282
d Portion of (c) to be added to prefunding balance		142,282
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	142,282

Part III Funding Percentages

14 Funding target attainment percentage	14	99.72 %
15 Adjusted funding target attainment percentage	15	100.80 %
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	95.84 %
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
12/16/2013	66,667	4,299	06/03/2014		4,201
01/15/2014	66,667	4,299	07/01/2014		4,201
02/03/2014		4,299	08/22/2014	91,000	4,201
03/03/2014		4,201	09/02/2014		4,201
04/01/2014		4,201	10/01/2014		4,190
05/01/2014		4,201	12/12/2014	50,000	4,183
Totals ▶			18(b)	274,334	18(c) 50,677

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	266,252

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.23 %	2nd segment: 6.51 %	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	36,302	285,161	
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	285,161	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	20,902	18,909
36 Additional cash requirement (line 34 minus line 35).....	36	266,252	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	266,252	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

Employer ID# 38-0783210: Plan No. 001

Quarterly Installment Payment: \$64,161.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 1, 2013

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
12-18-2013	66,667.00	2013	6.65%	12-18-2013 to 12-01-2013	66,471.15
01-17-2014	66,667.00	2013	6.65%	01-17-2014 to 12-01-2013	66,126.91
08-22-2014	91,000.00	2013	6.65%	08-22-2014 to 12-01-2013	86,860.51
12-12-2014	50,000.02	2013	6.65%	12-12-2014 to 12-01-2013	46,793.18
Totals:	274,334.02				266,251.75

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			266,251.75

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

Weighted Average Retirement Age
Plan Year: 12/1/2013 to 11/30/2014
Valuation Date: 12/1/2013

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 from entry date

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: 12/1/2013 to 11/30/2014

Valuation Date: 12/1/2013

	<u>For Funding</u>		<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>	
		<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1	5.23%	1.39%	Seg 1 1.24%	Pre-Retirement 5.00%
	Seg 2	6.51%	4.05%	Seg 2 4.47%	Post-Retirement 5.00%
	Seg 3	7.16%	5.08%	Seg 3 5.52%	
Pre-Retirement					
Turnover	T-5 LESS GA51M WITHDRAWAL RATES			None	None
Mortality	Male-RP2000 Employee Male Table Projected to 2028 with Scale AA Female-RP2000 Employee Female Table Projected to 2028 with Scale AA			2013 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	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 2020 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2020 with Scale AA			2013 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				6.65%	
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

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: 12/1/2013 to 11/30/2014
Valuation Date: 12/1/2013

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 from entry date</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 \$17,083 per month Maximum percent of salary is 100%</p>
Early Retirement Age	<p>Attainment of age 60 Completion of 10 years of service from hire date</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, not exceeding one, of the normal retirement benefit, 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, up to a maximum of 50 credited years.</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 with less than 1,000 hours</p>
Termination Benefit	<p>Upon termination for any reason other than death 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:</p>

Credited Years
1

Vested Percent
0

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

Summary of Plan Provisions
Plan Year: 12/1/2013 to 11/30/2014
Valuation Date: 12/1/2013

Credited Years	Vested Percent
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: 12/1/2013 to 11/30/2014
Valuation Date: 12/1/2013

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
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	2	0	0	0	0	0	0	0	2
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	0	3	3	0	0	0	0	0	0	6
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	2	3	4	0	0	0	0	0	9
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	5	7	12	3	0	0	0	0	28
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
45-49	0	0	10	9	5	5	2	0	0	0	31
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
50-54	0	0	7	11	14	3	9	0	0	0	44
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
55-59	0	0	1	17	6	5	5	6	1	0	41
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
60-64	0	0	4	4	3	5	6	0	4	0	26
Avg Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
65-69	0	0	2	1	1	1	3	2	2	3	15
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	0	1	0	0	0	1	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	1	36	56	45	22	25	9	7	4	205
Avg Comp	n/a	n/a	0	0	0	0	0	n/a	n/a	n/a	0

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

Average Age: 52.0

Average Service: 17

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

Shortfall Amortization
Plan Year: 12/1/2013 to 11/30/2014
Valuation Date: 12/1/2013

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2009	7-year	2	\$484,034	\$944,011
01/01/2010	7-year	3	\$(254,050)	\$(724,898)
01/01/2011	7-year	4	\$131,672	\$488,708
01/01/2012	7-year	5	\$340,860	\$1,543,103
12/01/2012	7-year	6	\$(387,070)	\$(2,034,682)
12/01/2013	7-year	7	<u>\$(30,285)</u>	<u>\$(179,940)</u>
Total			\$285,161	\$36,302

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

EIN 38-0783210, PN 001

Schedule H, Line 4i-Schedule of Assets (Held at End of Year) November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock			
	Aegon	708 shares	\$ 4,420	\$ 5,558
	American Movil Sab DE CV	125 shares	2,606	2,964
	Banco Santander Brasil SA-ADS	345 shares	2,237	2,008
	Barclays PLC	477 shares	7,413	7,293
	BP PLC	133 shares	5,642	5,230
	British Sky Broadcast Group PLC	80 shares	4,871	4,671
	Canon Inc.	215 shares	6,724	6,861
	Carrefour SA	687 shares	2,457	4,321
	Cemex SAB DE	242 shares	1,810	3,027
	Centrais Elec Braz Com	482 shares	1,289	1,152
	China Mobile LTD	75 shares	3,379	4,629
	CIA Saneamento Basico	325 shares	2,377	2,405
	CRH PLC	235 shares	4,683	5,501
	DAI Nippon Print-Unspon	310 shares	3,208	2,709
	Daiichi Sankyo Co Ltd	405 shares	6,802	5,937
	Embraer SA	120 shares	4,009	4,432
	ENI	125 shares	6,001	4,899
	Ericsson (LM) Tel-SP	380 shares	3,546	4,784
	Erste Group Bank AG	550 shares	6,885	7,458
	First Pac Co Ltd	815 shares	2,835	4,336
	Flextronics Intl	290 shares	2,169	3,216
	Gazprom O A O	460 shares	3,058	2,663
	GDF Suez Spon ADR	355 shares	7,911	8,740
	Glaxosmithkline PLC-ADR	230 shares	11,746	10,684
	G4S PLC	210 shares	4,317	4,538
	H Lundbeck A/S	335 shares	8,163	7,521
	Honda Motor Ltd	205 shares	7,243	6,216
	HSBC Holdings PLC-SPON	87 shares	4,323	4,328
	Intesa Sanpaolo Spon ADR	260 shares	3,686	4,794
	Italcementi Spa	970 shares	7,501	5,878
	J Sainsbury PLC	342 shares	7,398	4,980
	Kingfisher PLC	205 shares	2,113	1,997
	Koninklijke Ahold	420 shares	4,456	7,405
	Lukoil Oil Co	150 shares	8,074	6,863
	Marks & Spencer PLC	329 shares	3,131	5,014
	Mitsubishi Tanabe Pharma Corp	315 shares	4,336	4,791
	Mitsubishi UFJ Financial	830 shares	5,507	4,781
	MS&AD Ins Group Hldgs	775 shares	10,209	9,021
	Nissan Motor Ltd	490 shares	8,504	9,119
	Orange	316 shares	3,120	5,527
	Petroleo Brasileiro SA	390 shares	4,512	3,982
	Posco Sponsored ADR	56 shares	3,775	3,808
	Sanofi ADR	130 shares	6,648	6,278
	Surgutneftegaz-Sp ADR	730 shares	4,946	5,001
	Swiss RE Ltd	45 shares	2,566	3,845

See Independent Auditors' Report.

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

EIN 38-0783210, PN 001

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

November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock (Continued)				
	Takeda Pharmaceutical Co	175 shares	\$ 4,678	\$ 3,651
	Telecom Italia SPA	438 shares	3,677	4,888
	Telefonica Brasil SA	121 shares	2,360	2,488
	Tesco PLC	695 shares	10,173	6,074
	Tim Participacoes SA	90 shares	1,723	2,192
	Tokio Marine Holding	157 shares	4,915	5,137
	Toyota Motor Corp	31 shares	2,263	3,817
	UBS AG-REG	485 shares	8,725	8,725
	Unilever NV	118 shares	4,480	4,795
	Willis Group Holdings	180 shares	7,695	7,688
	WM Morrison ADR	682 shares	12,077	9,480
	Allegion PLC	22 shares	898	1,185
	AXA-ADR	65 shares	1,162	1,569
	BASF SE	31 shares	2,379	2,807
	BHP Billiton Ltd	118 shares	7,988	6,092
	British Amern TOB PLC	42 shares	4,175	4,963
	Brookfield Asset Mangmnt	34 shares	1,262	1,704
	Canadian Natl RY Co	81 shares	2,923	5,755
	Canadian Natural Resources Ltd	137 shares	4,167	4,559
	Canadian Pacific Railway Ltd	37 shares	5,391	7,147
	Core Laboratories Inc.	11 shares	758	1,417
	Diageo PLC	41 shares	4,133	5,051
	Eaton Corp PLC	82 shares	5,708	5,562
	Ensco PLC	82 shares	4,740	2,772
	Ensign Energy Service Inc	54 shares	862	519
	Finning Intl Inc.	11 shares	243	246
	Ingersoll-Rand PLC	75 shares	3,965	4,730
	Manulife Finl Corp	81 shares	1,129	1,612
	Nabors Industries Ltd	154 shares	2,383	2,020
	Nestle SA	84 shares	5,272	6,304
	Noble Corp PLC	204 shares	7,822	3,670
	Novartis AG	36 shares	2,414	3,479
	Paragon Offshore Ltd	88 shares	1,563	319
	Partnerre Ltd	15 shares	1,247	1,748
	Potash Corp of Saskatchewan Inc	209 shares	6,780	7,265
	Rio Tinto PLC	148 shares	7,502	6,897
	Schlumberger Ltd	74 shares	6,032	6,360
	Suncor Energy Inc	202 shares	5,493	6,381
	Talisman Energy Inc	159 shares	1,842	749
	Teck Resources Ltd	71 shares	2,484	1,101
	Tenaris SA	183 shares	8,021	6,026
	UBS AG-REG	182 shares	3,274	3,274

See Independent Auditors' Report.

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

EIN 38-0783210, PN 001

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

November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	Unilever NV	98 shares	\$ 3,714	\$ 3,983
	Vale SA	478 shares	7,804	4,307
	Weatherford International Ltd	347 shares	4,235	4,546
	Yara International	6 shares	252	255
	Ford Motor Co	500 shares	5,179	7,865
	Goodyear Tire & Rubber Company	2,000 shares	49,396	54,820
	Whitewave Foods Co	1,750 shares	59,716	64,103
	Church & Dwight Co Inc	750 shares	47,510	57,533
	Clorox Co	500 shares	50,938	50,810
	Jarden Corp	300 shares	11,522	13,245
	Abbvie Inc	1,000 shares	65,290	69,200
	Davita Healthcare Partners Inc	500 shares	39,130	38,265
	Johnson & Johnson	800 shares	85,126	86,600
	Medtronic Inc	700 shares	46,896	51,709
	McGraw Hill Financial, Inc.	150 shares	13,589	14,019
	Walt Disney Company	200 shares	6,860	18,502
	Costco Wholesale Corp	300 shares	29,451	42,636
	Home Depot Inc	150 shares	5,388	14,910
	TJX Companies Inc.	1,000 shares	63,987	66,160
	Under Armour Inc - CI A	100 shares	7,026	7,249
	Masco Corp	1,500 shares	33,154	36,300
	Sherwin Williams Co	300 shares	72,543	73,458
	Adobe Systems Inc	250 shares	17,933	18,420
	Automatic Data Processing Inc.	750 shares	63,530	64,230
	Google Inc. - CI C	100 shares	38,798	54,183
	Verint Systems Inc.	600 shares	35,327	36,114
	Amerco	50 shares	11,362	13,910
	Palo Alto Networks Inc	200 shares	19,858	24,600
	Proofpoint Inc	500 shares	21,733	21,710
	3M Co	500 shares	80,144	80,045
	GoPro Inc - CI A	300 shares	25,469	23,391
	Caterpillar Inc	300 shares	24,620	30,180
	Deere & Co	750 shares	65,829	64,965
	Thermo Fisher Scientific Inc	700 shares	85,768	90,503
	Xylem Inc	400 shares	15,451	15,336
	Illinois Tool Works Inc	1,250 shares	116,193	118,663
	O'Reilly Automotive	700 shares	125,203	127,918
	Boeing Co	200 shares	19,448	26,872
	Lockheed Martin Corp	250 shares	36,721	47,890
	Apple Inc	1,950 shares	167,163	231,913
	Motorola Inc	750 shares	48,562	49,290
	Exxon Mobil Corp	300 shares	30,268	27,162
	Hess Corp	600 shares	51,270	43,758
	Whiting Petroleum Corp	250 shares	21,060	10,443
	Halliburton Co	200 shares	10,588	8,440

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

EIN 38-0783210, PN 001

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

November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	Kinder Morgan Inc	1,500 shares	\$ 60,878	\$ 62,025
	Dow Chemical Co	2,000 shares	103,770	97,340
	Eastman Chemical Co	250 shares	22,102	20,730
	Monsanto Co	150 shares	9,250	17,987
	Ecolab Inc	300 shares	26,678	32,685
	Union Pacific Corp	300 shares	23,634	35,031
	United Parcel Service Inc	200 shares	20,216	21,984
	Wells Fargo & Co	600 shares	20,947	32,688
	Berkshire Hathaway Inc	1,500 shares	217,609	223,034
	Visa Inc Class A	150 shares	25,336	38,729
	Spdr S&P 500 ETF Trust	3,000 shares	621,918	621,598
	American Water Works	1,500 shares	77,604	79,575
	Actavis PLC	300 shares	77,392	81,183
	Ambarella Inc	1,000 shares	51,567	55,000
	Ingersoll-Rand Co PLC	500 shares	31,300	31,530
	Nielsen NV	250 shares	10,840	10,443
	Alibaba Group Holding	500 shares	50,983	55,820
	Anheuser Busch Inbev SA	500 shares	55,327	58,495
	Arm Holdings PLC	300 shares	13,473	12,852
	AstraZeneca Group PLC	2,000 shares	148,179	148,340
	Schlumberger Ltd	500 shares	46,602	42,975
	Advance Auto Parts	104 shares	9,876	15,296
	Amphenol Corp	210 shares	6,229	11,262
	Arch Capital Group	178 shares	8,277	10,203
	WR Berkley Corporation	296 shares	11,625	15,463
	Brookfield Asset Management	446 shares	15,417	22,354
	Brown and Brown Inc	623 shares	19,007	20,061
	Brown-Forman Corp - CI B	52 shares	3,053	5,047
	Cameron International	167 shares	10,276	8,564
	Carmax Inc	273 shares	7,635	15,556
	Catamaran Corp	102 shares	5,082	5,196
	CDW Corporation of Delaware	394 shares	11,602	13,822
	Copart Inc	568 shares	17,317	20,641
	Crown Holdings	347 shares	13,961	17,177
	Davita Healthcare Partners	195 shares	12,802	14,923
	Dentsply International Inc	235 shares	4,770	12,920
	Discovery Communications Inc - CI C	458 shares	15,037	15,577
	Expeditors International	285 shares	11,133	13,344
	Fastenal Co	208 shares	11,077	9,402
	Generac Holdings Inc.	215 shares	10,026	9,327
	Glacier Bancorp	364 shares	8,569	9,966
	Jacobs Engineering	250 shares	13,528	11,613
	Laboratory Corporation of America	146 shares	13,655	15,277
	Liberty Global PLC	420 shares	13,082	20,966

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

EIN 38-0783210, PN 001

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

November 30, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	M&T Bank Corp	97 shares	\$ 8,762	\$ 12,222
	Markel Corporation	40 shares	18,379	27,871
	Omnicom Group Inc	187 shares	10,646	14,449
	Perrigo Company PLC	86 shares	13,359	13,776
	Ross Stores	331 shares	18,934	30,280
	Sally Beauty Holding Inc	583 shares	15,678	18,452
	Transdigm Group Inc	72 shares	10,650	14,241
	World Fuel Services Corp	336 shares	13,758	15,214
	First Trust Emerging	15,877 shares	398,872	371,997
	First Trust Enhanced	18,106 shares	1,087,535	1,086,360
	First Trust Consumer Staples	7,979 shares	312,126	340,383
	First Trust Technology	10,184 shares	323,582	352,672
	Other			
	Ally Financial Inc	4.625% Due 6/26/15	393,173	379,217
	Atlantic Fund 1, LP	Hedge Fund	463,967	508,099
	Federated Government	Government Security	1,565,084	1,565,084
	Mutual Funds			
	Janus Investment Fund	15,058 shares	159,770	159,770
	Bond Fund of America	35,150 shares	445,816	451,673
	Growth Fund America	28,332 shares	831,484	1,343,213
	Short Term Bond Fund	25,547 shares	255,468	255,724
			<u>\$ 10,556,072</u>	<u>\$ 11,468,492</u>