Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BK GLOBAL INC 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1999

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

BK GLOBAL INC

5301 SOUTH WESTMORELAND ROAD
DALLAS, TX 75237-1805

2b Employer Identification Number (EIN) 75-2752015

2c Sponsor's telephone number 469-221-4126

2d Business code (see instructions) 453990

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.	09/13/2012	CYNDY WALTERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/13/2012	CYNDY WALTERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BK GLOBAL INC

5301 SOUTH WESTMORELAND ROAD
DALLAS, TX 75237-1805

3b Administrator's EIN
75-2752015

3c Administrator's telephone number
469-221-4126

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**	417
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**	388
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	424
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	425
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	193
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 Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
BK GLOBAL INC 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BK GLOBAL INC

D Employer Identification Number (EIN)
75-2752015

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

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

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

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

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

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

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

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

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

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

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

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

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

HARTFORD RETIREMENT SERVICES LLC

26-1589907

(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?
15 37 38 49 50 59 60 62 63 64 65 72 99	N/A	1020	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGANSTANLEY SMITHBARNEY, LLC

26-4310632

(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?
49 99	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	308	Yes [ ] No [X]

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

MORGANSTANLEY SMITHBARNEY LLC

13-2655998

(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?
55	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	12220	Yes [ ] No [X]

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)

GPC SECURITIES, INC.

58-1517899

(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?
15 64 65	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	820	Yes [ ] No [X]

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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?
49	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	44	Yes [ ] No [X]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 25 99	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	134	Yes [ ] No [X]

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
HARTFORD RETIREMENT SERVICES LLC	52 59 60 62 63	0

(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.
SEE FEE AND COMPENSATION DISCLOSURE 26-1589907	SEE FEE & COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGANSTANLEY SMITHBARNEY, LLC	49 99	308

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE & COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGANSTANLEY SMITHBARNEY, LLC	55	12220

(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.
HARTFORD SECURITIES DISTRIBUTION CO 06-1408044	SEE FEE & COMPENSATION DISCLOSURE REPORT ATTACHMENT

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
GPC SECURITIES, INC.	15 64 65	820

(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.
HARTFORD RETIREMENT SERVICES, LLC 26-1589907	SEE FEE & COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	44

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE FEE & COMPENSATION DISCLOSURE REPORT ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 25 99	134

(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.
HARTFORD RETIREMENT SERVICES, LLC 26-1589907	SEE THE FEE AND COMPENSATION DISCLOSURE REPORT ATTACHMENT

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

2011

This Form is Open to Public Inspection

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

A Name of plan
BK GLOBAL INC 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BK GLOBAL INC

D Employer Identification Number (EIN)
75-2752015

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	84593	95434
(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)	2559962	2615475
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2644555	2710909
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2644555	2710909

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)		
	(B) Participants	2a(1)(B)	342903	
	(C) Others (including rollovers)	2a(1)(C)	7677	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		350580
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4258	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4258
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	38273	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		38273
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-174075
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		219036
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	148258	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		148258
f Corrective distributions (see instructions)	2f		3404
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1020	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1020
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		152682
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		66354
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: CORNWELL JACKSON (2) EIN: 27-4461251

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
BK GLOBAL INC 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BK GLOBAL INC

D Employer Identification Number (EIN)
75-2752015

Part I Distributions

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

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

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

EIN(s): 06-0974148

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

BK Global, Inc. 401(k) Plan
Financial Statements and Supplemental Schedule
As of December 31, 2011 and 2010

BK Global, Inc. 401(k) Plan

Financial Statements

Years Ended December 31, 2011 and 2010

Table of Contents

Independent Auditors' Report	3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Schedule*	
Schedule of Assets (Held at End of Year)	14

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

CORNWELL JACKSON

Independent Auditors' Report

To the Plan Administrator
BK Global, Inc. 401(k) Plan

We were engaged to audit the financial statements of the BK Global, Inc. 401(k) Plan ("the Plan"), as of December 31, 2011, and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. The plan administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Cornwell Jackson

Plano, Texas
August 31, 2012

4975 Preston Park Blvd.
Suite 400
Plano, Texas 75093
Main: 972.202.8000
Fax: 972.202.8010
www.cornwelljackson.com

CORNWELL JACKSON ADVISORS, PLLC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

AN INDEPENDENT MEMBER FIRM OF BKR INTERNATIONAL. FIRMS IN PRINCIPAL CITIES WORLDWIDE

Statements of Net Assets Available For Benefits

As of December 31,	**2011**	2010
Assets		
Investments, at fair value:		
Mutual funds	**$ 2,615,475**	$ 2,559,962
Total investments	**2,615,475**	2,559,962
Receivables:		
Participant contributions	**7,201**	7,761
Notes receivable from participants	**95,434**	84,593
Total receivables	**102,635**	92,354
Total assets	**2,718,110**	2,652,316
Liabilities		
Excess contributions payable	**1,515**	-
Total liabilities	**1,515**	-
Net assets available for benefits	**$ 2,716,595**	$ 2,652,316

Statement of Changes in Net Assets Available For Benefits
For the Year Ended December 31, **2011**

Additions		
Additions to net assets attributed to:		
Investment income (loss)		
Net depreciation in fair value of mutual funds	**$**	**(174,075)**
Dividend income		**38,273**
Total investment loss		**(135,802)**
Interest income from participant loans		**4,258**
Contributions:		
Participants		**342,343**
Rollover		**7,677**
Total contributions		**350,020**
Total additions		**218,476**
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants		**148,258**
Administration expenses		**1,020**
Corrective distribution		**4,919**
Total deductions		**154,197**
Net increase		**64,279**
Net Assets Available for Benefits		
Beginning of year		**2,652,316**
End of year	**$**	**2,716,595**

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2011 and 2010

1. Description of Plan

The following description of the BK Global, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of BK Global, Inc. (the "Company" or "Employer"). The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

All employees who have completed the service requirement and attained age 21 are eligible for participation. Employees who have satisfied the eligibility requirements may begin participating on the first day of the month coinciding with or next following the date they satisfy the Plan's eligibility requirements.

Effective January 1, 2011, the Plan was amended changing the service requirement to six months of service. Prior to the amendment the service requirement was fourth months of service in which at least 333 hours were worked.

Contributions

Participants may contribute a percentage of their annual compensation, subject to limits established by the Internal Revenue Service on a pre-tax basis pursuant to Section 401(k) of the Internal Revenue Code or on an after-tax basis.

The Company may make discretionary matching contributions to the account of each eligible participant based on a percentage of the participant's income and contributions for the year. No discretionary matching contributions were made for the years ending December 31, 2011 or 2010.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company contributions and actual earnings thereon. Earnings are allocated to each participant's individual fund account based on the earnings of the individual investment options chosen by the participant and as defined by the Plan document. Participants may make changes to their investment allocation at any time. Investment income is recorded daily. Participant accounts are also charged an allocation of administrative expenses.

Payment of Benefits

Participants who terminate employment with the Company for reason other than death, disability or attainment of normal retirement age will be entitled to receive the vested percentage of their account balance. The normal retirement date is the date the participant attains age 65. The plan does not provide for early retirement. In the event of a participant's death, the beneficiary is entitled to 100% of the participant's account balance. Benefit payments are made in installments subject to certain restrictions as defined in the plan document and lump sum disbursements.

1. Description of Plan (continued)

Vesting
Participants are immediately vested in their elective deferral contributions, rollover contributions and any earnings thereon.

Participants vest in employer matching contributions, and any earnings thereon, based on years of continuous service according to the following schedule:

Years of Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures
Upon separation from service for any reason other than retirement, participants forfeit any unvested portion of their employer matching contributions. Forfeitures may be used to pay the Plan's administrative expenses and to reduce employer matching contributions. The forfeiture balance at December 31, 2011 and December 31, 2010 was $147 and $149, respectively. No forfeitures were used to pay the Plan's administrative expenses for the years ended December 31, 2011 and 2010.

Participant Loans
Participants may borrow up to a maximum of the lesser of $50,000 or 50% of their vested account balance, but not less than $1,000. Loan transactions are treated as a transfer to (from) the investment funds from (to) the participant loan balance. The loans are payable in equal installments, not to exceed five years unless such loan is for the purchase of a participant's primary residence. Loans bear interest at a reasonable rate as determined by the administrator. Interest rates on participant loans outstanding as of December 31, 2011 ranged from 4.25% to 6.00%.

Administrative Expenses
The Plan will pay some or all Plan related expenses except for a limited category of expenses which the law requires the Plan Sponsor to pay. Plan expenses include asset charges, loan fees and certain other transaction fees. Plan expenses were $1,020 and $1,565 for the years ended December 31, 2011 and 2010, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan have been prepared on the accrual basis of accounting.

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

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties
The Plan offers a number of investment options to participants that are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Investment Valuation and Income Recognition
Plan participants may direct their employee contribution into managed mutual funds. Purchases and sales of mutual funds are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Participant Loans
Notes receivable from participants represent loans and are stated at amortized cost. Interest income is recorded on the accrual basis.

Payment of Benefits
Benefits are recorded when paid.

Subsequent Events
Subsequent events have been evaluated through the date of the independent auditors' report.

3. Investments

The following investments represent 5% or more of the Plan's net assets at:

	December 31,	
	2011	2010
American Funds Growth Fund R2	**$ - ***	$ 711,003
BlackRock Capital Appreciation	**664,278**	- *
BlackRock Large Cap Value R	**- ***	137,989
Fidelity Advisor Leveraged Co Stk T	**316,897**	340,997
Franklin Income R	**173,386**	133,920
Franklin U.S. Government Secs R	**192,507**	147,529
MFS Cash Reserve R2	**169,470**	169,725
T. Row Price Equity-Income R	**153,553**	9,289*
Thornburg International Value R3	**304,750**	318,225

*Amount represents less than 5% of net assets available for benefits, but is presented for comparative purposes.

4. Fair Value Measurements

The fair value hierarchy prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described below:

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:

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

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.

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Quoted market prices are used to value investments in mutual funds, which are publicly traded funds of registered investment companies, and common stock.

The 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, while 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.

4. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market	$ 169,470	$ -	$ -	$ 169,470
Bonds (1)	146,149	-	-	146,149
Asset Allocations (2)	390,029	-	-	390,029
Large Cap Value (3)	643,836	-	-	643,836
Large Cap Growth (4)	707,907	-	-	707,907
Small/Mid/Specialty (5)	209,490	-	-	209,490
Global/International (6)	348,594	-	-	348,594
Total assets at fair value	$ 2,615,475	$ -	$ -	$ 2,615,475

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market	$ 169,725	$ -	$ -	$ 169,725
Bonds (1)	104,098	-	-	104,098
Asset Allocations (2)	349,526	-	-	349,526
Large Cap Value (3)	622,735	-	-	622,735
Large Cap Growth (4)	779,816	-	-	779,816
Small/Mid/Specialty (5)	167,019	-	-	167,019
Global/International (6)	367,043	-	-	367,043
Total assets at fair value	$ 2,559,962	$ -	$ -	$ 2,559,962

(1) Bonds funds invest in fixed-income securities.
(2) Asset Allocation funds invest in a combination of funds that invest in U.S. stocks, international stocks, U.S. bonds and other fixed-income investments using asset allocation strategies based on a conservative, moderate or target date allocation methodology.
(3) Large Cap Value funds invest in common stock and other equity securities of large size U.S. companies that pay or are expected to pay dividends.
(4) Large Cap Growths funds invest in common stock of large size U.S. companies with the potential for growth.
(5) Small/Mid/Specialty funds invest in common stock of small or midsize U.S. Companies or the common stock of specialized U.S. Companies.
(6) Global/International funds invest primarily in common stocks of issuers in Eur0pe and the Pacific Basin.

5. Information Prepared and Certified by the Trustee (unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103.8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information as of December 31, 2011 and December 31, 2010 and for the year ended December 31, 2011 included in the accompanying financial statements and supplemental schedule was provided and certified by Reliance Trust Company, the trustee, as being complete and accurate:

	December 31,	
	2011	2010
Mutual funds, at fair value	**$ 2,615,475**	$ 2,559,962
Notes receivable from participants	**95,434**	84,593

	December 31, 2011
Net depreciation in fair value of mutual funds	**$ (174,075)**
Dividend income	**38,273**
Interest income from participant loans	**4,258**

As permitted under such election, the Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedule.

6. Plan Termination

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

7. Tax Status

The Plan uses a prototype defined contribution plan and trust document sponsored by Hartford Retirement Services, LLC. Hartford Retirement Services, LLC received an opinion letter from the IRS dated March 31, 2008, which states that the volume submitter document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income tax has been included in the Plan's financial statements.

8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of:

	December 31,	
	2011	2010
Net assets available for benefits per the financial statements	**$ 2,716,595**	$ 2,652,316
Less: CY participant contributions receivable	**(7,201)**	**(**7,761)
Add: CY corrective distribution payable	**1,515**	-
Net assets available for benefits per Form 5500	**$ 2,710,909**	$ 2,644,555

The following is a reconciliation of net income per the financial statements to the Form 5500 for the year ended:

	December 31, 2011
Net Income per the financial statements	**$ 64,279**
Less: CY participant contributions receivable	**(7,201)**
Add: PY participant contributions receivable	**7,761**
Add: CY corrective distribution payable	**1,515**
Net income per Form 5500	**$ 66,354**

Supplemental Schedule to
BK Global, Inc. 401(k) Plan
Financial Statements
As of December 31, 2011

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

EIN: 75-2752015

December 31, 2011 Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	BlackRock Capital Appreciation R	Mutual fund	$ 664,278
	Fidelity Advisor Leveraged Co Stk T	Mutual fund	316,897
	Franklin Income R	Mutual fund	173,386
	Franklin U.S. Government Secs R	Mutual fund	192,507
	MFS Cash Reserve R2	Mutual fund	169,470
	MFS Lifetime 2010 R2	Mutual fund	71,268
	MFS Lifetime 2020 R2	Mutual fund	90,036
	MFS Lifetime 2030 R2	Mutual fund	74,627
	MFS Lifetime 2040 R2	Mutual fund	80,011
	MFS Lifetime Retirement Income R2	Mutual fund	74,087
	Oppenheimer International Bond N	Mutual fund	85,613
	Oppenheimer Main St Small Cap N	Mutual fund	16,983
	Oppenheimer Real Estate N	Mutual fund	43,629
	PIMCO Total Return R	Mutual fund	60,536
	T. Rowe Price Equity-Income R	Mutual fund	153,553
	Templeton Developing Markets R	Mutual fund	43,844
	Thornburg International Value R3	Mutual fund	304,750
		Total investments	**$ 2,615,475**
*	Participant loans	Interest rates ranging from 4.25% - 6.00% with maturity dates ranging from October 2012 through October 2041	$ 95,434

* A party-in-interest as defined by ERISA

Column (d) Cost is not required since all investments are directed by participants.

BK Global, Inc. 401(k) Plan
Financial Statements and Supplemental Schedule
As of December 31, 2011 and 2010

BK Global, Inc. 401(k) Plan

Financial Statements

Years Ended December 31, 2011 and 2010

Table of Contents

Independent Auditors' Report	3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Schedule*	
Schedule of Assets (Held at End of Year)	14

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

CORNWELL JACKSON

Independent Auditors' Report

To the Plan Administrator
BK Global, Inc. 401(k) Plan

We were engaged to audit the financial statements of the BK Global, Inc. 401(k) Plan ("the Plan"), as of December 31, 2011, and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. The plan administrator has informed us that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Cornwell Jackson

Plano, Texas
August 31, 2012

4975 Preston Park Blvd.
Suite 400
Plano, Texas 75093
Main: 972.202.8000
Fax: 972.202.8010
www.cornwelljackson.com

CORNWELL JACKSON ADVISORS, PLLC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

AN INDEPENDENT MEMBER FIRM OF BKR INTERNATIONAL. FIRMS IN PRINCIPAL CITIES WORLDWIDE

Statements of Net Assets Available For Benefits

As of December 31,	**2011**	2010
Assets		
Investments, at fair value:		
Mutual funds	**$ 2,615,475**	$ 2,559,962
Total investments	**2,615,475**	2,559,962
Receivables:		
Participant contributions	**7,201**	7,761
Notes receivable from participants	**95,434**	84,593
Total receivables	**102,635**	92,354
Total assets	**2,718,110**	2,652,316
Liabilities		
Excess contributions payable	**1,515**	-
Total liabilities	**1,515**	-
Net assets available for benefits	**$ 2,716,595**	$ 2,652,316

Statement of Changes in Net Assets Available For Benefits
For the Year Ended December 31, **2011**

Additions		
Additions to net assets attributed to:		
Investment income (loss)		
Net depreciation in fair value of mutual funds	**$**	**(174,075)**
Dividend income		**38,273**
Total investment loss		**(135,802)**
Interest income from participant loans		**4,258**
Contributions:		
Participants		**342,343**
Rollover		**7,677**
Total contributions		**350,020**
Total additions		**218,476**
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants		**148,258**
Administration expenses		**1,020**
Corrective distribution		**4,919**
Total deductions		**154,197**
Net increase		**64,279**
Net Assets Available for Benefits		
Beginning of year		**2,652,316**
End of year	**$**	**2,716,595**

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2011 and 2010

1. Description of Plan

The following description of the BK Global, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of BK Global, Inc. (the "Company" or "Employer"). The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

All employees who have completed the service requirement and attained age 21 are eligible for participation. Employees who have satisfied the eligibility requirements may begin participating on the first day of the month coinciding with or next following the date they satisfy the Plan's eligibility requirements.

Effective January 1, 2011, the Plan was amended changing the service requirement to six months of service. Prior to the amendment the service requirement was fourth months of service in which at least 333 hours were worked.

Contributions

Participants may contribute a percentage of their annual compensation, subject to limits established by the Internal Revenue Service on a pre-tax basis pursuant to Section 401(k) of the Internal Revenue Code or on an after-tax basis.

The Company may make discretionary matching contributions to the account of each eligible participant based on a percentage of the participant's income and contributions for the year. No discretionary matching contributions were made for the years ending December 31, 2011 or 2010.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company contributions and actual earnings thereon. Earnings are allocated to each participant's individual fund account based on the earnings of the individual investment options chosen by the participant and as defined by the Plan document. Participants may make changes to their investment allocation at any time. Investment income is recorded daily. Participant accounts are also charged an allocation of administrative expenses.

Payment of Benefits

Participants who terminate employment with the Company for reason other than death, disability or attainment of normal retirement age will be entitled to receive the vested percentage of their account balance. The normal retirement date is the date the participant attains age 65. The plan does not provide for early retirement. In the event of a participant's death, the beneficiary is entitled to 100% of the participant's account balance. Benefit payments are made in installments subject to certain restrictions as defined in the plan document and lump sum disbursements.

1. Description of Plan (continued)

Vesting
Participants are immediately vested in their elective deferral contributions, rollover contributions and any earnings thereon.

Participants vest in employer matching contributions, and any earnings thereon, based on years of continuous service according to the following schedule:

Years of Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures
Upon separation from service for any reason other than retirement, participants forfeit any unvested portion of their employer matching contributions. Forfeitures may be used to pay the Plan's administrative expenses and to reduce employer matching contributions. The forfeiture balance at December 31, 2011 and December 31, 2010 was $147 and $149, respectively. No forfeitures were used to pay the Plan's administrative expenses for the years ended December 31, 2011 and 2010.

Participant Loans
Participants may borrow up to a maximum of the lesser of $50,000 or 50% of their vested account balance, but not less than $1,000. Loan transactions are treated as a transfer to (from) the investment funds from (to) the participant loan balance. The loans are payable in equal installments, not to exceed five years unless such loan is for the purchase of a participant's primary residence. Loans bear interest at a reasonable rate as determined by the administrator. Interest rates on participant loans outstanding as of December 31, 2011 ranged from 4.25% to 6.00%.

Administrative Expenses
The Plan will pay some or all Plan related expenses except for a limited category of expenses which the law requires the Plan Sponsor to pay. Plan expenses include asset charges, loan fees and certain other transaction fees. Plan expenses were $1,020 and $1,565 for the years ended December 31, 2011 and 2010, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan have been prepared on the accrual basis of accounting.

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

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties
The Plan offers a number of investment options to participants that are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Investment Valuation and Income Recognition
Plan participants may direct their employee contribution into managed mutual funds. Purchases and sales of mutual funds are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Participant Loans
Notes receivable from participants represent loans and are stated at amortized cost. Interest income is recorded on the accrual basis.

Payment of Benefits
Benefits are recorded when paid.

Subsequent Events
Subsequent events have been evaluated through the date of the independent auditors' report.

3. Investments

The following investments represent 5% or more of the Plan's net assets at:

	December 31,	
	2011	2010
American Funds Growth Fund R2	**$ - ***	$ 711,003
BlackRock Capital Appreciation	**664,278**	- *
BlackRock Large Cap Value R	**- ***	137,989
Fidelity Advisor Leveraged Co Stk T	**316,897**	340,997
Franklin Income R	**173,386**	133,920
Franklin U.S. Government Secs R	**192,507**	147,529
MFS Cash Reserve R2	**169,470**	169,725
T. Row Price Equity-Income R	**153,553**	9,289*
Thornburg International Value R3	**304,750**	318,225

*Amount represents less than 5% of net assets available for benefits, but is presented for comparative purposes.

4. Fair Value Measurements

The fair value hierarchy prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described below:

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:

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

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.

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Quoted market prices are used to value investments in mutual funds, which are publicly traded funds of registered investment companies, and common stock.

The 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, while 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.

4. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market	$ 169,470	$ -	$ -	$ 169,470
Bonds (1)	146,149	-	-	146,149
Asset Allocations (2)	390,029	-	-	390,029
Large Cap Value (3)	643,836	-	-	643,836
Large Cap Growth (4)	707,907	-	-	707,907
Small/Mid/Specialty (5)	209,490	-	-	209,490
Global/International (6)	348,594	-	-	348,594
Total assets at fair value	$ 2,615,475	$ -	$ -	$ 2,615,475

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market	$ 169,725	$ -	$ -	$ 169,725
Bonds (1)	104,098	-	-	104,098
Asset Allocations (2)	349,526	-	-	349,526
Large Cap Value (3)	622,735	-	-	622,735
Large Cap Growth (4)	779,816	-	-	779,816
Small/Mid/Specialty (5)	167,019	-	-	167,019
Global/International (6)	367,043	-	-	367,043
Total assets at fair value	$ 2,559,962	$ -	$ -	$ 2,559,962

(1) Bonds funds invest in fixed-income securities.
(2) Asset Allocation funds invest in a combination of funds that invest in U.S. stocks, international stocks, U.S. bonds and other fixed-income investments using asset allocation strategies based on a conservative, moderate or target date allocation methodology.
(3) Large Cap Value funds invest in common stock and other equity securities of large size U.S. companies that pay or are expected to pay dividends.
(4) Large Cap Growths funds invest in common stock of large size U.S. companies with the potential for growth.
(5) Small/Mid/Specialty funds invest in common stock of small or midsize U.S. Companies or the common stock of specialized U.S. Companies.
(6) Global/International funds invest primarily in common stocks of issuers in Eur0pe and the Pacific Basin.

5. Information Prepared and Certified by the Trustee (unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103.8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information as of December 31, 2011 and December 31, 2010 and for the year ended December 31, 2011 included in the accompanying financial statements and supplemental schedule was provided and certified by Reliance Trust Company, the trustee, as being complete and accurate:

	December 31,	
	2011	2010
Mutual funds, at fair value	**$ 2,615,475**	$ 2,559,962
Notes receivable from participants	**95,434**	84,593

	December 31, 2011
Net depreciation in fair value of mutual funds	**$ (174,075)**
Dividend income	**38,273**
Interest income from participant loans	**4,258**

As permitted under such election, the Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedule.

6. Plan Termination

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

7. Tax Status

The Plan uses a prototype defined contribution plan and trust document sponsored by Hartford Retirement Services, LLC. Hartford Retirement Services, LLC received an opinion letter from the IRS dated March 31, 2008, which states that the volume submitter document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income tax has been included in the Plan's financial statements.

8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of:

	December 31,	
	2011	2010
Net assets available for benefits per the financial statements	**$ 2,716,595**	$ 2,652,316
Less: CY participant contributions receivable	**(7,201)**	**(**7,761)
Add: CY corrective distribution payable	**1,515**	-
Net assets available for benefits per Form 5500	**$ 2,710,909**	$ 2,644,555

The following is a reconciliation of net income per the financial statements to the Form 5500 for the year ended:

	December 31, 2011
Net Income per the financial statements	**$ 64,279**
Less: CY participant contributions receivable	**(7,201)**
Add: PY participant contributions receivable	**7,761**
Add: CY corrective distribution payable	**1,515**
Net income per Form 5500	**$ 66,354**

Supplemental Schedule to
BK Global, Inc. 401(k) Plan
Financial Statements
As of December 31, 2011

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

EIN: 75-2752015

December 31, 2011 Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	BlackRock Capital Appreciation R	Mutual fund	$ 664,278
	Fidelity Advisor Leveraged Co Stk T	Mutual fund	316,897
	Franklin Income R	Mutual fund	173,386
	Franklin U.S. Government Secs R	Mutual fund	192,507
	MFS Cash Reserve R2	Mutual fund	169,470
	MFS Lifetime 2010 R2	Mutual fund	71,268
	MFS Lifetime 2020 R2	Mutual fund	90,036
	MFS Lifetime 2030 R2	Mutual fund	74,627
	MFS Lifetime 2040 R2	Mutual fund	80,011
	MFS Lifetime Retirement Income R2	Mutual fund	74,087
	Oppenheimer International Bond N	Mutual fund	85,613
	Oppenheimer Main St Small Cap N	Mutual fund	16,983
	Oppenheimer Real Estate N	Mutual fund	43,629
	PIMCO Total Return R	Mutual fund	60,536
	T. Rowe Price Equity-Income R	Mutual fund	153,553
	Templeton Developing Markets R	Mutual fund	43,844
	Thornburg International Value R3	Mutual fund	304,750
		Total investments	**$ 2,615,475**
*	Participant loans	Interest rates ranging from 4.25% - 6.00% with maturity dates ranging from October 2012 through October 2041	$ 95,434

* A party-in-interest as defined by ERISA

Column (d) Cost is not required since all investments are directed by participants.