

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ROCKNES INC 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/01/1995</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ROCKNES INC</u> <u>PO BOX 613</u> <u>KENT, OH 44240</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1718877</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>330-836-7551</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>722110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1718877</u>	2c Sponsor's telephone number <u>330-836-7551</u>	2d Business code (see instructions) <u>722110</u>	
2b Employer Identification Number (EIN) <u>34-1718877</u>					
2c Sponsor's telephone number <u>330-836-7551</u>					
2d Business code (see instructions) <u>722110</u>					

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2012</u>	<u>IAN LILLEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ROCKNES INC PO BOX 613 KENT, OH 44240	3b Administrator's EIN 34-1718877 3c Administrator's telephone number 330-836-7551
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	246
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	109
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	119
d Subtotal. Add lines 6a , 6b , and 6c	6d	228
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	228
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	149
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☒ **G** (Financial Transaction Schedules)

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

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

A Name of plan ROCKNES INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROCKNES INC	D Employer Identification Number (EIN) 34-1718877

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
MERRILL LYNCH, PIERCE, FENNER 13-5674085 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK, NY 10281

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

MERRILL LYNCH, PIERCE, FENNER

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

(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?
	BROKERAGE		Yes ☒ No ☐	Yes ☐ No ☒	5660	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERRILL LYNCH, PIERCE, FENNER	52 59 60 63	5660

(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.
MERRILL LYNCH, PIERCE, FENNER 4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK, NY 10281 13-5674085	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules 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.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011	
A Name of plan ROCKNES INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROCKNES INC	D Employer Identification Number (EIN) 34-1718877

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
OWNER BY ATTRIBUTION	EMPLOYER	A DISTRIBUTION WAS ERRONEOUSLY MADE TO A PARTY-IN-INTEREST IN CONJUNCTION WITH A NON-DISTRIBUTABLE EVENT.			0
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	0	9574	9574	0

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>ROCKNES INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROCKNES INC</u>	D Employer Identification Number (EIN) <u>34-1718877</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	316589	236881
	(2) U.S. Government securities.....	1c(2)	0	
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	
	(B) All other.....	1c(3)(B)	0	
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	
	(B) Common	1c(4)(B)	0	
	(5) Partnership/joint venture interests	1c(5)	0	
	(6) Real estate (other than employer real property)	1c(6)	0	
	(7) Loans (other than to participants)	1c(7)	0	
	(8) Participant loans	1c(8)	8498	9220
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	378923	344426
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	704010	590527

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	704010	590527
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	19547	
(B) Participants	2a(1)(B)	26626	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		46173

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	326	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		326

(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)	6601	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6601

(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-19821
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		33279

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146567	
(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)		146567
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	195	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		195
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		146762

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-113483
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: LEVIN, SWEDLER & COMPANY, INC.

(2) EIN: 34-1515013

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.).....	☒	☐	154674
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☒	☐	9574
e Was this plan covered by a fidelity bond?.....	☒	☐	100000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>ROCKNES INC 401(K) PROFIT SHARING PLAN & 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>ROCKNES INC</u>	D Employer Identification Number (EIN) <u>34-1718877</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>16-1470238</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

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

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

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

SCHEDULE H, LINE 3a
ROCKNE'S INC 401(k) PROFIT SHARING PLAN & TRUST
SPONSOR FEIN 34-1718877, PLAN NO. 001

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

**As of December 31, 2011 and 2010, and
For the Year Ended December 31, 2011**

Contents

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants of
Rockne's Inc 401(k) Profit Sharing Plan & Trust:

We have audited the accompanying statements of net assets available for benefits - modified cash basis of Rockne's Inc 401(k) Profit Sharing Plan & Trust as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

As described in Note 2, these financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Rockne's Inc 401(k) Profit Sharing Plan & Trust as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the year ended December 31, 2011, on the basis of accounting described in Note 2.

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 11 to the financial statements, the Board of Directors of Rockne's, Inc., the Plan Sponsor, approved a resolution on January 1, 2012 to terminate the Plan, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules - modified cash basis of nonexempt transactions, assets (held at end of year) and delinquent participant contributions and loan repayments, together referred to as "supplementary information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits 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.

Akron, Ohio
October 12, 2012

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Statements of Net Assets Available for Benefits - Modified Cash Basis
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets:		
Investments, at fair value:		
Registered investment companies	\$ 581,307	\$ 695,512
Receivables:		
Notes receivable from participants	<u>9,220</u>	<u>8,498</u>
Net assets available for benefits	<u>\$ 590,527</u>	<u>\$ 704,010</u>

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

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis
For the Year Ended December 31, 2011

Additions to net assets attributed to:

Investment income (loss):	
Net depreciation in fair value of investments	\$ (19,821)
Interest and dividends	<u>6,601</u>
Total investment income (loss)	<u>(13,220)</u>
 Interest income on notes receivable from participants	 <u>326</u>
 Contributions:	
Employer matching contributions	19,547
Participant elective deferrals	<u>26,626</u>
Total contributions	<u>46,173</u>
 Total additions	 <u>33,279</u>

Deductions from net assets attributed to:

Benefits paid to participants	146,567
Administrative expenses	<u>195</u>
Total deductions	<u>146,762</u>

Net decrease (113,483)

Net assets available for benefits:

Beginning of year	<u>704,010</u>
 End of year	 \$ <u><u>590,527</u></u>

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

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2011 and 2010

1. DESCRIPTION OF PLAN

The following description of the Rockne's Inc 401(k) Profit Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

Rockne's, Inc. established the Rockne's Inc 401(k) Profit Sharing Plan & Trust, effective February 1, 1995. The Plan operates in accordance with Section 401(k) of the Internal Revenue Code. The Plan is a defined contribution plan covering substantially all employees of Rockne's Inc. and subsidiaries ("Companies"). To be eligible, employees must attain the age of 21 and have completed one year of service, as defined in the Plan. The Plan allows employees to enter the Plan the first day of January or July following the date on which the employee completes the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may contribute up to 15% of pretax annual compensation, as defined in the Plan. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. The Companies make safe harbor matching contributions equal to 100% of a participant's deferrals up to 3% of their compensation and 50% of deferrals on the next 2% of compensation. Additional profit sharing amounts may be contributed at the discretion of the Companies. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Contributions are subject to limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Companies' contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct all contributions to any of the investment options available to them through Merrill Lynch Pierce, Fenner & Smith, Inc.

Payment of Benefits

The vested portion of a participant's account becomes payable upon death, disability, retirement or termination of service for any other reason. Participants may choose to receive vested account balances either as a lump sum amount or in installments.

In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 59 ½. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant. In-service hardship withdrawals of participant balances are not permitted under the Plan.

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2011 and 2010

Vesting

Participants are immediately vested in their voluntary contributions and the Companies' safe harbor matching contributions, plus actual earnings thereon. In the event of termination of employment for reasons other than normal retirement, death or disability, a participant shall have a vested right in the Companies' pre-2003 matching and profit sharing contributions based on the participant's years of service with the Companies. Participants vest 20% per calendar year of service after the first calendar year of service and are 100% vested after six years of service.

Forfeited Accounts

Forfeited nonvested accounts are to be allocated to the individual accounts of each qualifying participant in the ratio of each participant's compensation for the plan year to the total compensation of all participants for such plan year. At December 31, 2011 and 2010, there were no forfeited nonvested accounts in the Plan. During the years ended December 31, 2011 and 2010, no forfeited nonvested accounts were allocated to qualifying participants.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the highest outstanding balance of plan loans during the preceding one year period, or 50% of their vested account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used to buy a principal residence. The loans are secured by the balance in the participant's account and bear an interest rate of 4.25%, which is commensurate with local prevailing rates as determined by the plan administrator.

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan, including legal and audit fees, have been paid by the Companies and are, therefore, not expenses of the Plan. The Plan pays fees related to the management of participating accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Investments are reported at current values. All other transactions are reported on a cash basis.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Plan did not hold any qualifying investment contracts for any of the periods presented.

Payment of Benefits

Benefits are recorded when paid.

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2011 and 2010

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of investment securities are recorded on a trade-date basis. Interest and dividend income are recorded on the cash basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures*, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 was partially effective for periods beginning after December 15, 2009 and was adopted by the Plan accordingly. The requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis is effective for fiscal years beginning after December 15, 2010. The Plan adopted the new guidance in 2011, with no material effect on the Plan's financial statements.

3. INVESTMENTS

Investments held by the Plan as of December 31, 2011 and 2010, including separate identification of investments that represent 5% or more of the Plan's net assets, are summarized as follows:

	<u>2011</u>	<u>2010</u>
BlackRock Ready Assets Prime Money Fund	\$ 236,881	\$ 316,589
BlackRock Basic Value Inv A	69,118	78,534
BlackRock Total Return Inv A	44,018	38,341
BlackRock Capital Appreciation Inv A	45,746	58,741
BlackRock U.S. Government Bond Inv A	38,179	**
BlackRock Value Opportunities Inv A	46,004	54,668
BlackRock Global Allocation Inv A	47,387	51,505
Other (less than 5%)	<u>53,974</u>	<u>97,134</u>
Total investments	<u><u>\$ 581,307</u></u>	<u><u>\$ 695,512</u></u>

** - investment did not exceed 5% for the respective year.

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2011 and 2010

During the year ended December 31, 2011, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by \$19,821 as follows:

	Year ended December 31, <u>2011</u>
Registered investment companies	\$ <u>(19,821)</u>

4. 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). 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 <ul style="list-style-type: none"> • 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.

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 December 31, 2011 and 2010.

Registered investment companies (e.g. mutual funds): Valued at the net asset value (NAV) of shares held by the Plan at year end.

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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2011 and 2010

Assets at Fair Value as of December 31, 2011

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Totals</u>
Registered investment companies				
Money market funds	\$ 236,881	\$ -	\$ -	\$ 236,881
Growth funds	57,136	-	-	57,136
Value funds	82,843	-	-	82,843
Blended funds	122,142	-	-	122,142
Fixed income funds	82,305	-	-	82,305
Total assets at fair value	\$ 581,307	\$ -	\$ -	\$ 581,307

Assets at Fair Value as of December 31, 2010

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Totals</u>
Registered investment companies				
Money market funds	\$ 316,589	\$ -	\$ -	\$ 316,589
Growth funds	70,373	-	-	70,373
Value funds	98,731	-	-	98,731
Blended funds	142,838	-	-	142,838
Fixed income funds	66,981	-	-	66,981
Total assets at fair value	\$ 695,512	\$ -	\$ -	\$ 695,512

There were no transfers between level 1 and level 2 investments during the year ended December 31, 2011.

5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. PLAN TERMINATION

The Companies have 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 employer contributions. See the Subsequent Events note for further information regarding Plan termination.

7. RELATED PARTY TRANSACTIONS

Notes receivable from participants totaling \$9,220 and \$8,498 as of December 31, 2011 and 2010, respectively, are considered party-in-interest transactions. Interest income pertaining to notes receivable from participants totaled \$326 for the year ended December 31, 2011.

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2011 and 2010

8. CONTINGENCIES

The Plan received a Notice of Rejection dated March 23, 2011 from the U.S. Department of Labor ("DOL") informing the Plan that its 2009 Form 5500 annual report was rejected because a report of an Independent Qualified Public Accountant, along with audited financial statements and accompanying footnotes, was not attached to the filing, as required. The Plan subsequently received a Notice of Intent to Assess a Penalty dated June 13, 2011 from the DOL because the Plan had not satisfactorily responded to the DOL's request in the Notice of Rejection. The Plan subsequently filed an amended 2009 Form 5500 and received a Notice of Determination of Reasonable Cause dated September 26, 2011 from the DOL stating that the amended 2009 annual report was satisfactory. The DOL assessed a penalty, citing a failure to originally file an acceptable annual report, failure to timely correct the original filing and a failure to maintain adequate internal controls.

9. NONEXEMPT PROHIBITED TRANSACTIONS

During the year ended December 31, 2010, the Plan made an erroneous distribution of \$9,574 to a party-in-interest in conjunction with a non-distributable event, thus constituting a nonexempt prohibited transaction between the Plan and the party-in-interest, specifically a transfer to, or use by or for the benefit of, a party-in-interest, of income or assets of the Plan. The ineligible distribution was repaid to the Plan by the party-in-interest in 2011.

During the years ended December 31, 2011, 2010, 2009, 2008, 2007 and 2006, the Companies failed to remit, on certain occasions, participant contributions and loan repayments totaling \$154,674 as soon as administratively feasible after being withheld from participants, thus constituting nonexempt prohibited transactions between the Plan and the Companies. All of the identified delinquent contributions and loan repayments were deposited into the Plan no later than 90 days after the respective pay dates. Lost earnings on all of the identified delinquencies were calculated and deposited into the Plan in February 2012.

10. TAX STATUS

The Plan has adopted a prototype plan document to which the Internal Revenue Service has issued an opinion letter dated March 31, 2008, in which the Internal Revenue Service stated that the prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The prototype has been amended since issuance of the most recent opinion letter. The Plan has not requested an individual determination letter from the Internal Revenue Service. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and intends to take corrective action for any identified deficiencies. Therefore, the plan administrator believes that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, no uncertain positions are taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2002.

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Notes to Financial Statements
December 31, 2011 and 2010

11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2012, the date the financial statements were available to be issued.

On January 1, 2012, the Board of Directors of Rockne's, Inc., the Plan Sponsor, approved a resolution to terminate the Plan, effective January 31, 2012. The Plan was formally amended January 27, 2012 to discontinue the safe-harbor matching provision, effective January 31, 2012. All participants became 100% vested when the Plan was terminated. Final distributions of substantially all participant account balances have been processed during 2012.

The Plan voluntarily filed delinquent Forms 5500 from plan years 2000 and 2002 through 2008 under the DOL's Delinquent Filer Voluntary Compliance Program (DFVCP) in February 2012. These filings are not expected to have any financial effect on the Plan.

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Schedule G, Part III - Nonexempt Transactions
Sponsor FEIN 31-1718877, Plan No. 001
December 31, 2011

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Identify of Party Involved	Relationship to plan, employer, or other party-in- interest	Description of transaction including maturity date, rate of interest, collateral, par or maturity value	Purchase price	Selling price	Lease rental	incurred in connection with transactio n	Cost of asset	Current value of asset	Net gain or (loss) on each transactio n
Owner by attribution	Employer	A distribution was erroneously made to a party-in-interest in conjunction with a non- distributable event, representing a transfer to, or use by or for the benefit of, a party-in- interest, of income or assets of the Plan.	\$ -	\$ -	\$ -	\$ -	\$ 9,574	\$ 9,574	\$ -

The accompanying notes are an integral part of this schedule.

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
Sponsor FEIN 34-1718877, Plan No. 001
December 31, 2011

(a) (b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
BlackRock Basic Value Inv B	Registered Investment Company (16 shares)	\$ 378
BlackRock Total Return Inv B	Registered Investment Company (6 shares)	69
BlackRock Ready Assets Prime Money Fund	Registered Investment Company (236,881 shares)	236,881
BlackRock Large Cap Core Inv B	Registered Investment Company (62 shares)	630
BlackRock U.S Government Bond Inv B1	Registered Investment Company (4 shares)	39
BlackRock Basic Value Inv A	Registered Investment Company (2,857 shares)	69,118
BlackRock International Inv A	Registered Investment Company (1,271 shares)	14,144
BlackRock Total Return Inv A	Registered Investment Company (3,937 shares)	44,018
BlackRock Capital Appreciation Inv A	Registered Investment Company (2,190 shares)	45,746
BlackRock Large Cap Core Inv A	Registered Investment Company (1,291 shares)	13,977
BlackRock U.S Government Bond Inv A	Registered Investment Company (3,538 shares)	38,179
BlackRock Large Cap Value Inv A	Registered Investment Company (948 shares)	13,347
BlackRock Small Cap Growth II Inv A	Registered Investment Company (862 shares)	11,390
BlackRock Value Opportunities Inv A	Registered Investment Company (2,479 shares)	46,004
BlackRock Global Allocation Inv A	Registered Investment Company (2,609 shares)	47,387
Subtotal - Registered Investment Companies		581,307
* Participant Loans	4.25% notes receivable; collateralized by participant accounts	9,220
Total		\$ 590,527

* - represents a party-in-interest

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Schedule H, line 4a - Schedule of Delinquent Participant Contributions and Loan Repayments
Sponsor FEIN 31-1718877, Plan No. 001
December 31, 2011

Month	Participant Contributions and Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Not Corrected	Corrected Outside VFCP	Pending Correction in VFCP	
January, 2006	\$ 1,957	\$ 1,957	\$ -	\$ -	\$ -
February, 2006	1,967	1,967	-	-	-
March, 2006	983	983	-	-	-
May, 2006	497	497	-	-	-
January, 2007	669	669	-	-	-
February, 2007	1,222	1,222	-	-	-
March, 2007	652	652	-	-	-
April, 2007	3,258	3,258	-	-	-
May, 2007	263	263	-	-	-
June, 2007	1,000	1,000	-	-	-
July, 2007	2,106	2,106	-	-	-
August, 2007	2,454	2,454	-	-	-
September, 2007	3,292	3,292	-	-	-
October, 2007	1,726	1,726	-	-	-
November, 2007	3,410	3,410	-	-	-
December, 2007	2,593	2,593	-	-	-
January, 2008	3,261	3,261	-	-	-
February, 2008	3,614	3,614	-	-	-
March, 2008	2,774	2,774	-	-	-
April, 2008	3,757	3,757	-	-	-
May, 2008	4,702	4,702	-	-	-
June, 2008	3,668	3,668	-	-	-
July, 2008	4,282	4,282	-	-	-
August, 2008	3,362	3,362	-	-	-
September, 2008	1,778	1,778	-	-	-
October, 2008	4,312	4,312	-	-	-
November, 2008	3,212	3,212	-	-	-
December, 2008	3,319	3,319	-	-	-
January, 2009	4,125	4,125	-	-	-
February, 2009	2,316	2,316	-	-	-
March, 2009	2,243	2,243	-	-	-
April, 2009	2,916	2,916	-	-	-
May, 2009	2,674	2,674	-	-	-
June, 2009	2,854	2,854	-	-	-
July, 2009	3,503	3,503	-	-	-
August, 2009	2,841	2,841	-	-	-
September, 2009	2,145	2,145	-	-	-
October, 2009	3,601	3,601	-	-	-
November, 2009	2,893	2,893	-	-	-
December, 2009	3,733	3,733	-	-	-
January, 2010	2,990	2,990	-	-	-
February, 2010	2,871	2,871	-	-	-

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Schedule H, line 4a - Schedule of Delinquent Participant Contributions and Loan Repayments
Sponsor FEIN 31-1718877, Plan No. 001
December 31, 2011

Month	Participant Contributions and Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Not Corrected	Corrected Outside VFCP	Pending Correction in VFCP	
March, 2010	\$ 2,328	\$ 2,328	\$ -	\$ -	\$ -
April, 2010	3,432	3,432	-	-	-
May, 2010	2,330	2,330	-	-	-
June, 2010	2,224	2,224	-	-	-
July, 2010	2,992	2,992	-	-	-
August, 2010	2,240	2,240	-	-	-
September, 2010	3,268	3,268	-	-	-
October, 2010	2,523	2,523	-	-	-
November, 2010	1,506	1,506	-	-	-
December, 2010	2,430	2,430	-	-	-
January, 2011	1,933	1,933	-	-	-
February, 2011	1,203	1,203	-	-	-
March, 2011	1,667	1,667	-	-	-
April, 2011	1,289	1,289	-	-	-
May, 2011	2,266	2,266	-	-	-
June, 2011	1,126	1,126	-	-	-
July, 2011	2,283	2,283	-	-	-
August, 2011	1,519	1,519	-	-	-
September, 2011	2,125	2,125	-	-	-
October, 2011	548	548	-	-	-
November, 2011	549	549	-	-	-
December, 2011	1,098	1,098	-	-	-
Totals	<u>\$ 154,674</u>	<u>\$ 154,674</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
Sponsor FEIN 34-1718877, Plan No. 001
December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	BlackRock Basic Value Inv B	Registered Investment Company (16 shares)	\$ 378
	BlackRock Total Return Inv B	Registered Investment Company (6 shares)	69
	BlackRock Ready Assets Prime Money Fund	Registered Investment Company (236,881 shares)	236,881
	BlackRock Large Cap Core Inv B	Registered Investment Company (62 shares)	630
	BlackRock U.S Government Bond Inv B1	Registered Investment Company (4 shares)	39
	BlackRock Basic Value Inv A	Registered Investment Company (2,857 shares)	69,118
	BlackRock International Inv A	Registered Investment Company (1,271 shares)	14,144
	BlackRock Total Return Inv A	Registered Investment Company (3,937 shares)	44,018
	BlackRock Capital Appreciation Inv A	Registered Investment Company (2,190 shares)	45,746
	BlackRock Large Cap Core Inv A	Registered Investment Company (1,291 shares)	13,977
	BlackRock U.S Government Bond Inv A	Registered Investment Company (3,538 shares)	38,179
	BlackRock Large Cap Value Inv A	Registered Investment Company (948 shares)	13,347
	BlackRock Small Cap Growth II Inv A	Registered Investment Company (862 shares)	11,390
	BlackRock Value Opportunities Inv A	Registered Investment Company (2,479 shares)	46,004
	BlackRock Global Allocation Inv A	Registered Investment Company (2,609 shares)	47,387
	Subtotal - Registered Investment Companies		581,307
	* Participant Loans	4.25% notes receivable; collateralized by participant accounts	9,220
	Total		\$ 590,527

* - represents a party-in-interest

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Schedule H, line 4a - Schedule of Delinquent Participant Contributions and Loan Repayments
Sponsor FEIN 31-1718877, Plan No. 001
December 31, 2011

Month	Participant Contributions and Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Not Corrected	Corrected Outside VFCP	Pending Correction in VFCP	
January, 2006	\$ 1,957	\$ 1,957	\$ -	\$ -	\$ -
February, 2006	1,967	1,967	-	-	-
March, 2006	983	983	-	-	-
May, 2006	497	497	-	-	-
January, 2007	669	669	-	-	-
February, 2007	1,222	1,222	-	-	-
March, 2007	652	652	-	-	-
April, 2007	3,258	3,258	-	-	-
May, 2007	263	263	-	-	-
June, 2007	1,000	1,000	-	-	-
July, 2007	2,106	2,106	-	-	-
August, 2007	2,454	2,454	-	-	-
September, 2007	3,292	3,292	-	-	-
October, 2007	1,726	1,726	-	-	-
November, 2007	3,410	3,410	-	-	-
December, 2007	2,593	2,593	-	-	-
January, 2008	3,261	3,261	-	-	-
February, 2008	3,614	3,614	-	-	-
March, 2008	2,774	2,774	-	-	-
April, 2008	3,757	3,757	-	-	-
May, 2008	4,702	4,702	-	-	-
June, 2008	3,668	3,668	-	-	-
July, 2008	4,282	4,282	-	-	-
August, 2008	3,362	3,362	-	-	-
September, 2008	1,778	1,778	-	-	-
October, 2008	4,312	4,312	-	-	-
November, 2008	3,212	3,212	-	-	-
December, 2008	3,319	3,319	-	-	-
January, 2009	4,125	4,125	-	-	-
February, 2009	2,316	2,316	-	-	-
March, 2009	2,243	2,243	-	-	-
April, 2009	2,916	2,916	-	-	-
May, 2009	2,674	2,674	-	-	-
June, 2009	2,854	2,854	-	-	-
July, 2009	3,503	3,503	-	-	-
August, 2009	2,841	2,841	-	-	-
September, 2009	2,145	2,145	-	-	-
October, 2009	3,601	3,601	-	-	-
November, 2009	2,893	2,893	-	-	-
December, 2009	3,733	3,733	-	-	-
January, 2010	2,990	2,990	-	-	-
February, 2010	2,871	2,871	-	-	-

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Schedule H, line 4a - Schedule of Delinquent Participant Contributions and Loan Repayments
Sponsor FEIN 31-1718877, Plan No. 001
December 31, 2011

Month	Participant Contributions and Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Not Corrected	Corrected Outside VFCP	Pending Correction in VFCP	
March, 2010	\$ 2,328	\$ 2,328	\$ -	\$ -	\$ -
April, 2010	3,432	3,432	-	-	-
May, 2010	2,330	2,330	-	-	-
June, 2010	2,224	2,224	-	-	-
July, 2010	2,992	2,992	-	-	-
August, 2010	2,240	2,240	-	-	-
September, 2010	3,268	3,268	-	-	-
October, 2010	2,523	2,523	-	-	-
November, 2010	1,506	1,506	-	-	-
December, 2010	2,430	2,430	-	-	-
January, 2011	1,933	1,933	-	-	-
February, 2011	1,203	1,203	-	-	-
March, 2011	1,667	1,667	-	-	-
April, 2011	1,289	1,289	-	-	-
May, 2011	2,266	2,266	-	-	-
June, 2011	1,126	1,126	-	-	-
July, 2011	2,283	2,283	-	-	-
August, 2011	1,519	1,519	-	-	-
September, 2011	2,125	2,125	-	-	-
October, 2011	548	548	-	-	-
November, 2011	549	549	-	-	-
December, 2011	1,098	1,098	-	-	-
Totals	<u>\$ 154,674</u>	<u>\$ 154,674</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Rockne's Inc 401(k) Profit Sharing Plan & Trust
Schedule G, Part III - Nonexempt Transactions
Sponsor FEIN 31-1718877, Plan No. 001
December 31, 2011

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Identify of Party Involved	Relationship to plan, employer, or other party-in- interest	Description of transaction including maturity date, rate of interest, collateral, par or maturity value	Purchase price	Selling price	Lease rental	Expenses incurred in connection with transaction	Cost of asset	Current value of asset	Net gain or (loss) on each transaction
Owner by attribution	Employer	A distribution was erroneously made to a party-in-interest in conjunction with a non- distributable event, representing a transfer to, or use by or for the benefit of, a party-in- interest, of income or assets of the Plan.	\$ -	\$ -	\$ -	\$ -	\$ 9,574	\$ 9,574	\$ -