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 02/01/2011 and ending 01/31/2012

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
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/31/1969

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

FARM KING SUPPLY, INC
BRAD SEVERS

730 N BOWER ROAD
MACOMB, IL 61455

2b Employer Identification Number (EIN) 37-0798213

2c Sponsor's telephone number 309-837-9929

2d Business code (see instructions) 452900

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.	11/14/2012	BRAD SEVERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/14/2012	BRAD SEVERS
	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")
FARM KING SUPPLY, INC

730 N BOWER ROAD
MACOMB, IL 61455

3b Administrator's EIN
37-0798213

3c Administrator's telephone number
309-837-9929

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**	246
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**	222
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	222
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	222
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	222
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	29
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 2H

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 02/01/2011 and ending 01/31/2012

A Name of plan
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FARM KING SUPPLY, INC

D Employer Identification Number (EIN)
37-0798213

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).. . . . . [X] 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

LOOMIS SAYLES

04-3219179

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

PIMCO

95-2632339

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

VANGUARD

23-1899003

(b) Enter name and EIN or address of person who provided you disclosures 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)

NORTHEAST INVESTMENT MANAGEMENT,INC

04-2815899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	24168	Yes [ ] No [X]	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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 02/01/2011 and ending 01/31/2012

A Name of plan
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FARM KING SUPPLY, INC

D Employer Identification Number (EIN)
37-0798213

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	393419	344605
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3048	4777
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5282	6690
(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)	3325927	3248342
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2531367	2297966
(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	6259043	5902380
Liabilities			
g Benefit claims payable	1g	90933	337637
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	90933	337637
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6168110	5564743

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)	344605	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		344605
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)	58	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		58
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37668	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	83557	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		121225
(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)	-53130	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-53130
(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)		-99742
c Other income	2c		8597
d Total income. Add all **income** amounts in column (b) and enter total	2d		321613
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	900812	
(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)		900812
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	24168	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		24168
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		924980
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-603367
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) [X] 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 [X] No

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

(1) Name: KERBER, ECK & BRAECKEL LLP (2) EIN: 43-0352985

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 02/01/2011 and ending 01/31/2012

A Name of plan
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FARM KING SUPPLY, INC

D Employer Identification Number (EIN)
37-0798213

Part I Distributions

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

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

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

EIN(s): 04-2815899

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):

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT



THE RESTATED FARM KING SUPPLY, INC. PROFIT SHARING PLAN AND TRUST

January 31, 2012 and 2011

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Kerber, Eck & Braeckel LLP

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Management Consultants

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www.kebcpa.com

Independent Auditors' Report

To the Trustee and Management
The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

We have audited the accompanying statements of net assets available for benefits of The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust as of January 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended. 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust as of January 31, 2012 and 2011, and changes in net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kerber, Eck & Braeckel LLP

Springfield, Illinois
November 2, 2012

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

January 31

	2012	2011
Assets		
Investments, at fair value	$ 5,552,998	$ 5,862,576
Receivables		
Employer contributions	344,605	393,419
Accrued investment income	4,777	3,048
	349,382	396,467
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,902,380	$ 6,259,043

The accompanying notes are an integral part of these statements.

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended January 31

	2012	2011
Additions to net assets attributed to		
Investment income		
Interest and dividends	$ 121,283	$ 136,197
Net appreciation (depreciation) in fair value of investments	(152,872)	842,337
	(31,589)	978,534
Less investment expenses	24,168	24,964
	(55,757)	953,570
Employer contributions	344,605	393,419
Litigation settlements	8,597	(3,176)
Total additions	297,445	1,343,813
Deductions from net assets attributed to		
Benefits paid to participants	654,108	993,887
Net increase (decrease) in net assets	(356,663)	349,926
Net assets available for benefits at beginning of year	6,259,043	5,909,117
Net assets available for benefits at end of year	$ 5,902,380	$ 6,259,043

The accompanying notes are an integral part of these statements.

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

NOTES TO FINANCIAL STATEMENTS

January 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan and Trust Agreement (the "Agreement") for a more complete description of the Plan's provisions.

1. General

The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust is a defined contribution plan covering all nonunion employees who have completed 1,000 hours of service in a twelve-month period commencing on the anniversary date of such employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Contributions

Annual contributions are made by Farm King Supply, Inc. (Company) at its discretion. Participants may not contribute to the Plan; however, any participant may request the Plan to accept a rollover contribution from such participant.

3. Participant Accounts

Participants' accounts are credited with Company contributions, forfeitures of terminated participants' nonvested accounts, and Plan earnings, and charged with an allocation of administrative expenses. The Company's contribution is credited to each participant's account as follows:

a. All participants shall have credited to their accounts the lesser of 5% of their compensation or the Company's contribution in the ratio which each participant's compensation bears to the compensation of all participants.

b. All participants whose compensation exceeds $ 10,000 shall have ratably credited to their accounts the lesser of 5% of such excess or the amount of the Company's contribution in the ratio which each participant's excess, if any, bears to the excess of all participants.

c. The balance of the Company's contribution, if any, shall be ratably credited to each participant's account in the ratio which each participant's compensation bears to the compensation of all participants.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A - DESCRIPTION OF THE PLAN - Continued

4. Vesting

The Company's contribution portion, plus earnings thereon, is based on years of continuous service in accordance with the following schedule:

Years of Service	Percent Vested
Less than 3	0%
3 but less than 4	20%
4 but less than 5	40%
5 but less than 6	60%
6 but less than 7	80%
7 or more	100%

In the event of a participant's death, disability or cessation of employment on or after the normal retirement date, the participant's share in the Plan becomes nonforfeitable.

5. Investments

The Plan document provides that participants may direct the investment of their accounts. The summary plan description indicates participant accounts will be invested by the trustee if the investment is not directed by the participant. No directives have been issued by Plan participants concerning Plan investments. Accordingly, all Plan investments have been directed by the trustee.

6. Benefits

On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a period not in excess of the life expectancy of the participant or his or her spouse as of the date of the commencement of such distribution.

7. Forfeited Accounts

Forfeitured nonvested accounts are reallocated to participant accounts in the ratio which each participant's compensation bears to the compensation of all participants. For the years ended January 31, 2012 and 2011, approximately $ 39,600 and $ 31,800 were reallocated to participants' accounts from forfeited nonvested accounts, respectively.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

A summary of the accounting policies consistently applied in the preparation of the accompanying financial statements follows:

1. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis, accordingly, additions are recorded when earned and deductions are recorded when incurred.

2. Use of Estimates

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

3. Investment Valuation and Income Recognition

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

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

4. Benefits Payable

Benefits are recorded when paid.

5. Subsequent Events

Management has evaluated subsequent events for recognition and disclosure in the financial statements through November 2, 2012, which is the date the financial statements were available to be issued. Through November 2, 2012, no subsequent events required recognition or disclosure in the financial statements.

6. Expenses

The administration costs and expenses of the Plan are paid by the Company.

NOTE C - INVESTMENTS

The Plan's investments are held and administered by Northeast Investment Management, Inc., professional portfolio managers, located in Boston, Massachusetts. The following table presents the investments at fair value. Investments that represent five percent or more of the Plan's net assets are separately identified:

	2012	2011
Investments at fair value as determined by quoted market price		
Pimco Total Return Fund Institutional	$ 334,493	$ 431,588
Vanguard GNMA Fund	412,388	338,213
Vanguard Short-Term Bond Index	298,118	327,168
Vanguard Inflation Protected Securities (2012 only)	439,590	289,050
Common stocks	3,248,342	3,510,794
Mutual funds	97,492	224,574
Exchange traded funds	715,885	735,907
Money market fund	6,690	5,282
	$ 5,552,998	$ 5,862,576

The Plan's investments (including investments bought, sold and held during the year) depreciated in value by $ 152,872 during 2012 and appreciated $ 842,337 during 2011 as follows:

	2012	2011
Investments at fair value as determined by quoted market price		
Common stock	$ (162,760)	$ 674,248
Exchange traded funds	109,630	112,024
Mutual funds	(99,742)	56,065
	$ (152,872)	$ 842,337

NOTE C - INVESTMENTS - Continued

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Accounting standards also establish a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standards describe three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets for identical assets or liabilities. Level 1 assets and liabilities include debt and equity securities that are traded in an active exchange market, as well as U.S. Treasury securities.

Level 2 - Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted prices that are traded less frequently than exchange-traded instruments. This category generally includes certain U.S. Government and agency mortgage-backed debt securities and corporate debt securities. Level 2 assets also include certain entities that calculate net asset value per share if the Plan has the ability to redeem the investment at net asset value per share at the measurement date or shortly thereafter. Examples of these entities include hedge funds, private equity funds, real estate funds, offshore funds and funds of funds.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant measurement judgment or estimation. This category generally includes certain private debt and equity investments. Level 3 assets also include certain entities that calculate net asset value per share in which the Plan never has the ability to redeem the investment at net asset value per share or cannot redeem the investment in the near term.

NOTE C - INVESTMENTS - *Continued*

The following discussion describes the valuation methodologies used for financial assets measured at fair value. The techniques utilized in estimating the fair values are affected by the assumptions used, including discount rates and estimates of the amount and timing of future cash flows. Care should be exercised in deriving conclusions about the Plan's business, its value or financial position based on the fair value information of financial assets presented below.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in amounts disclosed. In addition, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset.

Fair values of the mutual funds, exchange traded funds, common stocks, and money market funds have been determined by the Plan from observable market quotations, when available.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

January 31, 2012 and 2011

NOTE C - INVESTMENTS - Continued

The following table presents the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of January 31:

	Fair Value	Level 1	Level 2	Level 3
2012				
Mutual funds				
Income funds	$ 1,582,081	$ 1,582,081	$ -	$ -
Exchange traded funds				
Commodity ETF	162,368	162,368	-	-
International funds	217,989	217,989	-	-
Emerging markets funds	106,418	106,418	-	-
Mid cap equity	115,110	115,110	-	-
Small cap equity	114,000	114,000	-	-
Common stock				
Consumer discretionary	369,202	369,202	-	-
Consumer staples	410,240	410,240	-	-
Energy	568,650	568,650	-	-
Financials	275,660	275,660	-	-
Health care	351,385	351,385	-	-
Industrials	580,578	580,578	-	-
Information technology	692,627	692,627	-	-
Money market funds	6,690	6,690	-	-
	$ 5,552,998	$ 5,552,998	$ -	$ -
2011				
Mutual funds				
Income funds	$ 1,610,593	$ 1,610,593	$ -	$ -
Mid cap equity	80,514	80,514	-	-
Small cap equity	104,353	104,353	-	-
Exchange traded funds				
Commodity ETF	110,390	110,390	-	-
International funds	288,814	288,814	-	-
Emerging markets funds	336,703	336,703	-	-
Common stock				
Consumer discretionary	316,217	316,217	-	-
Consumer staples	84,910	84,910	-	-
Energy	560,329	560,329	-	-
Financials	622,940	622,940	-	-
Health care	275,457	275,457	-	-
Industrials	874,690	874,690	-	-
Information technology	591,384	591,384	-	-
Money market funds	5,282	5,282	-	-
	$ 5,862,576	$ 5,862,576	$ -	$ -

NOTE D - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated November 18, 1994, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan has recognized in the financial statements the effects of all tax positions and continually evaluates expiring statutes of limitations, audits, changes in tax law, and new authoritative rulings. The Plan is not aware of any circumstances or events that make it reasonably possible that unrecognized tax benefits may increase or decrease within 12 months of the date of the statements of net assets available for benefits. Penalties and interest assessed by taxing authorities are included in other deductions, if applicable. There were no interest or penalties paid during 2012 or 2011.

The Plan files Form 5500 annually in the federal jurisdiction. The federal returns prior to 2008 are closed.

NOTE E - PLAN TERMINATION

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

NOTE F - BENEFITS PAYABLE

Benefits payable to persons who have withdrawn from the Plan in the amounts of approximately $ 338,000 and $ 91,000 at January 31, 2012 and 2011, respectively, are included in net assets available for benefits.

NOTE G - 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 such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H - RELATED-PARTY TRANSACTIONS

Plan investments are managed by Northeast Investment Management, Inc. Northeast Investment Management Services, Inc. is the custodian as defined by the Plan. These transactions qualify as party in interest. Fees paid by the Plan for trustee and custodial services were approximately $ 24,200 and $ 25,000 for the years ended January 31, 2012 and 2011, respectively.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

	2012	2011
Net assets for benefits as presented in these financial statements	$ 5,902,380	$ 6,259,043
Adjustment of accounts allocated to withdrawing participants at year end	(337,637)	(90,933)
Net assets available for benefits as presented on Form 5500	$ 5,564,743	$ 6,168,110
Net increase (decrease) in net assets available for benefits as presented in these financial statements	$ (356,663)	$ 349,926
Amounts allocated to withdrawing participants, beginning of year	90,933	737,884
Amounts allocated to withdrawing participants, end of year	(337,637)	(90,933)
Net increase in net assets available for benefits as presented on Form 5500	$ (603,367)	$ 996,877

SUPPLEMENTARY INFORMATION

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 37-0798213 Plan Number 001

January 31, 2012

(a)	(b)	(c)	(d)	(e)
Party-in-Interest Identification	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Dreyfus	Money Market Fund	$ 6,690	$ 6,690
	Loomis Sayles	Global Bond Fund, 5,823.87 shares	91,027	97,492
	Pimco	Total Return Fund Instl, 30,080.30 shares	314,862	334,493
	Vanguard	Short Term Bond Fund Instl., 27,966.09 shares	290,999	298,118
	Vanguard	Inflation Protected Securities Instl.,15,522.26 shares	399,254	439,590
	Vanguard	GNMA Fund Adm., 37,185.62 shares	403,332	412,388
			1,499,474	1,582,081
	Spdr Gold Trust	Commodity ETF, 959 shares	122,947	162,368
	iShares	FTSE/Xinhua China 25 Index, 2,397 shares	102,023	101,561
	Vanguard	MSCI Emerging Markets Index Fund, 2,514 shares	102,209	106,418
	Vanguard	Mid-Cap ETF, 1,500 shares	102,853	115,110
	Vanguard	REIT ETF, 1,887 shares	102,151	116,428
	Vanguard	Small-Cap ETF, 1,530 shares	102,437	114,000
			634,620	715,885
	Total carried forward		2,140,784	2,304,656

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
EIN: 37-0798213 Plan Number 001

January 31, 2012

(a)	(b)	(c)	(d)	(e)
Party-in-Interest Identification	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Total brought forward		$ 2,140,784	$ 2,304,656
	Amazon.com Inc.	Common Stock, 452 shares	99,924	87,887
	Walt Disney Co.	Common Stock, 2,735 shares	99,238	106,392
	McDonald's Corp.	Common Stock, 455 shares	104,257	115,096
	V.F. Corp.	Common Stock, 455 shares	59,622	59,828
	Coca Cola Co.	Common Stock, 1,474 shares	100,493	99,539
	Colgate Palmolive Co.	Common Stock, 1,162 shares	104,891	105,417
	CVS Caremark Corp.	Common Stock, 2,427 shares	89,897	101,327
	Nestle SA	Common Stock, 1,807 shares	104,467	103,957
	Chevron Corporation	Common Stock, 1,027 shares	100,114	105,904
	Exxon Mobil Corporation	Common Stock, 2,020 shares	151,522	169,155
	Occidental Petroleum Co.	Common Stock, 1,203 shares	101,187	120,023
	Schlumberger Ltd.	Common Stock, 2,309 shares	166,220	173,568
	American Tower Corp REIT	Common Stock, 853 shares	49,416	54,174
	Berkshire Hathaway Inc - CL B	Common Stock, 2,080 shares	150,663	163,010
	T Rowe Price Group Inc.	Common Stock, 1,011 shares	59,691	58,476
	Abbott Labs	Common Stock, 885 shares	49,525	47,923
	Johnson & Johnson	Common Stock, 1,560 shares	99,588	102,820
	Novartis	Common Stock, 1,760 shares	101,635	95,674
	Perrigo Co.	Common Stock, 1,098 shares	109,552	104,969
	Danaher Corp	Common Stock, 2,262 shares	99,977	118,778
	General Electric Co.	Common Stock, 6,100 shares	97,966	114,131
	Union Pac Corp.	Common Stock, 1,115 shares	101,202	127,456
	United Parcel Service - CL B	Common Stock, 1,406 shares	99,525	106,364
	3M Co.	Common Stock, 1,313 shares	101,512	113,850
	Apple Inc.	Common Stock, 380 shares	148,947	173,462
	EMC Corporation	Common Stock, 4,654 shares	103,413	119,887
	Google Inc. - Class A	Common Stock, 190 shares	101,597	110,221
	International Bus Machine	Common Stock, 592 shares	100,657	114,019
	Oracle Corporation	Common Stock, 2,804 shares	89,378	79,101
	Qualcomm Inc.	Common Stock, 1,631 shares	88,755	95,934
			3,034,831	3,248,342
	Total		$ 5,175,615	$ 5,552,998

* Party-in-interest

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 37-0798213 Plan Number 001

Year ended January 31, 2012

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value	Net Gain (Loss)
Pimco	Total Return Fund Instl.					
	Purchases - 3	$ 865,000	$ -	$ 865,000	$ 865,000	$ -
	Sales - 8	-	957,676	974,063	957,676	(16,387)
Vanguard	GNMA Fund Adm.					
	Purchases -2	740,000	-	740,000	740,000	-
	Sales - 5	-	677,572	681,681	677,572	(4,109)
Vanguard	Inflation Protected Securities Instl.					
	Purchases -3	810,000	-	810,000	810,000	-
	Sales - 5		675,536	692,653	675,536	(17,117)
Vanguard	Short Term Bond Fund Instl.					
	Purchases - 3	840,000	-	840,000	840,000	-
	Sales - 8	-	867,042	871,608	867,042	(4,566)
Loomis Sayles	Global Bond Fund					
	Purchases - 2	740,000	-	740,000	740,000	-
	Sales - 5	-	855,605	863,470	855,605	(7,865)
iShares	MSCI Emerging Markets Index Fund					
	Sales - 3	-	338,830	246,099	338,830	92,731
General Electric Corp	Common Stock					
	Sales - 6	-	309,081	256,114	309,081	52,967

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 the calendar plan year 2011 or fiscal plan year beginning 02/01/2011 **and ending** 01/31/2012

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
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/31/1969

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

FARM KING SUPPLY, INC

BRAD SEVERS

730 N BOWER ROAD

US MACOMB IL 61455

2b Employer Identification Number (EIN) 37-0798213

2c Sponsor's telephone number (309) 837-9929

2d Business code (see instructions) 452900

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	Signature of plan administrator	Date 11/9/12	BRAD SEVERS Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 11/9/12	BRAD SEVERS 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") Same	**3b** Administrator's EIN **3c** Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN **4c** PN

5 Total number of participants at the beginning of the plan year	**5**	246
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**	222
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	222
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	222
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	222
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	29
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer 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 2H

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)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(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	**b** General Schedules
(1) [X] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan) (3) [ ] ____ **A** (Insurance Information) (4) [X] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [ ] **D** (DFE/Participating Plan Information) (6) [ ] **G** (Financial Transaction Schedules)

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 37-0798213 Plan Number 001

Year ended January 31, 2012

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value	Net Gain (Loss)
Pimco	Total Return Fund Instl.					
	Purchases - 3	$ 865,000	$ -	$ 865,000	$ 865,000	$ -
	Sales - 8	-	957,676	974,063	957,676	(16,387)
Vanguard	GNMA Fund Adm.					
	Purchases -2	740,000	-	740,000	740,000	-
	Sales - 5	-	677,572	681,681	677,572	(4,109)
Vanguard	Inflation Protected Securities Instl.					
	Purchases -3	810,000	-	810,000	810,000	-
	Sales - 5		675,536	692,653	675,536	(17,117)
Vanguard	Short Term Bond Fund Instl.					
	Purchases - 3	840,000	-	840,000	840,000	-
	Sales - 8	-	867,042	871,608	867,042	(4,566)
Loomis Sayles	Global Bond Fund					
	Purchases - 2	740,000	-	740,000	740,000	-
	Sales - 5	-	855,605	863,470	855,605	(7,865)
iShares	MSCI Emerging Markets Index Fund					
	Sales - 3	-	338,830	246,099	338,830	92,731
General Electric Corp	Common Stock					
	Sales - 6	-	309,081	256,114	309,081	52,967

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 37-0798213 Plan Number 001

January 31, 2012

(a)	(b)	(c)	(d)	(e)
Party-in-Interest Identification	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Dreyfus	Money Market Fund	$ 6,690	$ 6,690
	Loomis Sayles	Global Bond Fund, 5,823.87 shares	91,027	97,492
	Pimco	Total Return Fund Instl, 30,080.30 shares	314,862	334,493
	Vanguard	Short Term Bond Fund Instl., 27,966.09 shares	290,999	298,118
	Vanguard	Inflation Protected Securities Instl.,15,522.26 shares	399,254	439,590
	Vanguard	GNMA Fund Adm., 37,185.62 shares	403,332	412,388
			1,499,474	1,582,081
	Spdr Gold Trust	Commodity ETF, 959 shares	122,947	162,368
	iShares	FTSE/Xinhua China 25 Index, 2,397 shares	102,023	101,561
	Vanguard	MSCI Emerging Markets Index Fund, 2,514 shares	102,209	106,418
	Vanguard	Mid-Cap ETF, 1,500 shares	102,853	115,110
	Vanguard	REIT ETF, 1,887 shares	102,151	116,428
	Vanguard	Small-Cap ETF, 1,530 shares	102,437	114,000
			634,620	715,885
	Total carried forward		2,140,784	2,304,656

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
EIN: 37-0798213 Plan Number 001

January 31, 2012

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	Colgate Palmolive Co.	Common Stock, 1,162 shares	104,891	105,417
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	Abbott Labs	Common Stock, 885 shares	49,525	47,923
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	Oracle Corporation	Common Stock, 2,804 shares	89,378	79,101
	Qualcomm Inc.	Common Stock, 1,631 shares	88,755	95,934
			3,034,831	3,248,342
	Total		$ 5,175,615	$ 5,552,998

* Party-in-interest