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 10/01/2011 and ending 09/30/2012

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
WPS/MOODY WESTERN PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1995

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

WESTERN PRECOOLING SYSTEMS

43990 FREMONT BLVD.
FREMONT, CA 94538

2b Employer Identification Number (EIN) 94-2327682

2c Sponsor's telephone number 510-226-4414

2d Business code (see instructions) 812990

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.	02/11/2013	LAWRENCE SNYDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2013	LAWRENCE SNYDER
	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")
WESTERN PRECOOLING SYSTEMS

43990 FREMONT BLVD.
FREMONT, CA 94538

3b Administrator's EIN
94-2327682

3c Administrator's telephone number
510-226-4414

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**	215
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**	182
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	220
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	220
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	192
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2H 2J 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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan
WPS/MOODY WESTERN PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN PRECOOLING SYSTEMS

D Employer Identification Number (EIN)
94-2327682

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	931434-01	79	10/01/2011	09/30/2012

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	505109
5	Current value of plan's interest under this contract in separate accounts at year end	5	2322179

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	446544
c	Additions: (1) Contributions deposited during the year	7c(1)	68813		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	7304		
	(4) Transferred from separate account	7c(4)	41985		
	(5) Other (specify below)	7c(5)	3079		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	121181
d	Total of balance and additions (add **b** and **c(6)**)			7d	567725
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	57215		
	(2) Administration charge made by carrier	7e(2)	146		
	(3) Transferred to separate account	7e(3)	5254		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	62615
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	505110

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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 10/01/2011 and ending 09/30/2012

A Name of plan
WPS/MOODY WESTERN PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN PRECOOLING SYSTEMS

D Employer Identification Number (EIN)
94-2327682

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

GREAT-WEST LIFE & ANNUITY COMPANY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

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

CHARLES SCHWAB

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

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

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

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

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

MILLER KAPLAN ARASE LLP

44 MONTGOMARY STREET
SUITE 3701
SAN FRANCISCO, CA 94104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERISIGHT, INC.

27-2037969

35 IRON POINT CIRCLE
SUITE 100
FOLSOM, CA 95630

(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?
13	NONE	13690	Yes [X] No [ ]	Yes [ ] No [X]	1255	Yes [ ] No [X]

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

BROUWER & JANACHOWSKI LLC

1831 TIBURON BLVD.
TIBURON, CA 94920-2572

(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 28	NONE	50953	Yes [ ] No [X]	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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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan
WPS/MOODY WESTERN PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WESTERN PRECOOLING SYSTEMS

D Employer Identification Number (EIN)
94-2327682

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FUTUREFUNDS SERIES ACCOUNT II

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
84-0467907-001	P	2322179

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan
WPS/MOODY WESTERN PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN PRECOOLING SYSTEMS

D Employer Identification Number (EIN)
94-2327682

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	375000	375000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6580	12337
(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)	1075373	757534
(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)	46304	25292
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1870630	2322179
(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)	5881200	7417858
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	446544	505109
(15) Other	1c(15)	35253	26737

		(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	9736884	11442046
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9736884	11442046

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)	375000	
(B) Participants	2a(1)(B)	253938	
(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)		628938
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1587	
(F) Other	2b(1)(F)	7313	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8900
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	40639	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	281511	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		322150
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	363925	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	320622	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		43303

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	151067	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		151067
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		381995
(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)		622030
c Other income	2c		7658
d Total income. Add all **income** amounts in column (b) and enter total	2d		2166041
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	382756	
(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)		382756
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)	10000	
(2) Contract administrator fees	2i(2)	13690	
(3) Investment advisory and management fees	2i(3)	52677	
(4) Other	2i(4)	1756	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		78123
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		460879
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1705162
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: MILLER KAPLAN ARASE & CO. LLP (2) EIN: 95-2036255

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 10/01/2011 and ending 09/30/2012

A Name of plan
WPS/MOODY WESTERN PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN PRECOOLING SYSTEMS

D Employer Identification Number (EIN)
94-2327682

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): 84-0467907 74-6518191

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):

WPS/MOODY WESTERN PROFIT SHARING 401(k) PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2012 AND 2011

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CERTIFIED PUBLIC ACCOUNTANTS SINCE 1941

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an independent member of
BAKER TILLY
INTERNATIONAL

Independent Auditors' Report

Trustees and Plan Administrator
WPS/Moody Western Profit Sharing 401(k) Plan
43990 Fremont Boulevard
Fremont, California 94538-6057

We have audited the accompanying statements of net assets available for benefits of the WPS/Moody Western Profit Sharing 401(k) Plan as of September 30, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended September 30, 2012. 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 Plan as of September 30, 2012, and 2011, and the changes in net assets available for benefits for the year ended September 30, 2012 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 financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes 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 taken as a whole.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

January 31, 2013

WPS/MOODY WESTERN PROFIT SHARING 401(k) PLA N
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30, 2012	September 30, 2011
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Participant Directed Investments:		
Pooled Separate Accounts	$ 2,322,179	$ 1,870,630
Insurance Company General Account	505,109	446,544
	2,827,288	2,317,174
Trustee Directed Investments:		
Common Stocks	757,534	1,075,373
Mutual Funds and Exchange Traded Funds	7,417,858	5,881,200
Real Estate Investment Trusts	26,737	35,253
	8,202,129	6,991,826
TOTAL INVESTMENTS	11,029,417	9,309,000
CASH	12,337	6,580
RECEIVABLES		
Employer Contributions	375,000	375,000
Notes Receivable from Participants	25,292	46,304
TOTAL RECEIVABLES	400,292	421,304
NET ASSETS AVAILABLE FOR BENEFITS	$ 11,442,046	$ 9,736,884

(Attached notes are an integral part of this statement)

EXHIBIT "B"

WPS/MOODY WESTERN PROFIT SHARING 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 1, 2011 TO SEPTEMBER 30, 2012

ADDITIONS	Participant Directed Investments	Trustee Directed Investments	Total
INVESTMENT INCOME			
Dividends and Interest	$ 7,313	$ 322,150	$ 329,463
Net Appreciation in Fair Value of Investments	381,995	824,058	1,206,053
NET INVESTMENT INCOME	389,308	1,146,208	1,535,516
CONTRIBUTIONS AND OTHER ADDITIONS			
Employer Contributions	-	375,000	375,000
Participant Contributions	253,938	-	253,938
Interest on Participant Notes Receivable	1,587	-	1,587
TOTAL CONTRIBUTIONS AND OTHER ADDITIONS	255,525	375,000	630,525
TOTAL ADDITIONS	644,833	1,521,208	2,166,041
DEDUCTIONS			
Withdrawals and Distributions	152,819	229,937	382,756
Administrative Expenses	2,912	75,211	78,123
TOTAL DEDUCTIONS	155,731	305,148	460,879
NET INCREASE	489,102	1,216,060	1,705,162
NET ASSETS AVAILABLE FOR BENEFITS			
BEGINNING OF YEAR	2,363,478	7,373,406	9,736,884
END OF YEAR	$ 2,852,580	$ 8,589,466	$ 11,442,046

(Attached notes are an integral part of this statement)

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the WPS/Moody Western Profit Sharing 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more specific provisions.

A. General

The Plan is a defined contribution plan established in 1995 to provide benefits to eligible employees of Western Precooling Systems, Inc. and its affiliates who have adopted the Plan (the Company). The Plan was most recently amended and restated effective October 1, 2008 to comply with provisions of the Economic Growth and Tax Relief Reconciliation Act (EGTRRA) and other legislative changes. The Plan administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code (the "Code") and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Administration and Expenses

An Administrative Committee manages the operation and administration of the Plan. Three officers of the Company serve as trustees. Great-West Life & Annuity Insurance Company is custodian of participant directed investments under the elective deferral portion of the Plan. Assets of the profit sharing portion of the Plan are maintained in custodial brokerage accounts with Charles Schwab Institutional. An investment manager has the authority to direct the investment of profit sharing plan assets subject to guidelines established by the trustees. A third-party administrator processes and maintains the records of participant data.

Mutual fund management fees and operating expenses are charged directly to the fund. Pooled separate accounts include an expense factor charged by Great-West in addition to the accounts' underlying mutual fund expenses. Such fees are factored into the value of mutual funds and pooled separate accounts as a reduction in investment return. Certain participant elective transaction fees are charged directly to participant accounts. Other costs of administering the Plan are paid from the profit sharing portion of Plan assets including investment management, audit, record keeping and administrative fees.

C. Eligibility

Substantially all employees of the Company who have attained age 21 may begin elective deferrals on the first day of the month coincident with or next following commencement of employment. An employee must complete one year of service prior to attaining eligibility for the profit sharing portion of the Plan, and a participant who is not employed on September 30 must have completed a year of service during the Plan year to be eligible for an allocation of an annual profit sharing contribution. Union employees, nonresident aliens and leased employees are specifically excluded from the Plan.

D. Participant Contributions

Participants may elect to have the Company contribute their eligible pre-tax compensation, as defined in the Plan, up to the maximum amount allowable under the Plan document and provisions of the Code. Participants of age 50 or older may elect to make additional catch-up contributions not to exceed the maximum statutory amount. Participants who make pre-tax contributions to the Plan receive an equivalent reduction in taxable compensation. The Plan permits participants to make rollover contributions of eligible amounts received from other tax-qualified retirement plans. Such contributions are subject to the approval of the Plan administrator and will be invested in accordance with participant directions.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Company Profit Sharing Contributions

The Company may make discretionary profit sharing contributions as defined in the Plan and as approved by the Company. The Company authorized a profit sharing contribution of $375,000 for the Plan year ended September 30, 2012 which was funded on December 12, 2012.

F. Participant Accounts

Elective deferral and rollover accounts are administered by Great-West and are valued on a daily basis. Such accounts are credited with participant contributions, rollover contributions, and participants' elective investment earnings or losses and expenses. A separate profit sharing account is maintained for each participant that is valued annually as of September 30. Eligible participants receive a share of the Company's profit sharing contribution based on a participant's eligible compensation as adjusted to integrate with the Social Security Taxable Wage Base plus a pro rata share of investment earnings or losses and expenses.

G. Vesting and Forfeitures

A participant is fully vested immediately as to voluntary contributions, rollover contributions and related earnings. A participant becomes fully vested in his or her Company profit sharing account after three years of credited service. Forfeitures of Company profit sharing contributions may first used to pay Plan administrative expenses. Any remainder of unapplied forfeitures will thereafter be added to Company profit sharing contributions. Forfeitures during 2012 and the balance of unapplied forfeitures at September 30, 2012 and 2011 are insignificant.

H. Notes Receivable from Participants

A participant may borrow from his or her elective deferral and rollover accounts up to the lesser of $50,000 or 50 percent of his or her vested account balance subject to a $500 minimum. A loan is secured by a participant's vested account balance, bears interest at a fixed rate based on available market financing rates at loan inception and must be repaid to the Plan within a five-year period, unless a loan is used for the purchase of a principal residence in which case the maximum repayment period may be extended. Principal and interest are paid ratably through payroll deductions. Notes receivable from participants at September 30, 2012 carried interest rates ranging from 5.25% to 9.13%.

I. Payment of Benefits

Normal retirement age under the Plan is age 65. Upon termination of service, death, disability or retirement, a participant or beneficiary may choose to maintain his or her account in the Plan or to receive benefits in a lump sum equal to the value of the participant's vested account balance. Hardship distributions are permitted under certain limited circumstances, as defined in the Plan.

At September 30, 2012 approximately $764,000 of benefit payments were approved by the Plan administrator. These benefits were paid by the Plan in the first quarter of the 2013 Plan year.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

J. Plan Termination

Although it has not expressed any intent 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 of ERISA. The accounts of participants affected by a partial or complete termination of the Plan are non-forfeitable and will be determined as of the termination date, which will be treated as the valuation date.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Plan maintains its accounting records on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Benefit responsive investment contracts held by a defined contribution plan are required to be reported at fair value. The Plan's investment in the Great-West Guaranteed Portfolio Fund meets the definition of a fully benefit responsive contract (Note 7).

B. Investment Valuation and Income Recognition

Plan investments are stated 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 (Note 6).

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

C. Notes Receivable from Participants

The Financial Accounting Standards Board (FASB) issued ASU 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans – a consensus of the FASB Emerging Issues Task Force, clarifying the classification and measurement guidance on participant loans of a defined contribution pension plan. The ASU requires participant loans to be classified as notes receivable from participants. This guidance is a change to the requirement to classify participant loans as investments recognized in accordance with ASC 820, Fair Value Measurements and Disclosures. The Plan adopted this new guidance for the Plan year ended September 30, 2011

Notes receivable from participants are measured at their unpaid principal balance plus accrued unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based on the terms of the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. 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 reported amounts and disclosures. Actual results may differ from those estimates.

E. Risks and Uncertainties

Investments include a variety of securities that are exposed to various investment risks such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with 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 participant accounts and the amounts reported in the financial statements.

NOTE 3 - INCOME TAX STATUS

The Company adopted a prototype plan that has received an opinion letter from the Internal Revenue Service. The Company believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from Federal income and state franchise taxes.

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by FASB. The Plan administrator believes the Plan has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance. Information returns for all years for which the applicable statutes of limitations have not expired are subject to examination by authorities.

NOTE 4 - RELATED PARTY TRANSACTIONS

Certain investments offered under the Plan are issued by Great-West, an affiliate of Great West, or Charles Schwab Institutional. Though purchases and sales of these securities are considered party-in-interest transactions under ERISA regulations, such transactions are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 5 - INVESTMENTS

Investments that represent 5% or more of the fair value of the Plan's net assets available for benefits are as follows:

NOTE 5 - INVESTMENTS (Continued)

	September 30, 2012	September 30, 2011
Participant Directed:		
Maxim Moderate Profile II Fund	$ 621,208	$ 546,624
Other Participant-Directed Investments Individually Less Than 5% of Net Assets Available For Benefits	2,206,080	1,770,550
	2,827,288	2,317,174
Trustee Directed:		
PIMCO All Asset All Authority Fund	802,865	627,896
Doubleine Total Return Fund	912,615	761,136
PIMCO Total Return Fund	862,268	*
Western Asset Core Plus Fund	880,987	-
PIMCO Commodity Real Return Fund	*	500,641
Primecap Odyssey Growth Fund	*	534,726
PIMCO Unconstrained Bond Fund	*	772,130
FPA New Income Fund	-	646,960
Other Non Participant-directed Investments Individually Less Than 5% of Net Assets Available For Benefits	4,743,394	3,148,337
	8,202,129	6,991,826
	$ 11,029,417	$ 9,309,000

*Fair value is less than 5% of net assets available for benefits.

Net appreciation in fair value of investments for the year ended September 30, 2012 (including investments purchased, sold, as well as held during the year) was as follows:

Participant Directed	
Pooled Separate Accounts	$ 381,995
Trustee Directed:	
U.S. Common Stocks and International Stocks	194,370
Exchange Traded Funds	52,489
Mutual Funds	569,541
Real Estate Investment Trusts	7,658
	824,058
	$ 1,206,053

NOTE 6 - FAIR VALUE MEASUREMENTS

Accounting guidance on measuring fair value establishes a hierarchy which prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are quoted prices in an active market. Level 2 inputs are quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The initial pricing input used to value units of pooled separate accounts is the closing net asset value (NAV) per share of the underlying mutual fund which is then adjusted by a formula to apply an expense factor. The Great-West Guaranteed Portfolio Fund is recorded at fair value which is equal to contract value (Note 7). Common stock securities and Exchange Traded Funds are valued at the closing price reported on the active market on which the securities are traded. Mutual funds are valued at the NAV of shares held by the Plan at year end based on closing market prices. Real Estate Investment Trusts are recorded at fair value based on the funds' closing net asset value per share as reported by the investment manager and custodian or closing prices provided by third party service providers.

The following tables summarize Plan investments at September 30 based on the inputs used to value them:

	2012			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts:				
Large Cap	$ -	$ 260,582	$ -	$ 260,582
Small/Mid Cap	-	214,965	-	214,965
International	-	216,827	-	216,827
Balanced	-	1,328,299	-	1,328,299
Bond	-	301,506	-	301,506
Insurance Company General Account - Guaranteed Portfolio Fund	-	505,109	-	505,109
Common Stocks:				
U.S. Large Cap	404,692	-	-	404,692
International	352,842	-	-	352,842
Mutual Funds:				
Large Cap	1,014,047	-	-	1,014,047
Small/Mid Cap	505,828	-	-	505,828
International	1,315,228	-	-	1,315,228
Money Market	367,087	-	-	367,087
Bond	3,141,941	-	-	3,141,941
Other	399,966	-	-	399,966
Exchange Traded Funds - International	673,761	-	-	673,761
Real Estate Investment Trusts	26,737	-	-	26,737
	$ 8,202,129	$ 2,827,288	$ -	$ 11,029,417

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)

	2011			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts:				
Large Cap	$ -	$ 211,184	$ -	$ 211,184
Small/Mid Cap	-	147,594	-	147,594
International	-	129,908	-	129,908
Balanced	-	1,197,616	-	1,197,616
Bond	-	184,328	-	184,328
Insurance Company General Account - Guaranteed Portfolio Fund	-	446,544	-	446,544
Common Stocks:				
U.S. Large Cap	723,669	-	-	723,669
International	351,704	-	-	351,704
Mutual Funds:				
Large Cap	825,492	-	-	825,492
Small/Mid Cap	442,501	-	-	442,501
International	1,272,195	-	-	1,272,195
Balanced	65,427	-	-	65,427
Bond	2,180,226	-	-	2,180,226
Other	771,010	-	-	771,010
Exchange Traded Funds - International	324,349	-	-	324,349
Real Estate Investment Trusts	35,253	-	-	35,253
	$ 6,991,826	$ 2,317,174	$ -	$ 9,309,000

NOTE 7 - GREAT-WEST GUARANTEED PORTFOLIO FUND

Plan investments in the Great-West Guaranteed Portfolio Fund are maintained in a general account by Great-West. Great-West is contractually obligated to repay principal and a specified interest rate to the Plan. Because the fund is fully benefit responsive, contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to this fund. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment in the fund at contract value.

The crediting interest rate is based on a formula. The average yield of the fund was 2.18% and 2.53% for 2012 and 2011, respectively. Certain restrictions may limit the Plan's ability to redeem its investment in the fund at contract value, and market value adjustments and/or redemption charges may apply. The Plan administrator does not believe that any events limiting the Plan's ability to transact at contract value are probable of occurring.

NOTE 8 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 31, 2013, the date on which the financial statements were available to be issued. There are no subsequent events that require recognition or additional disclosure in the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

WPS/MOODY WESTERN PROFIT SHARING 401(k) PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-2327682; PLAN NO. 002
SEPTEMBER 30, 2012

	Description of Investment		Carry Value	Fair Value
Participant Directed Investments:				
Pooled Separate Accounts				
* Maxim Aggressive Profile II	Pooled Separate Account	#		$ 362,785
* Maxim Moderate Profile II	Pooled Separate Account	#		621,208
* Maxim Conservative Profile II	Pooled Separate Account	#		114,744
* Maxim American Century Growth Portfolio	Pooled Separate Account	#		62,775
* Maxim International Index Portfolio	Pooled Separate Account	#		10,073
* American Funds Europacific R3	Pooled Separate Account	#		65,197
* MFS International Value R2	Pooled Separate Account	#		58,406
* Oppenheimer Global A	Pooled Separate Account	#		53,574
* Putnam Intl Capital Opportunities	Pooled Separate Account	#		29,577
* First American Small Cap Select	Pooled Separate Account	#		23,966
* Maxim Index 600	Pooled Separate Account	#		108,777
* Royce Total Return K	Pooled Separate Account	#		80,625
* STI Classic Small Cap Growth	Pooled Separate Account	#		51,318
* Ridgeworth Mid-Cap Value Equity A	Pooled Separate Account	#		34,207
* Fidelity Advisor Leveraged Co Stk	Pooled Separate Account	#		14,423
* Lord Abbett Value Opportunities	Pooled Separate Account	#		18,213
* Maxim S&P Midcap 400 Portfolio	Pooled Separate Account	#		10,261
* Maxim T Rowe Price Mid-Cap Growth	Pooled Separate Account	#		62,577
* Maxim T Rowe Price Equity Income	Pooled Separate Account	#		59,390
* Maxim S&P 500 Index	Pooled Separate Account	#		58,010
* Marsico Focus	Pooled Separate Account	#		48,171
* American Funds Growth Fund	Pooled Separate Account	#		20,167
* Columbia Diversified Equity Income	Pooled Separate Account	#		85,181
* Dreyfus Appreciation Fund	Pooled Separate Account	#		32,023
* Invesco Comstock Fund	Pooled Separate Account	#		15,650
* Maxim Bond Index	Pooled Separate Account	#		93,663
* Maxim Loomis Sayles Bond Portfolio	Pooled Separate Account	#		44,242
* Maxim US Govt Securities Fund	Pooled Separate Account	#		61,696
* Pimco Total Return Admin	Pooled Separate Account	#		21,280
TOTAL - POOLED SEPARATE ACCOUNTS				$ 2,322,179
Insurance Company General Account Investment				
* Guranteed Portfolio Fund	Insurance Company General Account	#		$ 505,109
TOTAL - PARTICIPANT DIRECTED INVESTMENTS				$ 2,827,288
Trustee Directed Investments:				
U.S. Common Stocks				
3M Company	Common Stock		$ 4,299	$ 7,394
Altria Group Inc	Common Stock		4,792	10,017
AT&T Inc	Common Stock		6,329	10,179
Berkshire Hathaway Inc	Common Stock		133,039	176,400
Boeing Co	Common Stock		4,487	6,960
Chevron Corporation	Common Stock		4,980	10,490
Cisco Systems Inc	Common Stock		6,427	6,397
ConocoPhillips	Common Stock		9,115	10,292
Dominion Resources Inc	Common Stock		4,575	5,823
Du Pont de Nemour & Company	Common Stock		5,453	8,043
Nextera Energy Inc	Common Stock		6,825	9,846
General Electric Company	Common Stock		5,241	10,901
Genuine Parts Company	Common Stock		3,456	6,713
HJ Heinz Company	Common Stock		5,449	8,393
Forward			$ 204,467	$ 287,848

WPS/MOODY WESTERN PROFIT SHARING 401(k) PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-2327682; PLAN NO. 002
SEPTEMBER 30, 2012

	Description of Investment	Carry Value	Fair Value
Trustee Directed Investments: (Continued)			
U.S. Common Stocks (Continued)			
Forwarded		$ 204,467	$ 287,848
Intel Corporation	Common Stock	6,957	8,156
Johnson & Johnson	Common Stock	10,469	11,715
JP Morgan Chase & Co	Common Stock	7,769	6,882
Kimberly-Clark Corporation	Common Stock	6,335	9,436
Kraft Foods Inc	Common Stock	7,611	10,751
Eli Lilly & Company	Common Stock	10,242	10,904
Merck & Co Inc	Common Stock	8,389	12,176
Microsoft Corporation	Common Stock	6,334	9,226
Philip Morris International Inc	Common Stock	3,909	9,893
Raytheon Company	Common Stock	8,989	9,717
Travelers Companies Inc	Common Stock	5,204	8,874
Verizon Communications Inc	Common Stock	6,171	9,114
TOTALS - U.S. COMMON STOCKS		$ 292,846	$ 404,692
International Stocks			
ABB Ltd	International Stock	$ 7,342	$ 6,732
AstraZeneca Plc	International Stock	13,446	17,229
BAE Systems Plc	International Stock	5,363	5,452
Bayer AG	International Stock	6,613	8,589
BHP Billiton Ltd	International Stock	4,889	5,146
BOC Hong Kong Holdings Ltd	International Stock	5,125	6,952
British American Tobacco Plc	International Stock	8,054	13,343
Canadian Oil Sands Ltd	International Stock	7,409	5,770
Chunghwa Telecom Co Ltd	International Stock	2,269	3,080
CIA Energetica de Minas Gerais	International Stock	2,444	4,363
CIA Siderurgica SPN	International Stock	5,006	4,223
Deutsche Post AG	International Stock	5,483	5,693
Diageo Plc	International Stock	8,946	19,164
France Telecom	International Stock	5,768	3,055
GDF Suez SA	International Stock	4,030	2,128
HSBC Holdings Plc	International Stock	10,868	13,938
MTN Group Ltd	International Stock	12,050	11,900
Muenchener Rueckver ADRF	International Stock	8,601	9,626
Nestle SA	International Stock	4,225	9,482
Nitto Denko Corporation	International Stock	9,281	8,471
Novartis AG	International Stock	5,858	9,189
Perusahaan Perseroan	International Stock	5,906	7,007
Petrochina Co Ltd	International Stock	5,207	9,687
QBE Insurance Group Ltd	International Stock	5,093	3,192
Reckitt Benckiser	International Stock	5,593	6,016
Roche Holdings Ltd	International Stock	6,774	8,928
Royal Dutch Shell Plc	International Stock	18,293	19,251
Sanofi	International Stock	8,741	10,550
Siemens AG	International Stock	5,384	6,009
Singapore Telecommunications Ltd	International Stock	7,380	9,082
Smiths Group Plc	International Stock	7,687	8,117
Statoil Asa	International Stock	8,652	8,897
Taiwan Semiconductor Manufacturing Co Ltd	International Stock	5,059	8,622
Tesco Plc	International Stock	5,257	4,530
Forward		$ 238,096	$ 283,413

WPS/MOODY WESTERN PROFIT SHARING 401(k) PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-2327682; PLAN NO. 002
SEPTEMBER 30, 2012

	Description of Investment	Carry Value	Fair Value
Trustee Directed Investments: (Continued)			
International Stocks (Continued)			
Forwarded		$ 238,096	$ 283,413
Total SA	International Stock	3,955	4,008
Treasury Wine Estate	International Stock	8,292	11,045
Unilever NV	International Stock	12,308	18,983
United Overseas Bank Ltd	International Stock	3,599	8,035
Vodafone Group Plc	International Stock	13,057	18,097
Zurich Financial Services	International Stock	8,790	9,261
TOTALS - INTERNATIONAL STOCKS		$ 288,097	$ 352,842
Exchange Traded Funds			
Alps Trust ETF	Exchange Traded Fund	$ 425,251	$ 447,639
Vanguard MSCI Emerging Markets ETF	Exchange Traded Fund	265,855	226,122
TOTALS - EXCHANGE TRADED FUNDS		$ 691,106	$ 673,761
Mutual Funds			
Artisan Midcap Value Fund	Mutual Fund	$ 246,009	$ 317,041
Columbia Acorn Fund	Mutual Fund	132,704	188,787
Doubleline Total Return Fund	Mutual Fund	876,400	912,615
Harbor International Fund	Mutual Fund	302,016	403,278
JP Morgan US Large Cap Fund	Mutual Fund	310,011	331,064
Goldman Sachs Strategic Income Fund	Mutual Fund	311,000	322,679
Neuberger Berman Equity Income Fund	Mutual Fund	184,098	197,865
PIMCO All Asset All Authority Fund	Mutual Fund	775,000	802,865
PIMCO Commodity Real Return Fund	Mutual Fund	177,373	198,827
PIMCO Unconstrained Bond Fund	Mutual Fund	156,524	163,392
PIMCO Total Return Fund	Mutual Fund	837,000	862,268
Primecap Odyssey Growth Fund	Mutual Fund	342,439	485,118
Vanguard Energy Fund	Mutual Fund	180,000	201,139
Wintergreen Fund	Mutual Fund	95,000	109,085
Western Asset Core Plus Fund	Mutual Fund	852,400	880,987
* Schwab US Treasury Money Fund	Mutual Fund	367,087	367,087
TOTALS - MUTUAL FUNDS		$ 6,145,061	6,744,097
Real Estate Investment Trusts			
HCP Inc	Real Estate Investment Trust	$ 6,908	$ 9,341
Health Care Real Estate Investment Trust	Real Estate Investment Trust	5,557	9,238
Primaris Real Estate Investment Trust	Real Estate Investment Trust	2,014	4,220
Riocan Real Estate Investment Trust	Real Estate Investment Trust	1,408	3,938
TOTALS - REAL ESTATE INVESTMENT TRUSTS		$ 15,887	$ 26,737
TOTALS - TRUSTEE DIRECTED INVESTMENTS		$ 7,432,997	$ 8,202,129
* Participant Loans (Interest Rates of 5.25% to 9.13%)		$ -	$ 25,292
TOTALS		$ 7,432,997	$ 11,054,709

* Party-in-interest
\# Cost is not required for participant or beneficiary directed investments.

WPS/MOODY WESTERN PROFIT SHARING 401(k) PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 94-2327682; PLAN NO. 002
OCTOBER 1, 2011 TO SEPTEMBER 30, 2012

Identity of party involved	Description of assets (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Net gain or (loss)
FPA New Income Fund	Mutual Fund	$ -	$ 638,008	$ 648,143	$ (10,135)
PIMCO Unconstrained Bond Fund	Mutual Fund	-	640,000	630,476	9,524
Western Asset Core Plus Fund	Mutual Fund	852,400	-	852,400	-
PIMCO Total Return Fund	Mutual Fund	837,000	-	837,000	- -

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 10/01/2011 and ending 09/30/2012
Name of plan: WPS/Moody Western Profit Sharing 401(k) Plan
Employer Identification Number: 94-2327682 Three-digit plan number: 002

(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	(d) Cost	(e) Current Value
	Maxim Aggressive Profile II	Great West Life		362,784.78
	Maxim Moderate Profile II	Great West Life		621,118.12
	Maxim Conservative Profile II	Great West Life		114,744.21
	Maxim American Century Growth Portfolio	Great West Life		62,775.18
	American Funds Europacific R3	Great West Life		65,196.68
	Maxim International Index Portfolio	Great West Life		10,073.29
	MFS International Value R2	Great West Life		58,406.12
	Oppenheimer Global A	Great West Life		53,573.76
	Putnam Intl Capital Opportunities	Great West Life		29,576.75
	First American Small Cap Select	Great West Life		23,966.19
	Maxim Index 600	Great West Life		108,776.69
	Royce Total Return K	Great West Life		80,624.89
	STI Classic Small Cap Growth	Great West Life		51,318.12
	Ridgeworth Mid-Cap Value Equity A	Great West Life		34,206.88
	Fidelity Advisor Leveraged Co Stk	Great West Life		14,422.58
	Lord Abbett Value Opportunities	Great West Life		18,213.14
	Maxim S&P Mid Cap 400 Portfolio	Great West Life		10,260.98
	Maxim T. Rowe Price Mid-Cap Growth	Great West Life		62,576.54
	Maxim T Rowe Price Equity Income	Great West Life		59,389.60
	Maxim S & P 500 Index	Great West Life		58,009.54
	Mariscio Focus	Great West Life		48,171.28
	American Funds Growth Fund	Great West Life		20,167.15
	Columbia Diversified Equity Income	Great West Life		85,181.24
	Dreyfus Appreciation	Great West Life		32,023.38
	Invesco Comstock R	Great West Life		15,650.88
	Maxim Bond Index	Great West Life		93,663.31
	Maxim Loomis Sayles Bond Portfolio	Great West Life		44,241.62
	Maxim US Govt Securities Fund	Great West Life		61,695.66
	Pimco Total Return Admin	Great West Life		21,280.17
	1Port - Guaranteed Portfolio Fund	Great West Life		505,109.35
	Asset Holding Account - 4BPAXCP	Great West Life		90.23
*	Participant Loans	Interest Rates 5.25% - 9.13%		25,292.11
	Charles Schwab Cash	Cash		12,336.81
	3M Company	Stock - Common		7,393.60
	ABB Ltd ADR F	Stock - International		6,732.00
	Alps Trust ETF	Mutual Fund		447,638.55
	Altria Group Inc	Stock - Common		10,017.00
	Artisan Micap Value Fund	Mutual Fund		317,041.21
	AstraZeneca Plc ADR	Stock - International		17,229.60
	AT&T Inc Comm	Stock - Common		10,179.00
	BAE Systems PLC ADR	Stock - International		5,452.20
	Bayer A G Sponsored ADRF	Stock - International		8,589.00
	Berkshire Hathaway Cl B	Stock - Common		176,400.00
	BHP Billiton Ltd ADR	Stock - International		5,145.75
	BOC Hong Kong Hldgs ADRF	Stock - International		6,952.00
	Boeing Co	Stock - Common		6,959.50
	BR Amer Tobacco Plc ADRF Spon ADR	Stock - International		13,343.20
	Canadian Oil Sands LTD	Stock - International		5,769.90
	Chevron Corp New	Stock - Common		10,490.40
	Chunghwa Telecm New ADRF Sponsored ADR	Stock - International		3,079.75
	CIA Ener De Minas Gerais Spons	Stock - International		4,363.20
	CIA Siderurgica Nacional Spons	Stock - International		4,222.50
	Cisco Systems Inc	Stock - Common		6,396.83
	Columbia Acorn Fund	Mutual Fund		188,786.93
	ConocoPhillips	Stock - Common		10,292.40
	Deutsche Post New ADR	Stock - International		5,692.70
	Diageo Plc ADR	Stock - International		10,145.70
	Diageo Plc Isin #Us25243Q2057	Stock - International		9,018.40

Dominion Res Inc VA	Stock - Common		5,823.40
Doubline Total Return	Mutual Fund		912,614.38
Du Pont E I de Nemour&Co.	Stock - Common		8,043.20
France Telecom Sa ADR Reps 1 Ord	Stock - International		3,055.00
GDF Suez ADR	Stock - International		2,128.00
General Electric Company	Stock - Common		10,900.80
Genuine Parts Co	Stock - Common		6,713.30
Goldman Sachs Strategic Incm	Mutual Fund		322,679.02
H C P Inc.	REIT		9,340.80
Harbor Int'L Fund	Mutual Fund		403,278.11
Health Care Reit Inc	REIT		9,238.40
Heinz H J Co	Stock - Common		8,392.50
HSBC Hldgs Plc Adr New F	Stock - International		7,898.20
HSBC Holding Plc ADR	Stock - International		6,039.80
Intel Corp	Stock - Common		8,155.80
Johnson & Johnson	Stock - Common		11,714.70
JP Morgan Chase & Co.	Stock - Common		6,881.60
JP Morgan US Large Cap	Mutual Fund		331,064.16
Kimberly Clark Corp	Stock - Common		9,435.80
Kraft Foods Inc	Stock - Common		10,751.00
Lilly Eli & Company	Stock - Common		10,904.30
Merck & Co Inc. New	Stock - Common		12,175.65
Microsoft Corp	Stock - Common		9,225.60
MTN Group Ltd ADR	Stock - International		11,900.25
Muenchener Rueckver ADRF	Stock - International		9,625.80
Nestle S A Sponsored ADR Repstg Reg	Stock - International		9,481.50
Neuberger Berman Eqty	Mutual Fund		197,865.21
Nextera Energy	Stock - Common		9,846.20
Nitto Denko Corp ADR	Stock - International		8,470.80
Novartis A G Spon ADR	Stock - International		9,189.00
Perusahaan Perseroan F	Stock - International		7,007.40
Petrochina Co Ltd Spon ADR	Stock - International		7,103.80
Petrochina Co Ltd Spon Adr Is	Stock - International		2,583.20
Philip Morris Intl Inc (Spinoff)	Stock - Common		9,893.40
Pimco All Asset	Mutual Fund		802,864.58
Pimco Commodity Real Return	Mutual Fund		198,826.68
Pimco Total Return Portfolio	Mutual Fund		862,268.03
Pimco Unconstrained Bond	Mutual Fund		163,392.24
Primarus Retail Real Estate	REIT		4,219.57
Primecap Odyssey Growth	Mutual Fund		485,118.11
QBE Ins Group ADR New	Stock - International		3,192.00
Raytheon Company New	Stock - Common		9,717.20
Reckitt Benckiser ADR	Stock - International		6,016.50
Riocan Real Est Invt Trf Unit	REIT		3,938.06
Roche Hldg Ltd Spon ADRF	Stock - International		8,928.10
Royal Dutch Shell B	Stock - International		9,982.00
Royal Dutch Shell B ADR	Stock - International		9,269.00
Sanofi ADR	Stock - International		10,549.70
Schwab US Treas Money Fd	Mutual Fund		334,084.51
Schwab US Treas Money Fund	Mutual Fund		13,800.75
Schwab US Treas Money Fund	Mutual Fund		19,202.02
Siemens A G ADR	Stock - International		6,009.00
Singapore Telecom Ltd Adr New 2006	Stock - International		9,082.50
Smiths Group PLC ADR	Stock - International		8,116.80
Statoil ASA ADR	Stock - International		8,897.55
Taiwan Semiconductor Mfg	Stock - International		8,621.90
Tesco PLC Sponsored ADRF	Stock - International		4,530.40
Total S A ADR	Stock - International		4,008.00
Travelers Companies Inc	Stock - Common		8,873.80
Treasury Wine Est ADR - spinoff	Stock - International		11,045.20
Unilever N V Isin#Us9047847093 Se	Stock - International		9,579.60
Unilever N V NY shs Newf NY Registry Shs	Stock - International		9,402.20
Utd Overseas Sk Spn ADRF	Stock - International		8,035.00
Vanguard Emerging Markets	Mutual Fund		226,122.40
Vanguard Energy Fund	Mutual Fund		201,139.08
Verizon Communications	Stock - Common		9,114.00
Vodafone Group New Adr	Stock - International		8,550.00
Vodafone Group Plc	Stock - International		9,547.50
Western Asset Core Plus	Mutual Fund		880,986.94
Wintergreen Fund	Mutual Fund		109,085.18
Zurich Insurance GP ADRF	Stock - International		9,261.10

* Cost information was not provided

Schedule H, line 4i

Schedule of Assets (Acquired and Disposed of Within Year).

For the plan year beginning 10/01/2011 and ending 09/30/2012

Name of plan

WPS/MOODY WESTERN PROFIT SHARING 401(K) PLAN

Employer Identification Number

94-2327682

Three-digit plan number ► 002

(a) Identity of issue, borrower, lessor, or similar party	**(b)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value	**(c)** Costs of acquisitions	**(d)** Proceeds of dispositions
Phillips 66 (spinoff)	**Common Stock**	**4,086**	**3,852**
1PORT	**Guaranteed Portfolio Fund**	**113,876**	**62,614**

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: **WESTERN PRECOOLING SYSTEMS**

Employer identification number: **94-2327682**

Plan Year **10/01/2011** to **09/30/2012**

Three-digit plan number ▶ **002**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Western Asset Core	Mutual Fund	852400				852400		0
Pimco Total Return	Mutual Fund	837000				837000		0
Pimco Unconstrained	Mutual Fund		640000			787000		-147000
FPA New Income Fd	Mutual Fund		638008			648143		-10135