# 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

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
SUN COMMODITIES 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2008

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

SUN COMMODITIES, INC.

2230 SW 2ND STREET
POMPANO BEACH, FL 33069

**2b** Employer Identification Number (EIN)
65-0805348

**2c** Sponsor's telephone number
954-972-8383

**2d** Business code (see instructions)
424400

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/25/2013 | RUTH BERNAL |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

**3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 173 |
| **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** | 186 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 12 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 198 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 198 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 65 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

- **(1)** [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

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
SUN COMMODITIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SUN COMMODITIES, INC.

**D** Employer Identification Number (EIN)
65-0805348

**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

SUNAMERICA ANNUITY AND LIFE ASSURANCE 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 |
| 86-0198983 | 60941 | P35A8Q00204 | 198 | 01/01/2012 | 12/31/2012 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 11318 | 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

ROYAL ALLIANCE ASSOCIATES INC
1 WORLD FINANCIAL CENTER
NEW YORK, NY 10281

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 11318 | 0 | | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 76876 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1029995 |

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 ▶ UNALLOCATED VARIABLE ANNUITY PROD.

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 37051 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 50074 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | 4043 | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 54117 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 91168 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | 2768 | | |
| | (4) Other (specify below) | 7e(4) | 10700 | | |
| | ▶ SURRENDERS FROM FIXED FUNDS | | | | |
| | (5) Total deductions | | | 7e(5) | 13468 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 77700 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

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

**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

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

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

# SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Service Provider Information

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

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

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
SUN COMMODITIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SUN COMMODITIES, INC.

**D** Employer Identification Number (EIN)
65-0805348

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ALLIANCEBERNSTEIN L.P.

13-4064930

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

MORGAN STANLEY INVESTMENT ADVISORS

13-3680016

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

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

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

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

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

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

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

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

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

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

AIG SUN AMERICA LIFE ASSURANCE COMP

86-0198983

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 49 99 59 55 | INVESTMENT MANAGEMENT | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 5659 | Yes [ ] No [X] |

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

ADP

22-1467904

| (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? |
|---|---|---|---|---|---|---|
| 37 50 15 64 | RECORD KEEPER | 2119 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| AIG SUN AMERICA LIFE ASSURANCE COMP | 99 59 55 | 5659 |

| **(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. |
|---|---|
| UNAVAILABLE<br>UNAVAILABLE<br>UNAVAILABLE, CA 91367 | OTHER FEES SHAREHOLDER SERVICING FEES OTHER COMMISSIONS |

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
SUN COMMODITIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
SUN COMMODITIES, INC.

**D** Employer Identification Number (EIN)
65-0805348

**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: 1 YEAR FIXED

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **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) |
|---|---|---|
| 86-0198983-000 | P | 76874 |

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

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **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) |
|---|---|---|
| 86-0198983-000 | P | 50263 |

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

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **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) |
|---|---|---|
| 86-0198983-000 | P | 1299 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT AND QUALITY BOND

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **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) |
|---|---|---|
| 86-0198983-000 | P | 86100 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH & INCOME

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **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) |
|---|---|---|
| 86-0198983-000 | P | 73331 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI GROWTH & INCOME

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **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) |
|---|---|---|
| 86-0198983-000 | P | 73695 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT MID CAP STOCK

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **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) |
|---|---|---|
| 86-0198983-000 | P | 28053 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN BOND FD

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43814 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON GROWTH PORT

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58435 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42375 |
|---|---|---|

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

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71164 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106185 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS ASSET ALLOC

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87326 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP FREEDOM 2015 PORT

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP FREEDOM 2020 PORT

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8340 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP FREEDOM 2030 PORT

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47430 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP FREEDOM 2025 PORT

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18072 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT GROWTH AND INCOME

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42804 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VAN KAMPEN INTL DIV EQ PORT

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45377 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANCEBERN SMALL MID CAP VAL

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33596 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS TOTAL RETURN PORTFOLIO

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76876 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE PORTFOLIO

**b** Name of sponsor of entity listed in (a): SUNAMERICA ANN & LIFE ASSUR CO

| **c** EIN-PN 86-0198983-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35394 |
|---|---|---|

**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 |
|---|---|

**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

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
SUN COMMODITIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SUN COMMODITIES, INC.

**D** Employer Identification Number (EIN)
65-0805348

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 53256 | 99756 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 688343 | 1029993 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 37051 | 76876 |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 778650 | 1206625 |
| **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 | 778650 | 1206625 |

## 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) | 94951 | |
| **(B)** Participants | 2a(1)(B) | 287242 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 5165 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 387358 |
| **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) | 2954 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2954 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | 112993 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 503305 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 39106 | |
| (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) | | 39106 |
| f Corrective distributions (see instructions) | 2f | | 34075 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 30 |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 2119 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2119 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 75330 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 427975 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: LOUIS PLUNG & COMPANY LLP **(2)** EIN: 25-1637458

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | 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 | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 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 | | 78000 |
| 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) |
|---|---|---|
| | | |
| | | |
| | | |

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
SUN COMMODITIES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SUN COMMODITIES, INC.

**D** Employer Identification Number (EIN)
65-0805348

## Part I Distributions

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

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

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

EIN(s): 57-1198022

**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 lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# SUN COMMODITIES 401(k) PLAN

## FINANCIAL STATEMENTS, SUPPLEMENTAL SCHEDULE AND INDEPENDENT AUDITORS' REPORT

**December 31, 2012 and 2011**

**SUN COMMODITIES 401(k) PLAN**

TABLE OF CONTENTS


| | Page |
|---|---|
| Independent Auditors' Report | 1 - 2 |
| Statements of Net Assets Available for Benefits December 31, 2012 and 2011 | 3 |
| Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2012 and 2011 | 4 |
| Notes to Financial Statements | 5 - 15 |
| Supplemental Schedule: | |
| Schedule H Line 4i - Schedule of Assets (Held at End of Year) Plan Year Ended December 31, 2012 | 17 |

Louis Plung & Company

Four Gateway Center, 9th Floor, Pittsburgh, PA 15222
Tel: 412-281-8771 • Fax: 412-281-7001
email: info@louisplung.com

# INDEPENDENT AUDITORS' REPORT

To the Trustees of
the Sun Commodities 401(k) Plan

***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Sun Commodities 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

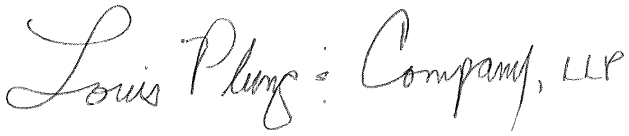
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year), which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

***Report on Form and Content in Compliance With DOL Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Pittsburgh, Pennsylvania
August 21, 2013

**SUN COMMODITIES 401(k) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011

ASSETS

| | 2012 | 2011 |
|---|---|---|
| Investments (at fair value): | | |
| Pooled separate accounts | $ 1,106,869 | $ 725,394 |
| Receivables: | | |
| Participant contributions | 7,414 | 20,260 |
| Employer contributions | 2,362 | 2,002 |
| Notes receivable from participants | 99,756 | 53,256 |
| Total receivables | 109,532 | 75,518 |
| TOTAL ASSETS | 1,216,401 | 800,912 |
| LIABILITIES | | |
| Corrective distributions | 95,766 | 36,577 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 1,120,635 | $ 764,335 |

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

**SUN COMMODITIES 401(k) PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2012 and 2011

| | 2012 | 2011 |
|---|---|---|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| Investment income: | | |
| Interest and dividends | $ 1,758 | $ 892 |
| Net appreciation (depreciation) in fair value of investments and realized gains and losses | 111,235 | (42,378) |
| Interest income on notes receivable from participants | 2,954 | 1,813 |
| Contributions: | | |
| Participant | 274,396 | 223,038 |
| Employer | 95,311 | 73,273 |
| Rollover | 5,165 | - |
| Total additions | 490,819 | 256,638 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| Benefits paid to participants | 39,106 | 15,837 |
| Deemed distributions | 30 | 564 |
| Corrective distributions | 93,264 | 36,150 |
| Administrative fees | 2,119 | 1,625 |
| Total deductions | 134,519 | 54,176 |
| Net increase | 356,300 | 202,462 |
| NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR | 764,335 | 561,873 |
| NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR | $ 1,120,635 | $ 764,335 |

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

**SUN COMMODITIES 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of Sun Commodities 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of Sun Commodities, Inc. (the "Company"). Employees are eligible to participate in the Plan after completing three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is an Automatic Data Processing Prototype 401(k) Profit Sharing Plan and Trust.

Contributions - Participants may contribute up to the lesser of the annual limitation ($17,000 and $16,500 for 2012 and 2011, respectively), or between 1% and 87% of pretax compensation as defined in the Plan document. The Company matches participant contributions up to a maximum of 50% of the first 6% of the participants' deferred compensation as defined in the Plan document.

The Plan provides for additional elective deferrals for eligible participants subject to certain limitations. Eligible participants are those participants who will attain at least age 50 before the close of the Plan year who would otherwise be eligible to make elective deferrals under the Plan. The maximum additional elective deferral for 2012 and 2011 is limited to $5,500.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) Plan income and losses, and (c) administrative expenses. Income and losses are allocated to the participant's account at the end of each day. The allocation of each participant's income and losses for each day is based on the participant's account balance at the beginning of that day.

Investment Options - Participants may invest their voluntary contributions, rollover contributions and the Company's contributions, plus actual earnings thereon into any of the twenty-two investment options maintained by Reliance Trust Company (the "Trustee"). The participants may change their investment election for new contributions and existing balances daily.

Vesting - Participants are immediately vested in their voluntary contributions and rollover contributions. Company matching contributions are vested according to the following schedule:

| Completed Years of Service | Percentage of Company's Contributions Vested |
|---|---|
| Less than two years | 0% |
| Two, but less than three | 20% |
| Three, but less than four | 40% |
| Four, but less than five | 60% |
| Five, but less than six | 80% |
| Six years or more | 100% |

Payment of Benefits - Upon termination of service, if the participant's account balance is $1,000 or less, a participant will receive as soon as practicable a lump-sum payment less applicable withholding taxes. If the participant's account balance exceeds $1,000 but is less than $5,000, the participant must consent to an automatic distribution. If the participant does not elect to have such distribution paid, then the participant's account shall be distributed in a direct rollover to an Individual Retirement Account (IRA) designated by the plan administrator. If the participant is a 5% owner, the Plan is required to make a distribution of the participant's account balance on the required beginning date, which is April 1 following the year in which the 5% owner attains the age of 70½. For all other participants, the required beginning date is April 1 following the year in which the participant attains the age of 70½ or terminates employment with the employer, if later.

Notes Receivable from Participants - The Plan document allows participants to borrow, subject to certain restrictions, against their vested account balance at the request of the participant. The total of such notes from the Plan to a participant will not exceed the lesser of the following amounts:

(a) $50,000 or
(b) An amount equal to 50% of any participant's current vested interest in his/her account.

Notes are repayable over a specified period not to exceed five years. If, however, the note is to be used for the purchase of a participant's principal residence, the note is repayable over a specified period not to exceed thirty years. Participants are allowed only one note at a time. The note will bear interest at a fixed rate on the date the note is granted. Notes are secured by the vested balance in the participant's account and are repaid through payroll deductions.

Plan Administrative Expenses - Expenses incurred by the plan administrator and trustees for their services and costs in administrating the Plan are paid by the Company, except for the trustee contract administration fees which are paid directly by the Plan.

Forfeited Accounts - Forfeited nonvested accounts are available to be used to reduce employer contributions. For 2012 and 2011; forfeitures used to reduce employer contributions were $4,412 and $1,173, respectively. Forfeited amounts available to be used by the Plan were $10 as of December 31, 2012 and 2011.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The accounts of the Plan are maintained on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of additions and deductions in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Net Appreciation (Depreciation) in Fair Value of Investments - The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consist of the realized gains and losses from sales of investments and unrealized appreciation (depreciation) on those investments. The net change in unrealized appreciation (depreciation) in the fair value of investments is determined by the change in fair value from the beginning of the year to the end of the year, or from date of purchase to the end of the year.

Income Recognition - Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

Notes Receivable from Participants - Notes receivable from participants' are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a benefit paid to participants based upon the terms of the Plan document.

3. INVESTMENTS (UNAUDITED) AND NOTES RECEIVABLE FROM PARTICIPANTS

At December 31, 2012 and 2011, the Plan's investments and notes receivable from participants and executed transactions therein were held by the Trustee. The following is a summary of the Plan's investments and notes receivable from participants that are included in the financial statements and supplemental schedule based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

New Accounting Pronouncements - During 2012 and 2011, various new Accounting Standards Updates (ASUs) were issued by the Financial Accounting Standards Board (FASB). Management has determined based on their review that the following ASU issued during 2011 may be applicable to the Plan.

In May 2011, the FASB issued ASU 2011-04, "Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in accordance with Generally Accepted Accounting Principles in the United States of America ("U.S. GAAP") and International Financial Reporting Standards ("IFRS")", which provides amendments to Topic 820 "Fair Value Measurement" that represents the converged guidance of the Financial Accounting Standards Board and the International Accounting Standards Board (the "Boards") on fair value measurements. The collective efforts of the Boards have resulted in common requirements for measuring fair value and for disclosing information about fair value measurements, including a consistent meaning of the term "fair value". The Boards have concluded the common requirements will result in greater comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRS. For public entities, the amendments are effective during interim and annual periods beginning after December 15, 2011. For nonpublic entities, the amendments are effective for annual periods beginning after December 15, 2011. The Plan adopted ASU 2011-04 in 2012 and there was no material impact on the Plan's financial statements but disclosures were expanded about certain fair value measurements.

The plan administrator of the Plan has determined based on their review that none of the new accounting pronouncements, except for the above, that were issued are applicable to the Plan. As new accounting pronouncements are released, management will assess if they are applicable and if they are applicable, their affect will be included in the notes to the financial statements.

At December 31, 2012 and 2011, the Plan's investments and notes receivable from participants consisted of the following:

| | 2012 | | 2011 | |
|---|---|---|---|---|
| Pooled Separate Accounts (unaudited): | | | | |
| 1 Year Fixed | $ 76,874 | (a) | $ 37,046 | (a) |
| Alliancebern Small Mid Cap Value | 33,596 | | 39,220 | (a) |
| American Funds Asset Allocation | 87,326 | (a) | 51,233 | (a) |
| American Funds Growth | 106,185 | (a) | 68,176 | (a) |
| Capital Appreciation | 42,375 | | 32,111 | |
| Cash Management | 1,299 | | 1,304 | |
| Emerging Markets | 71,164 | (a) | 43,368 | (a) |
| Equity Index | 50,263 | | 29,062 | |
| Fidelity VIP Freedom 2015 Portfolio | 66 | | - | |
| Fidelity VIP Freedom 2020 Portfolio | 8,340 | | 1,097 | |
| Fidelity VIP Freedom 2025 Portfolio | 18,072 | | 1,866 | |
| Fidelity VIP Freedom 2030 Portfolio | 47,430 | | 15,445 | |
| Government and Quality Bond | 86,100 | (a) | 48,773 | (a) |
| International Growth & Income | 73,331 | (a) | 54,583 | (a) |
| Lord Abbett Growth and Income | 42,804 | | 27,254 | |
| Lord Abbett Mid Cap Value | 28,053 | | 38,309 | (a) |
| MFS Total Return Portfolio | 76,876 | (a) | 60,723 | (a) |
| PIMCO Total Return Bond Fund | 43,814 | | 9,589 | |
| Small Company Value Portfolio | 35,394 | | 34,624 | |
| Van Kampen International Dividend Equity Portfolio | 45,377 | | 35,408 | |
| Van Kampen Lit Growth & Income | 73,695 | (a) | 51,135 | (a) |
| Wellington Growth Portfolio | 58,435 | (a) | 45,068 | (a) |
| Total Pooled Separate Accounts | $ 1,106,869 | | $ 725,394 | |
| Notes Receivable from Participants | $ 99,756 | | $ 53,256 | |

(a) - represents 5% or more of net assets available for benefits.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $111,235 and $(42,380) during the years ended December 31, 2012 and 2011, respectively, as follows:

| | 2012 | 2011 |
|---|---|---|
| Pooled Separate Accounts | $ 111,235 | $ (42,378) |

The Plan's independent auditors did not perform auditing procedures with respect to investment which was certified by the Trustee at December 31, 2012 and 2011, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

The Plan invests in a variety of pooled separate accounts. Pooled separate accounts are stated at fair value based on quoted prices for identical or similar assets. Investments held by these pooled separate accounts include domestic stocks, international stocks, mutual funds, collective trust funds, and other separate accounts. Pooled separate accounts can be redeemed on a daily basis.

The Plan entered into an investment contract with the Trustee. The Trustee maintains the guaranteed interest contributions in its pooled separate account. The account is credited with actual earnings on the underlying investments (principally in federal and other government bonds, corporate bonds and commercial mortgages) and charged for plan withdrawals and administrative expenses charged by the Trustee. The contract is included in the financial statements at a contract value, which approximates fair value, because it is not fully benefit responsive, as defined by ASC Topic 962. The crediting rate was 3% for 2012 and 2011. The crediting interest rate is based on an agreed-upon formula.

The Plan's investments at fair value, within the fair value hierarchy, are as follows as of December 31, 2012 and 2011.

| | Level 2 | Level 3 | Total |
|---|---|---|---|
| December 31, 2012 | | | |
| Pooled Separate Accounts | | | |
| 1 Year Fixed | $ - | $ 76,874 | $ 76,874 |
| Balanced | 164,202 | - | 164,202 |
| Corporate/Government Bond | 129,914 | - | 129,914 |
| Foreign/Global Stock | 189,872 | - | 189,872 |
| Large Core | 50,263 | - | 50,263 |
| Large Growth | 106,185 | - | 106,185 |
| Large Value | 116,499 | - | 116,499 |
| Money Market | 1,299 | - | 1,299 |
| Multi-Cap | 100,810 | - | 100,810 |
| Small to Mid Growth | 97,043 | - | 97,043 |
| Target Maturity | 73,908 | - | 73,908 |
| Total | $ 1,029,995 | $ 76,874 | $ 1,106,869 |

| | Level 2 | Level 3 | Total |
|---|---|---|---|
| December 31, 2011 | | | |
| Pooled Separate Accounts | | | |
| 1 Year Fixed | $ - | $ 37,046 | $ 37,046 |
| Balanced | 111,956 | - | 111,956 |
| Corporate/Government Bond | 58,362 | - | 58,362 |
| Foreign/Global Stock | 133,359 | - | 133,359 |
| Large Core | 29,062 | - | 29,062 |
| Large Growth | 68,176 | - | 68,176 |
| Large Value | 78,389 | - | 78,389 |
| Money Market | 1,304 | - | 1,304 |
| Multi-Cap | 77,179 | - | 77,179 |
| Small to Mid Growth | 112,153 | - | 112,153 |
| Target Maturity | 18,408 | - | 18,408 |
| Total | $ 688,348 | $ 37,046 | $ 725,394 |

The table below sets forth a summary of changes in the fair value of the Pooled Separate Accounts which is a Level 3 asset for the years ended December 31, 2012 and 2011.

| | 2012 | 2011 |
|---|---|---|
| Beginning Balance | $ 37,046 | $ 24,019 |
| Purchases | 55,876 | 13,933 |
| Sales | (16,048) | (906) |
| Ending Balance | $ 76,874 | $ 37,046 |

The following table sets forth the unobservable inputs and the range of unobservable inputs for the Plan's Level 3 investments as of December 31, 2012:

| Instrument | Fair Value | Principal Valuation Technique | Unobservable Inputs | Range of Significant Input Values |
|---|---|---|---|---|
| 1 Year Fixed | $ 76,874 | Discounted cash flow | Equity implied volatility (b) | 6.00%-39.00% |
| | | | Base lapse rates (b) | 1.00%-40.00% |
| | | | Dynamic lapse rates (b) | 0.20%-60.00% |
| | | | Mortality rates (b) | 0.50%-40.00% |
| | | | Utilization rates (b) | 0.50%-25.00% |

## 5. RISKS AND UNCERTAINTIES

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

## 6. TAX STATUS

Although the Plan has not requested determination from the Internal Revenue Service ("IRS") as to the Plan's tax-exempt status, the restated prototype plan from which the Plan was drafted has received a favorable determination letter from the IRS dated March 31, 2008. The Plan has been amended since receiving its determination letter. The plan administrator believes that the Plan, as amended, is designed to operate in accordance with all applicable provisions of the Internal Revenue Code ("IRC"). Therefore, the plan administrator believes that the Plan is qualified and that the related trust is exempt from taxation under the IRC.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator believes as of December 31, 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

## 7. 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. In the event the Plan is terminated, the accounts of all participants will become fully vested and non-forfeitable, and assets will be allocated to each participant based on his/her respective account balances after payment of all final liquidation or termination expenses, pursuant to the directions of the plan administrator.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 and 2011 to Form 5500:

| | 2012 | 2011 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 1,120,635 | $ 764,335 |
| Less: Participant contributions receivable at December 31, 2012 and 2011 | (7,414) | (20,260) |
| Less: Employer contributions receivable at December 31, 2012 and 2011 | (2,362) | (2,002) |
| Add: Corrective distributions accrued at December 31, 2012 and 2011 | 95,766 | 36,577 |
| Net assets available for benefits per Form 5500 | $ 1,206,625 | $ 778,650 |

The following is a reconciliation of participant and employer contributions receivable per the financial statements at December 31, 2012 and 2011 to Form 5500:

| | 2012 | 2011 |
|---|---|---|
| Participant contributions receivable per the financial statements | $ 7,414 | $ 20,260 |
| Less: Participant contributions receivable at December 31, 2012 and 2011 | (7,414) | (20,260) |
| Participant contributions receivable per Form 5500 | $ - | $ - |

**SUN COMMODITIES 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

| | 2012 | 2011 |
|---|---|---|
| Employer contributions receivable per the financial statements | $ 2,362 | $ 2,002 |
| Less: Employer contributions receivable at December 31, 2012 and 2011 | (2,362) | (2,002) |
| Employer contributions receivable per Form 5500 | $ - | $ - |

The following is a reconciliation of corrective distributions per the statements of net assets available for benefits at December 31, 2012 and 2011 to Form 5500:

| | 2012 | 2011 |
|---|---|---|
| Corrective distributions per the Statements of Net Assets Available for Benefits | $ 95,766 | $ 36,577 |
| Less: Corrective distributions at December 31, 2012 and 2011 | (95,766) | (36,577) |
| Corrective distributions per Form 5500 | $ - | $ - |

The following is a reconciliation of participant and employer contributions per the financial statements for the years ended December 31, 2012 and 2011 to Form 5500:

| | 2012 | 2011 |
|---|---|---|
| Participant contributions per the financial statements | $ 274,396 | $ 223,038 |
| Less: Participant contributions receivable at December 31, 2012 and 2011 | (7,414) | (20,260) |
| Add: Participant contributions receivable at December 31, 2011 and 2010 | 20,260 | 2,152 |
| Participant contributions per Form 5500 | $ 287,242 | $ 204,930 |

| | 2012 | 2011 |
|---|---|---|
| Employer contributions per the financial statements | $ 95,311 | $ 73,273 |
| Less: Employer contributions receivable at December 31, 2012 and 2011 | (2,362) | (2,002) |
| Add: Participant contributions receivable at December 31, 2011 and 2010 | 2,002 | 820 |
| Employer contributions per Form 5500 | $ 94,951 | $ 72,091 |

The following is a reconciliation of corrective distributions per the statements of changes in net assets available for benefits for the years ended December 31, 2012 and 2011 to Form 5500:

| | 2012 | 2011 |
|---|---|---|
| Corrective distributions per the Statements of Changes in Net Assets Available for Benefits | $ 95,766 | $ 36,150 |
| Less: Corrective distributions to participants accrued at December 31, 2012 and 2011 | (95,766) | (36,577) |
| Add: Corrective distributions to participants accrued at December 31, 2011 and 2010 | 36,577 | 3,373 |
| Less: Over accrual of corrective distributions to participants accrued at December 31, 2012 and 2011 | (2,502) | - |
| Corrective distributions per Form 5500 | $ 34,075 | $ 2,946 |

9. SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events in accordance with ASC Topic 855, Subsequent Events, through August 21, 2013, which is the date the financial statements were available to be issued. During their evaluation, no subsequent event items were identified.

SUPPLEMENTAL SCHEDULE

**SUN COMMODITIES 401(k) PLAN**

PLAN NUMBER 001
EIN 65-0805348

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan Year Ended December 31, 2012

| a | b | c | d | e |
|---|---|---|---|---|
| | Identity of Issuer, Borrower, Lessor or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value |
| * | Reliance Trust Company | 1 Year Fixed | ** | $ 76,874 |
| * | Reliance Trust Company | Alliancebern Small Mid Cap Value | ** | 33,596 |
| * | Reliance Trust Company | American Funds Asset Allocation | ** | 87,326 |
| * | Reliance Trust Company | American Funds Growth | ** | 106,185 |
| * | Reliance Trust Company | Capital Appreciation | ** | 42,375 |
| * | Reliance Trust Company | Cash Management | ** | 1,299 |
| * | Reliance Trust Company | Emerging Markets | ** | 71,164 |
| * | Reliance Trust Company | Equity Index | ** | 50,263 |
| * | Reliance Trust Company | Fidelity VIP Freedom 2015 Portfolio | ** | 66 |
| * | Reliance Trust Company | Fidelity VIP Freedom 2020 Portfolio | ** | 8,340 |
| * | Reliance Trust Company | Fidelity VIP Freedom 2025 Portfolio | ** | 18,072 |
| * | Reliance Trust Company | Fidelity VIP Freedom 2030 Portfolio | ** | 47,430 |
| * | Reliance Trust Company | Government and Quality Bond | ** | 86,100 |
| * | Reliance Trust Company | International Growth & Income | ** | 73,331 |
| * | Reliance Trust Company | Lord Abbett Growth and Income | ** | 42,804 |
| * | Reliance Trust Company | Lord Abbett Mid Cap Value | ** | 28,053 |
| * | Reliance Trust Company | MFS Total Return Portfolio | ** | 76,876 |
| * | Reliance Trust Company | PIMCO Total Return Bond Fund | ** | 43,814 |
| * | Reliance Trust Company | Small Company Value Portfolio | ** | 35,394 |
| * | Reliance Trust Company | Van Kampen International Dividend Equity Portfolio | ** | 45,377 |
| * | Reliance Trust Company | Van Kampen Lit Growth & Income | ** | 73,695 |
| * | Reliance Trust Company | Wellington Growth Portfolio | ** | 58,435 |
| | | Total Pooled Separate Accounts | | 1,106,869 |
| * | Participant Loans | Loan Fund, participant loans consisting of various terms from 1 to 5 years, interest rate of 5.25% | 0 | 99,756 |
| | | | | $ 1,206,625 |

* Party-in-Interest
** Cost omitted for participant directed investments.

Schedule C, Line 2(h) Formula Description

*For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":*

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

**Attachment to 2012 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** SUN COMMODITIES 401(K) PLAN **EIN:** 65-0805348
**Plan Sponsor's Name** SUN COMMODITIES, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | PARTICIPANT LOANS | INTEREST RATES ( 5.25% TO 5.25%) | | 99,756 |
| | 1 YEAR FIXED | OTHER INVESTMENTS | | 76,874 |
| | EQUITY INDEX | OTHER INVESTMENTS | | 50,263 |
| | CASH MANAGEMENT | OTHER INVESTMENTS | | 1,299 |
| | GOVERNMENT AND QUALITY BOND | OTHER INVESTMENTS | | 86,100 |
| | INTERNATIONAL GROWTH & INCOME | OTHER INVESTMENTS | | 73,331 |
| | INVESCO VI GROWTH & INCOME | OTHER INVESTMENTS | | 73,695 |

**Attachment to 2012 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** SUN COMMODITIES 401(K) PLAN **EIN:** 65-0805348
**Plan Sponsor's Name** SUN COMMODITIES, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | LORD ABBETT MID CAP STOCK | OTHER INVESTMENTS | | 28,053 |
| | PIMCO TOTAL RETURN BOND FD | OTHER INVESTMENTS | | 43,814 |
| | WELLINGTON GROWTH PORT | OTHER INVESTMENTS | | 58,435 |
| | CAPITAL APPRECIATION | OTHER INVESTMENTS | | 42,375 |
| | EMERGING MARKETS | OTHER INVESTMENTS | | 71,164 |
| | AMERICAN FUNDS GROWTH | OTHER INVESTMENTS | | 106,185 |
| | AMERICAN FUNDS ASSET ALLOC | OTHER INVESTMENTS | | 87,326 |

**Attachment to 2012 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** SUN COMMODITIES 401(K) PLAN **EIN:** 65-0805348
**Plan Sponsor's Name** SUN COMMODITIES, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | FIDELITY VIP FREEDOM 2015 PORT | OTHER INVESTMENTS | | 66 |
| | FIDELITY VIP FREEDOM 2020 PORT | OTHER INVESTMENTS | | 8,340 |
| | FIDELITY VIP FREEDOM 2030 PORT | OTHER INVESTMENTS | | 47,430 |
| | FIDELITY VIP FREEDOM 2025 PORT | OTHER INVESTMENTS | | 18,072 |
| | LORD ABBETT GROWTH AND INCOME | OTHER INVESTMENTS | | 42,804 |
| | VAN KAMPEN INTL DIV EQ PORT | OTHER INVESTMENTS | | 45,377 |
| | ALLIANCEBERN SMALL MID CAP VAL | OTHER INVESTMENTS | | 33,596 |

**Attachment to 2012 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** SUN COMMODITIES 401(K) PLAN **EIN:** 65-0805348
**Plan Sponsor's Name** SUN COMMODITIES, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | MFS TOTAL RETURN PORTFOLIO | OTHER INVESTMENTS | | 76,876 |
| | SMALL COMPANY VALUE PORTFOLIO | OTHER INVESTMENTS | | 35,394 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |