

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information						
<b>1a</b> Name of plan <u>SK FOOD GROUP, INC. SALARY SAVINGS AND PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>04/01/1986</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>04/01/1986</u>			
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>						
<b>1c</b> Effective date of plan <u>04/01/1986</u>							
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  <u>SK FOOD GROUP, INC.</u>  <u>4600 37TH AVE SW</u> <u>SEATTLE, WA 98126</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>2b</b> Employer Identification Number (EIN) <u>27-3674322</u></td> <td style="width: 20%;"></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>206-935-8100</u></td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>311900</u></td> <td></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>27-3674322</u>		<b>2c</b> Sponsor's telephone number <u>206-935-8100</u>		<b>2d</b> Business code (see instructions) <u>311900</u>	
<b>2b</b> Employer Identification Number (EIN) <u>27-3674322</u>							
<b>2c</b> Sponsor's telephone number <u>206-935-8100</u>							
<b>2d</b> Business code (see instructions) <u>311900</u>							

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature. Signature of plan administrator	09/30/2013 Date	JACKIE DETTLING Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/02/2013 Date	LAURENCE LESLIE Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	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)

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address  SK FOOD GROUP, INC.  4600 37TH AVE SW SEATTLE, WA 98126		<b>3b</b> Administrator's EIN 27-3674322
		<b>3c</b> Administrator's telephone number 206-935-8100
<b>4</b> 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: <b>a</b> Sponsor's name		<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b> 377
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	227
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	111
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	338
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	338
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	189
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	10
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....		<b>7</b>
<b>8a</b> 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 3H		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

<b>SCHEDULE C</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Service Provider Information</b> This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2012</b>
		<b>This Form is Open to Public Inspection.</b>

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

<b>A</b> Name of plan <u>SK FOOD GROUP, INC. SALARY SAVINGS AND PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SK FOOD GROUP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>27-3674322</u>

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65	RECORDKEEPER	6575	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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



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

<b>a</b> Name: CLOTHIER AND HEAD, PS	<b>b</b> EIN: 91-1253866
<b>c</b> Position: ACCOUNTANT	
<b>d</b> Address: 601 UNION STREET, SUITE 2300 SEATTLE, WA 98101	<b>e</b> Telephone: 206-622-1326

Explanation: ACQUISITION

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

<b>A</b> Name of plan <u>SK FOOD GROUP, INC. SALARY SAVINGS AND PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SK FOOD GROUP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>27-3674322</u>	

Part I	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FA STABLE VALUE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-3022712-026</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>76922</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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  
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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  
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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  
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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  
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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  
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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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning <b>01/01/2012</b> and ending <b>12/31/2012</b>		
<b>A</b> Name of plan <b>SK FOOD GROUP, INC. SALARY SAVINGS AND PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ►	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SK FOOD GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN)  <b>27-3674322</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	240934	187545
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	63343	76922
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	1302480	1428651
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	1606757	1693118

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	1606757	1693118
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**Part II Income and Expense Statement**

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

**Income****a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	99969	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	173743	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		273712

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

<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	32	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		32

(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	23683	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		23683

(3) Rents .....	<b>2b(3)</b>		
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(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		

(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		1374
(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)		151010
c Other income.....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		449811

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	356872	
(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)		356872
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)		
(4) Other .....	2i(4)	6578	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6578
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		363450

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k		86361
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PETERSON SULLIVAN, LLP

(2) EIN: 91-0605875

**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:

**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.).....

**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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
<b>c</b> 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.) .....		X	
<b>d</b> 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.) .....		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		250000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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? .....		X	
<b>h</b> 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? .....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>j</b> 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.) .....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b> 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. ....		X	

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

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

**5b(1)** Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN



<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

<b>A</b> Name of plan <u>SK FOOD GROUP, INC. SALARY SAVINGS AND PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SK FOOD GROUP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>27-3674322</u>

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): <u>04-6568107</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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): \_\_\_\_\_

**SK FOOD GROUP INC. SALARY SAVINGS  
& PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS  
(AUDITED)**

**DECEMBER 31, 2012 AND 2011**

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**INDEPENDENT AUDITORS' REPORT**

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To the Board of Directors  
SK Food Group Inc. Salary Savings and Profit Sharing Plan  
Seattle, WA

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of SK Food Group Inc. Salary Savings and Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year 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.

**Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 4, which was certified by Fidelity Management 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 year ended December 31, 2012, 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.



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**INDEPENDENT AUDITORS' REPORT**

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**Other Matter – Supplemental Schedule**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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.

**Other Matter – 2011 Financial Statements**

The financial statements of the plan as of December 31, 2011, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated July 24, 2012, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**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.

*Peterson Sullivan LLP*

September 3, 2013

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

	<u>2012</u>	<u>2011</u>
<b>ASSETS</b>		
Participant directed investments, at fair value		
Mutual funds	\$ 1,428,651	\$ 1,302,480
Money market	187,545	240,934
Stable value fund	<u>76,922</u>	<u>63,343</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 1,693,118</u></u>	<u><u>\$ 1,606,757</u></u>

---

See accompanying notes.



**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2012**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**ADDITIONS**

Additions to net assets attributed to:

Net appreciation in fair value of investments	\$ 152,384
Interest and dividend income	23,715
Contributions:	
Employer	99,969
Participants	173,743

Total additions	449,811
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**DEDUCTIONS**

Deductions from net assets attributed to:

Benefits paid to participants	356,872
Administrative fees	6,578

Total deductions	363,450
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Net increase	86,361
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**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year	1,606,757
End of year	\$ 1,693,118

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See accompanying notes.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 1. Description of Plan**

The following description of the SK Food Group Inc. Salary Savings and Profit Sharing 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 eligible employees of SK Food Group, Inc. (the Employer). The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees of the Employer who have worked six months are eligible to participate in the plan. Participants are eligible to begin making contributions to the plan on the first day of each quarter following their date of eligibility.

Contributions

Participant – A participant may elect to defer and contribute up to 90% of their regular compensation and up to 100% of bonus compensation, up to Internal Revenue Service (IRS) maximum guidelines.

Matching – Safe harbor matching by the employer is 100% of the first 3% of active participant's compensation contributed to the plan and 50% of the next 2%, not to exceed 4% of the active participant's compensation contributed to the plan. Matching contributions of \$99,969 and \$117,229 were made for the years ended December 31, 2012 and 2011, respectively.

Profit sharing – The Employer may make an additional contribution on a discretionary basis on behalf of all eligible employees whether or not they have made elective contributions to the plan. These contributions are allocated by participant, based on a formula as defined in the plan. There were no profit sharing contributions for the plan years ended December 31, 2012 and 2011.

Top heavy – Each plan year, the Employer may make additional contributions to meet IRS discrimination requirements. There were no top heavy contributions made for the plan years ended December 31, 2012 and 2011.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 1. Description of Plan (cont)**

Participant Accounts

Separate accounts are maintained for each participant. Each participant's respective account is credited with the participant's contributions, the Employer's contributions allocated on behalf of a participant, and the participant's share of the plan's earnings, if any, and charged with the participant's share of investment expenses. The plan's earnings and investment expenses are charged according to the participant's relative account balances in the investment options. Certain participant fees, if applicable, are also charged to participant accounts.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. The portion of the participant's account attributable to Employer safe harbor contributions is immediately 100% vested. For other Employer contributions, participant's accounts become fully vested after six years of employment.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, the vested portion of a participant's account will be paid as soon as administratively feasible after the participant terminates employment. Vested benefits of \$1,000 or less will be paid out in a lump-sum distribution. Vested benefits larger than \$1,000 will be distributed either in a lump-sum payment or in fixed installments upon request of the recipient.

Benefits are recorded when paid.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts will be used to pay administrative expenses of the plan or reduce future employer contributions. Forfeitures for the years ended December 31, 2012 and 2011 were \$10,106 and \$8,181, respectively. Of the 2012 forfeitures, \$6,000 were used to reduce expenses in 2012 and none were used to reduce the employer contributions.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 2. Summary of Accounting Principles**

*Basis of Accounting*

The plan financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, such as stable value funds, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the contract value of the investment contracts, which approximates fair value. The statement of changes in net assets available for benefits is prepared on a contract value basis. In 2012 and 2011, the difference between contract value and fair value is immaterial, and is not required to be recorded in the financial statements.

*Investment Valuation and Income Recognition*

The plan's investments are stated at fair value as certified by the plan's trustee, Fidelity Management Trust Company, for the years ended December 31, 2012 and 2011. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for additional fair value disclosures.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year, and unrealized appreciation and depreciation of those investments.

*Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*Administrative Fees*

Certain expenses of maintaining the plan are paid directly by the Employer and are excluded from these financial statements. Certain transaction fees related to distributions are charged directly to the participant's account and are included in administrative fees. Investment related expenses charged by the funds are included in net appreciation of fair value of investments.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 3. Party in Interest Transactions**

Fidelity Management Trust Company and its affiliates may provide various services to the plan, including trustee services, recordkeeping, and investment management. These transactions qualify as exempt party in interest transactions, which are exempt from the prohibited transaction rules. Fees paid to Fidelity Management Trust Company and its affiliates for investment management are deducted against investment returns.

**Note 4. Information Prepared and Certified by Trustee**

The plan administrator has obtained certification from the trustee, Fidelity Management Trust Company, that the following information provided by the trustee and included in the plan's financial statements and supplemental schedule is 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:

	2012	2011
<u>Assets</u>		
Mutual funds	\$ 1,428,651	1,302,480
Money market	187,545	240,934
Stable value fund	76,922	63,343
 <u>Change in Net Assets</u>		
Net appreciation in fair value of investments	\$ 152,384	
Interest and dividend income	23,715	

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 5. Investments**

The following investments represent more than 5% of the plan's net assets at December 31:

	2012	2011
FA Freedom 2020 T	\$ 420,783	\$ 379,278
Fidelity Treasury FD	187,545	240,934
FA Value Strat T	114,117	**
FA Equity Growth T	111,355	82,763
FA Growth Opps T	98,590	**
FA Interm Bond T	**	132,050
FA High Inc Adv T	**	82,345

\*\* Investment did not represent 5% or greater of net assets.

During the year ended December 31, 2012, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Mutual funds	\$ 151,565
Stable value fund	819
	<hr/>
	\$ 152,384
	<hr/> <hr/>

**Note 6. Fair Value Measurements**

The guidance establishes a framework for measuring fair value in accordance with GAAP, and expands disclosures about fair value measurements. It also establishes a three-tier fair value hierarchy, which categorizes the inputs used in measuring fair value. These categories include (in descending order of priority): Level 1, defined as quoted prices (unadjusted) in active markets for identical assets or liabilities that may be accessed at the measurement date; Level 2, defined as inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions.

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 maximize the use of relevant observable inputs and minimize the use unobservable inputs.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 6. Fair Value Measurements (cont)**

The 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.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV (net asset value) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

*Stable value fund:* Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on a per share/unit of the Fidelity Advisor Stable Value Fund (the fund) and is determined each business day (valuation date) by the trustee. The trustee of the fund uses its best efforts to maintain a stable net asset value (NAV) of \$1.00 per unit, although there is no guarantee that the fund will be able to maintain this value. When current market prices or quotations are not readily available or reliable, securities will be at fair value in good faith using procedures adopted by the trustee. Factors used in determining fair value vary by security type and may include market or security specific events, changes in interest rates and credit quality. The fund attempts to obtain prices from one or more third party pricing vendors or brokers to value its investments.

The fund invests in conventional, synthetic and separate account investment contracts (collectively contracts) issued by life insurance companies, banks and other financial institutions. Accrued interest, if any, on the underlying investments is added to the fair value of the investments for presentation purposes. Fair value is determined using a discounted cash flow methodology where the individual contract cash flows are discounted at the prevailing interpolated yield curve rate as of year-end. For liquidity purposes, the fund may have all or a portion of its assets invested in high-quality money market instruments, investment companies and collective investment trusts that meet the investment objectives. Participants direct the withdrawal or transfer of all or a portion of their investments at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals and administrative expenses. Withdrawals made in order to accommodate distribution to participants under a participating plan, whether in-service or following termination of employment may be made on any business day. Withdrawals made in order to accommodate a participant-directed exchange to another investment option under a participating plan may be made on any business day, provided that the exchange is not directed into a competing fund (money market funds or certain other types of fixed income funds). Transferred amounts must be held in a non-competing investment option for 90 days before subsequent transfers to a competing fund can occur. There were no unfunded commitments as of December 31, 2012 and 2011.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 6. Fair Value Measurements (cont)**

The following table shows assets measured at fair value as of December 31, 2012 and 2011 on the plan's statement of net assets available for benefit, and the input categories associated with those assets:

Assets at Fair Value as of December 31, 2012				
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Target date	\$ 643,928	\$ 643,928	\$ -	\$ -
Growth	488,462	488,462	-	-
Value	164,769	164,769	-	-
Balanced	95,442	95,442	-	-
Bond	36,050	36,050	-	-
	<u>1,428,651</u>	<u>1,428,651</u>	<u>-</u>	<u>-</u>
Money market	187,545	187,545	-	-
Stable value fund	76,922	-	76,922	-
	<u>76,922</u>	<u>-</u>	<u>76,922</u>	<u>-</u>
Total assets at fair value	<u>\$ 1,693,118</u>	<u>\$ 1,616,196</u>	<u>\$ 76,922</u>	<u>\$ -</u>

Assets at Fair Value as of December 31, 2011				
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Target date	\$ 580,419	\$ 580,419	\$ -	\$ -
Growth	324,025	324,025	-	-
Value	171,490	171,490	-	-
Balanced	226,546	226,546	-	-
	<u>1,302,480</u>	<u>1,302,480</u>	<u>-</u>	<u>-</u>
Money market	240,934	240,934	-	-
Stable value fund	63,343	-	63,343	-
	<u>63,343</u>	<u>-</u>	<u>63,343</u>	<u>-</u>
Total assets at fair value	<u>\$ 1,606,757</u>	<u>\$ 1,543,414</u>	<u>\$ 63,343</u>	<u>\$ -</u>



**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 7. Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right to terminate the plan at any time subject to the provisions of ERISA. In the event of plan termination, the respective participant's interest, net of any termination fees, will become fully vested and will be distributed to each participant in accordance with the plan document.

**Note 8. Tax Status**

The plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As the plan is tax-exempt, the plan administrator has concluded that as of December 31, 2012 and 2011, 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 it is no longer subject to income tax examinations for years prior to 2010.

**Note 9. 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.

**Note 10. Subsequent Events**

The plan's management has evaluated subsequent events through September 3, 2013, which is the date the financial statements were available to be issued. Subsequent to year end, the plan's management has not identified any subsequent events requiring financial statement disclosure.

## **SUPPLEMENTARY INFORMATION**

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**  
**DECEMBER 31, 2012**

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Supplemental Schedule of Assets Held for Investment Purposes at End of Year, Form 5500,  
Schedule H, Question 4i**

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor or Similar Party	Description of Investments	Cost	Current Value
*	Fidelity Treasury FD	Money Market	**	\$ 187,545
*	FA Stable Value	Common Collective Trust	**	76,922
*	FA Freedom 2020 T	Mutual Fund	**	420,783
*	FA Value Strat T	Mutual Fund	**	114,117
*	FA Equity Growth T	Mutual Fund	**	111,355
*	FA Growth Opps T	Mutual Fund	**	98,590
*	FA Freedom 2025 T	Mutual Fund	**	70,459
*	FA High Inc Adv T	Mutual Fund	**	65,501
*	FA Mid Cap II T	Mutual Fund	**	55,632
*	FA Intl Cap App T	Mutual Fund	**	54,115
*	FA Balanced T	Mutual Fund	**	53,061
*	FA Overseas T	Mutual Fund	**	52,921
*	FA Freedom 2030 T	Mutual Fund	**	44,857
*	FA Growth & Income T	Mutual Fund	**	40,418
*	FA Freedom 2040 T	Mutual Fund	**	36,800
*	FA Interm Bond T	Mutual Fund	**	36,050
*	FA Freedom 2050 T	Mutual Fund	**	30,858
*	FA Equity Value T	Mutual Fund	**	25,568
*	FA Equity Income T	Mutual Fund	**	25,084
*	FA Small Cap T	Mutual Fund	**	22,855
*	FA Dividend Growth T	Mutual Fund	**	22,288
*	FA Freedom 2045 T	Mutual Fund	**	16,573
*	FA Freedom 2015 T	Mutual Fund	**	10,892
*	FA Freedom 2010 T	Mutual Fund	**	7,208
*	FA Freedom 2035 T	Mutual Fund	**	5,498
*	FA Stk Sell All Cap T	Mutual Fund	**	5,205
*	FA Freedom Inc T	Mutual Fund	**	1,963
				<u>\$ 1,693,118</u>

\* Party in interest.

\*\* Amounts not required as investments are participant directed.

**SK FOOD GROUP INC. SALARY SAVINGS  
& PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS  
(AUDITED)**

**DECEMBER 31, 2012 AND 2011**

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**INDEPENDENT AUDITORS' REPORT**

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To the Board of Directors  
SK Food Group Inc. Salary Savings and Profit Sharing Plan  
Seattle, WA

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of SK Food Group Inc. Salary Savings and Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year 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.

**Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 4, which was certified by Fidelity Management 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 year ended December 31, 2012, 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.

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INDEPENDENT AUDITORS' REPORT

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**Other Matter – Supplemental Schedule**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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.

**Other Matter – 2011 Financial Statements**

The financial statements of the plan as of December 31, 2011, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated July 24, 2012, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**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.

*Peterson Sullivan LLP*

September 3, 2013

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2012 AND 2011**

---

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

	<u>2012</u>	<u>2011</u>
<b>ASSETS</b>		
Participant directed investments, at fair value		
Mutual funds	\$ 1,428,651	\$ 1,302,480
Money market	187,545	240,934
Stable value fund	<u>76,922</u>	<u>63,343</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 1,693,118</u></u>	<u><u>\$ 1,606,757</u></u>

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See accompanying notes.



**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2012**

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PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**ADDITIONS**

Additions to net assets attributed to:

Net appreciation in fair value of investments	\$ 152,384
Interest and dividend income	23,715
Contributions:	
Employer	99,969
Participants	173,743

Total additions	449,811
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**DEDUCTIONS**

Deductions from net assets attributed to:

Benefits paid to participants	356,872
Administrative fees	6,578

Total deductions	363,450
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Net increase	86,361
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**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year	1,606,757
End of year	\$ 1,693,118

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See accompanying notes.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

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PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 1. Description of Plan**

The following description of the SK Food Group Inc. Salary Savings and Profit Sharing 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 eligible employees of SK Food Group, Inc. (the Employer). The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees of the Employer who have worked six months are eligible to participate in the plan. Participants are eligible to begin making contributions to the plan on the first day of each quarter following their date of eligibility.

Contributions

Participant – A participant may elect to defer and contribute up to 90% of their regular compensation and up to 100% of bonus compensation, up to Internal Revenue Service (IRS) maximum guidelines.

Matching – Safe harbor matching by the employer is 100% of the first 3% of active participant's compensation contributed to the plan and 50% of the next 2%, not to exceed 4% of the active participant's compensation contributed to the plan. Matching contributions of \$99,969 and \$117,229 were made for the years ended December 31, 2012 and 2011, respectively.

Profit sharing – The Employer may make an additional contribution on a discretionary basis on behalf of all eligible employees whether or not they have made elective contributions to the plan. These contributions are allocated by participant, based on a formula as defined in the plan. There were no profit sharing contributions for the plan years ended December 31, 2012 and 2011.

Top heavy – Each plan year, the Employer may make additional contributions to meet IRS discrimination requirements. There were no top heavy contributions made for the plan years ended December 31, 2012 and 2011.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

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PLAN NUMBER: 001  
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**Note 1. Description of Plan (cont)**

Participant Accounts

Separate accounts are maintained for each participant. Each participant's respective account is credited with the participant's contributions, the Employer's contributions allocated on behalf of a participant, and the participant's share of the plan's earnings, if any, and charged with the participant's share of investment expenses. The plan's earnings and investment expenses are charged according to the participant's relative account balances in the investment options. Certain participant fees, if applicable, are also charged to participant accounts.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. The portion of the participant's account attributable to Employer safe harbor contributions is immediately 100% vested. For other Employer contributions, participant's accounts become fully vested after six years of employment.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, the vested portion of a participant's account will be paid as soon as administratively feasible after the participant terminates employment. Vested benefits of \$1,000 or less will be paid out in a lump-sum distribution. Vested benefits larger than \$1,000 will be distributed either in a lump-sum payment or in fixed installments upon request of the recipient.

Benefits are recorded when paid.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts will be used to pay administrative expenses of the plan or reduce future employer contributions. Forfeitures for the years ended December 31, 2012 and 2011 were \$10,106 and \$8,181, respectively. Of the 2012 forfeitures, \$6,000 were used to reduce expenses in 2012 and none were used to reduce the employer contributions.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

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PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 2. Summary of Accounting Principles**

*Basis of Accounting*

The plan financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, such as stable value funds, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the contract value of the investment contracts, which approximates fair value. The statement of changes in net assets available for benefits is prepared on a contract value basis. In 2012 and 2011, the difference between contract value and fair value is immaterial, and is not required to be recorded in the financial statements.

*Investment Valuation and Income Recognition*

The plan's investments are stated at fair value as certified by the plan's trustee, Fidelity Management Trust Company, for the years ended December 31, 2012 and 2011. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for additional fair value disclosures.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year, and unrealized appreciation and depreciation of those investments.

*Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*Administrative Fees*

Certain expenses of maintaining the plan are paid directly by the Employer and are excluded from these financial statements. Certain transaction fees related to distributions are charged directly to the participant's account and are included in administrative fees. Investment related expenses charged by the funds are included in net appreciation of fair value of investments.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

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PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 3. Party in Interest Transactions**

Fidelity Management Trust Company and its affiliates may provide various services to the plan, including trustee services, recordkeeping, and investment management. These transactions qualify as exempt party in interest transactions, which are exempt from the prohibited transaction rules. Fees paid to Fidelity Management Trust Company and its affiliates for investment management are deducted against investment returns.

**Note 4. Information Prepared and Certified by Trustee**

The plan administrator has obtained certification from the trustee, Fidelity Management Trust Company, that the following information provided by the trustee and included in the plan's financial statements and supplemental schedule is 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:

	<u>2012</u>	<u>2011</u>
<u>Assets</u>		
Mutual funds	\$ 1,428,651	1,302,480
Money market	187,545	240,934
Stable value fund	76,922	63,343
 <u>Change in Net Assets</u>		
Net appreciation in fair value of investments	\$ 152,384	
Interest and dividend income	23,715	

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

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PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 5. Investments**

The following investments represent more than 5% of the plan's net assets at December 31:

	2012	2011
FA Freedom 2020 T	\$ 420,783	\$ 379,278
Fidelity Treasury FD	187,545	240,934
FA Value Strat T	114,117	**
FA Equity Growth T	111,355	82,763
FA Growth Opps T	98,590	**
FA Interm Bond T	**	132,050
FA High Inc Adv T	**	82,345

\*\* Investment did not represent 5% or greater of net assets.

During the year ended December 31, 2012, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Mutual funds	\$ 151,565
Stable value fund	819
	<hr/>
	\$ 152,384
	<hr/>

**Note 6. Fair Value Measurements**

The guidance establishes a framework for measuring fair value in accordance with GAAP, and expands disclosures about fair value measurements. It also establishes a three-tier fair value hierarchy, which categorizes the inputs used in measuring fair value. These categories include (in descending order of priority): Level 1, defined as quoted prices (unadjusted) in active markets for identical assets or liabilities that may be accessed at the measurement date; Level 2, defined as inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions.

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 maximize the use of relevant observable inputs and minimize the use unobservable inputs.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

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PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 6. Fair Value Measurements (cont)**

The 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.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV (net asset value) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

*Stable value fund:* Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on a per share/unit of the Fidelity Advisor Stable Value Fund (the fund) and is determined each business day (valuation date) by the trustee. The trustee of the fund uses its best efforts to maintain a stable net asset value (NAV) of \$1.00 per unit, although there is no guarantee that the fund will be able to maintain this value. When current market prices or quotations are not readily available or reliable, securities will be at fair value in good faith using procedures adopted by the trustee. Factors used in determining fair value vary by security type and may include market or security specific events, changes in interest rates and credit quality. The fund attempts to obtain prices from one or more third party pricing vendors or brokers to value its investments.

The fund invests in conventional, synthetic and separate account investment contracts (collectively contracts) issued by life insurance companies, banks and other financial institutions. Accrued interest, if any, on the underlying investments is added to the fair value of the investments for presentation purposes. Fair value is determined using a discounted cash flow methodology where the individual contract cash flows are discounted at the prevailing interpolated yield curve rate as of year-end. For liquidity purposes, the fund may have all or a portion of its assets invested in high-quality money market instruments, investment companies and collective investment trusts that meet the investment objectives. Participants direct the withdrawal or transfer of all or a portion of their investments at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals and administrative expenses. Withdrawals made in order to accommodate distribution to participants under a participating plan, whether in-service or following termination of employment may be made on any business day. Withdrawals made in order to accommodate a participant-directed exchange to another investment option under a participating plan may be made on any business day, provided that the exchange is not directed into a competing fund (money market funds or certain other types of fixed income funds). Transferred amounts must be held in a non-competing investment option for 90 days before subsequent transfers to a competing fund can occur. There were no unfunded commitments as of December 31, 2012 and 2011.

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

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PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Note 6. Fair Value Measurements (cont)**

The following table shows assets measured at fair value as of December 31, 2012 and 2011 on the plan's statement of net assets available for benefit, and the input categories associated with those assets:

Assets at Fair Value as of December 31, 2012				
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Target date	\$ 643,928	\$ 643,928	\$ -	\$ -
Growth	488,462	488,462	-	-
Value	164,769	164,769	-	-
Balanced	95,442	95,442	-	-
Bond	36,050	36,050	-	-
	<u>1,428,651</u>	<u>1,428,651</u>	<u>-</u>	<u>-</u>
Money market	187,545	187,545	-	-
Stable value fund	76,922	-	76,922	-
	<u>76,922</u>	<u>-</u>	<u>76,922</u>	<u>-</u>
Total assets at fair value	<u>\$ 1,693,118</u>	<u>\$ 1,616,196</u>	<u>\$ 76,922</u>	<u>\$ -</u>

Assets at Fair Value as of December 31, 2011				
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Target date	\$ 580,419	\$ 580,419	\$ -	\$ -
Growth	324,025	324,025	-	-
Value	171,490	171,490	-	-
Balanced	226,546	226,546	-	-
	<u>1,302,480</u>	<u>1,302,480</u>	<u>-</u>	<u>-</u>
Money market	240,934	240,934	-	-
Stable value fund	63,343	-	63,343	-
	<u>63,343</u>	<u>-</u>	<u>63,343</u>	<u>-</u>
Total assets at fair value	<u>\$ 1,606,757</u>	<u>\$ 1,543,414</u>	<u>\$ 63,343</u>	<u>\$ -</u>



**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

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PLAN NUMBER: 001  
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**Note 7. Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right to terminate the plan at any time subject to the provisions of ERISA. In the event of plan termination, the respective participant's interest, net of any termination fees, will become fully vested and will be distributed to each participant in accordance with the plan document.

**Note 8. Tax Status**

The plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As the plan is tax-exempt, the plan administrator has concluded that as of December 31, 2012 and 2011, 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 it is no longer subject to income tax examinations for years prior to 2010.

**Note 9. 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.

**Note 10. Subsequent Events**

The plan's management has evaluated subsequent events through September 3, 2013, which is the date the financial statements were available to be issued. Subsequent to year end, the plan's management has not identified any subsequent events requiring financial statement disclosure.

## **SUPPLEMENTARY INFORMATION**

**SK FOOD GROUP INC. SALARY SAVINGS & PROFIT SHARING PLAN**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**  
**DECEMBER 31, 2012**

PLAN NUMBER: 001  
EMPLOYER IDENTIFICATION NUMBER: 27-3674322

**Supplemental Schedule of Assets Held for Investment Purposes at End of Year, Form 5500,  
Schedule H, Question 4i**

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower, Lessor or Similar Party	Description of Investments	Cost	Current Value
*	Fidelity Treasury FD	Money Market	**	\$ 187,545
*	FA Stable Value	Common Collective Trust	**	76,922
*	FA Freedom 2020 T	Mutual Fund	**	420,783
*	FA Value Strat T	Mutual Fund	**	114,117
*	FA Equity Growth T	Mutual Fund	**	111,355
*	FA Growth Opps T	Mutual Fund	**	98,590
*	FA Freedom 2025 T	Mutual Fund	**	70,459
*	FA High Inc Adv T	Mutual Fund	**	65,501
*	FA Mid Cap II T	Mutual Fund	**	55,632
*	FA Intl Cap App T	Mutual Fund	**	54,115
*	FA Balanced T	Mutual Fund	**	53,061
*	FA Overseas T	Mutual Fund	**	52,921
*	FA Freedom 2030 T	Mutual Fund	**	44,857
*	FA Growth & Income T	Mutual Fund	**	40,418
*	FA Freedom 2040 T	Mutual Fund	**	36,800
*	FA Interm Bond T	Mutual Fund	**	36,050
*	FA Freedom 2050 T	Mutual Fund	**	30,858
*	FA Equity Value T	Mutual Fund	**	25,568
*	FA Equity Income T	Mutual Fund	**	25,084
*	FA Small Cap T	Mutual Fund	**	22,855
*	FA Dividend Growth T	Mutual Fund	**	22,288
*	FA Freedom 2045 T	Mutual Fund	**	16,573
*	FA Freedom 2015 T	Mutual Fund	**	10,892
*	FA Freedom 2010 T	Mutual Fund	**	7,208
*	FA Freedom 2035 T	Mutual Fund	**	5,498
*	FA Stk Sell All Cap T	Mutual Fund	**	5,205
*	FA Freedom Inc T	Mutual Fund	**	1,963
				\$ 1,693,118

\* Party in interest.

\*\* Amounts not required as investments are participant directed.