Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
OSI INDUSTRIES, LLC PROFIT SHARING AND EMPLOYEES SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/1991

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

OSI INDUSTRIES, LLC

1225 CORPORATE BLVD.
AURORA, IL 60505

2b Employer Identification Number (EIN)
52-2399960

2c Sponsor's telephone number
630-851-6600

2d Business code (see instructions)
311110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2013	JENNIFER P. DISCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	1220
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	1191
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	146
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1338
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f Total. Add lines **6d** and **6e**	**6f**	1348
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1093
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	97
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
OSI INDUSTRIES, LLC PROFIT SHARING AND EMPLOYEES SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
OSI INDUSTRIES, LLC

D Employer Identification Number (EIN)
52-2399960

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

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)

MARSHALL & ILSLEY TRUST COMPANY NA

39-1186267

(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?
15 19 21 25 36 37 38 50 59 62 63 64	NONE	4050	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BMO HARRIS BANK, N.A.

36-2085229

(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?
15 19 21 25 36 37 38 50 59 62 63 64	NONE	825	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

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

A Name of plan
OSI INDUSTRIES, LLC PROFIT SHARING AND EMPLOYEES SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OSI INDUSTRIES, LLC

D Employer Identification Number (EIN)
52-2399960

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO GROWTH BALANCED PORTFOLIO

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.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)
39-1795674-001	C	11964087

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO DIVERSIFIED STOCK PORTFOLIO

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.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)
39-1795676-001	C	672382

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO EB STABLE PRINCIPAL FUND

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.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)
39-6490536-001	C	11319119

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO DIVERSIFIED INCOME PORTFOLIO

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.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)
39-1795672-001	C	781002

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO MODERATE BALANCED PORTFOLIO

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.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)
39-1795673-001	C	487558

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO TARGET RET-2020 PORTFOLIO

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.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)
39-2048518-001	C	470663

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO TARGET RET-2030 PORTFOLIO

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.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)
39-2048519-001	C	686982

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO TARGET RET-2040 PORTFOLIO

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.A.

c EIN-PN 39-2048520-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 399022

a Name of MTIA, CCT, PSA, or 103-12 IE: BMO TARGET RET-2050 PORTFOLIO

b Name of sponsor of entity listed in (a): BMO HARRIS BANK, N.A.

c EIN-PN 39-2048521-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98589

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

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

A Name of plan
OSI INDUSTRIES, LLC PROFIT SHARING AND EMPLOYEES SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
OSI INDUSTRIES, LLC

D Employer Identification Number (EIN)
52-2399960

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36889	1742008
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19066	26893
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	694259	707119
(9) Value of interest in common/collective trusts	1c(9)	18975469	26879404
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13919163	22891796
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		15218

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33644846	52262438
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		33247
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	33247
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	33644846	52229191

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2912986	
(B) Participants	2a(1)(B)	1731465	
(C) Others (including rollovers)	2a(1)(C)	318360	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4962811
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	32350	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32350
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	326321	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		326321
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	282033	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	266815	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		15218
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-175198	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-175198

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2075949
(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)		2519445
c Other income	2c		66
d Total income. Add all **income** amounts in column (b) and enter total	2d		9756962
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2365399	
(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)		2365399
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		4047
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)	4875	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4875
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2374321
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7382641
l Transfers of assets:			
(1) To this plan	2l(1)		11201704
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY LLP **(2)** EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

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

A Name of plan
OSI INDUSTRIES, LLC PROFIT SHARING AND EMPLOYEES SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
OSI INDUSTRIES, LLC

D Employer Identification Number (EIN)
52-2399960

Part I Distributions

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

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

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

EIN(s): 39-6436442

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

McGladrey

Independent Auditor's Report

To the Administrative Committee
OSI Industries, LLC Profit Sharing and
Employees Savings Plan
Aurora, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of OSI Industries, LLC Profit Sharing and Employees Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 3, which was certified or provided by BMO Harris Bank N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, 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.

Member of the RSM International network of independent accounting, tax and consulting firms.

Emphasis of Matter

As described in Note 10, effective immediately following the close of business on December 31, 2011, a portion of the On-Cor Frozen Foods, LLC Employee Savings Plan spun-in to the OSI Industries, LLC Profit Sharing and Employees' Savings Plan and the On-Cor Frozen Foods, LLC Profit Sharing Plan and Trust was merged in to the OSI Industries, LLC Profit Sharing and Employees' Savings Plan.

Other Matter

The supplemental schedule, schedule h, line 4i - schedule of assets (held at end of year), as of the year ended December 31, 2012, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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 or provided 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.

McGladrey LLP

Schaumburg, Illinois
September 6, 2013

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

SPONSOR: OSI INDUSTRIES, LLC
EIN: 52-2399960
PLAN NUMBER: 002
NAME: OSI INDUSTRIES, LLC
PROFIT SHARING AND EMPLOYEES SAVINGS PLAN

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	BMO FUNDS	BMO SMALL-CAP GROWTH FUND CL Y #612	**	564,617
	DODGE & COX FUNDS	DODGE & COX INTERNATIONAL STOCK FUND #1048	**	948,367
	GOLDMAN SACHS FUNDS	GOLDMAN SACHS MID CAP VALUE FUND A #78	**	1,013,376
*	BMO FUNDS	BMO DIVERSIFIED INCOME FUND	**	781,002
*	BMO FUNDS	BMO DIVERSIFIED STOCK FUND	**	672,382
*	BMO FUNDS	BMO EMPLOYEE BENEFIT STABLE PRINCIPAL FUND	**	11,319,119
*	BMO FUNDS	BMO GROWTH BALANCED FUND	**	11,964,087
*	BMO FUNDS	BMO MODERATE BALANCED FUND	**	487,558
*	BMO FUNDS	BMO TARGET RETIREMENT 2020 FUND	**	470,663
*	BMO FUNDS	BMO TARGET RETIREMENT 2030 FUND	**	686,982
*	BMO FUNDS	BMO TARGET RETIREMENT 2040 FUND	**	399,022
*	BMO FUNDS	BMO TARGET RETIREMENT 2050 FUND	**	98,589
	NEUBERGER & BERMAN	NEUBERGER BERMAN GENESIS FD TRUST CLASS #593	**	2,417,895
	PIMCO INSTITUTIONAL	PIMCO TOTAL RETURN FUND #435	**	4,711,333
	SCOUT FUNDS	SCOUT INTERNATIONAL FUND #29	**	832,134
	T. ROWE PRICE	T ROWE PRICE EQUITY INCOME FD - ADV #271	**	874,239
	T. ROWE PRICE	T ROWE PRICE GROWTH STOCK FD ADVISOR #240	**	3,914,066
	T. ROWE PRICE	T ROWE PRICE MID-CAP GROWTH FD ADV - #264	**	2,809,104
	VANGUARD FUNDS	VANGUARD 500 INDEX FUND - SIGN #1340	**	4,759,909
	VANGUARD FUNDS	VANGUARD SMALL-CAP VALUE INDEX FUND - ADM	**	46,756
	NORTHERN TRUST FUNDS	NORTHERN TRUST ALPHA STRATEGIES FD HEDGE FD OF FD	**	15,218
	PARTICIPANT LOANS	INTEREST RATE RANGE 4.25% - 6.00%		707,119

* A party-in-interest as defined by ERISA
**Cost omitted for participant-directed investments

OSI Industries, LLC Profit Sharing and Employees Savings Plan

Financial Report
December 31, 2012

Contents

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McGladrey

Independent Auditor's Report

To the Administrative Committee
OSI Industries, LLC Profit Sharing and
Employees Savings Plan
Aurora, Illinois

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Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 3, which was certified or provided by BMO Harris Bank N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, 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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Other Matter

The supplemental schedule, schedule h, line 4i - schedule of assets (held at end of year), as of the year ended December 31, 2012, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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 or provided 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.

McGladrey LLP

Schaumburg, Illinois
September 6, 2013

OSI Industries, LLC Profit Sharing and Employees Savings Plan

Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	2012	2011
Assets		
Investments, at fair value:		
Shares of registered investment companies	**$ 22,891,796**	$ 13,919,163
Shares of common/collective trusts	**27,175,402**	19,128,101
	50,067,198	33,047,264
Receivables:		
Company contributions	**1,741,454**	1,047,867
Accrued interest and dividends	**26,893**	18,713
Notes from participants	**724,484**	707,577
	2,492,831	1,774,157
Cash	**-**	353
Total assets	**52,560,029**	34,821,774
Liabilities		
Refunds payable	**27,559**	23,399
Pending trades	**18,029**	-
Other	**-**	353
Total Liabilities	**45,588**	23,752
Net Assets Available for Benefits, at Fair Value	**52,514,441**	34,798,022
Adjustment from fair value to contract value for interest in common/ collective trust relating to fully benefit-responsive investment contracts	**(295,998)**	(152,632)
Net Assets Available for Benefits	**$ 52,218,443**	$ 34,645,390

See Notes to Financial Statements.

OSI Industries, LLC Profit Sharing and Employees Savings Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2012

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 4,458,258**
Interest and dividends	**517,118**
	4,975,376
Interest income on notes receivable from participants	**32,350**
Contributions:	
Participant	**1,703,906**
Company	**1,741,454**
Rollovers	**318,360**
	3,763,720
Total additions	**8,771,446**
Deductions from net assets attributed to:	
Benefits paid directly to participants	**2,351,437**
Administrative expenses	**4,875**
Total deductions	**2,356,312**
Net increase before transfers in from other plan	**6,415,134**
Transfers-in (see Note 10)	**11,157,919**
Net assets available for benefits:	
Beginning of year	**34,645,390**
End of year	**$ 52,218,443**

See Notes to Financial Statements.

Note 1. Plan Description

The following brief description of the OSI Industries, LLC Profit Sharing and Employees Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for more complete information.

General: The Plan is a defined contribution plan with participant-directed investments that provides retirement benefits to the employees of OSI Industries, LLC (the Company). The Plan incorporates Internal Revenue Code (IRC) Section 401(k) provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participants become eligible for the profit sharing component of the Plan after completing one year of service. Participants become eligible for the salary deferral and matching contributions after 90 days of consecutive employment as defined by the Plan document. The entry date for salary deferrals and matching contributions is the first day of the month after satisfying eligibility requirements.

Contributions: Under the 401(k) provisions of the Plan, participants may contribute up to 80 percent of pre-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

The Company's contributions relating to the employee profit sharing feature of the Plan are made at the discretion of the Board of Managers of the Company, except that the amounts shall not exceed the amount the Company may lawfully deduct for federal income tax purposes. The Company contributions are allocated to their respective participant account balances based on compensation.

The Plan's 401(k) savings feature allows for matching contributions made by the Company. The Company contributes 30 percent of the participant's contribution, limited to $108 per Plan year. The Company's matching contributions may exceed the net profits of the Company.

The Company reserves the right to make discretionary non-elective contributions to the Plan for any Plan year if the Company determines that such contributions are necessary to ensure that either the actual deferral percentage test or the actual contribution percentage test will be satisfied for that Plan year.

Contributions are subject to limitations as provided in the IRC and as described by the Plan.

Investment options: Upon enrollment in the Plan, a participant may direct employee contributions in a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options at any time.

Participant accounts: Each participant's account is credited with the participant's contribution, the Company's matching contributions and allocations of any Company profit sharing contributions, forfeitures of terminated participants' nonvested accounts, Plan earnings and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1. Plan Description (Continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of credited service. A participant is 100 percent vested after six years of credited service. Participants who terminate employment due to death are 100 percent vested in their account balances.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balances. The loan repayment period is not to exceed five years except for the purchase of a principal residence in which case the repayment period is not to exceed fifteen years. The loans are collateralized by the balance in the participant's account and bear interest at the prime rate established by the Company's principal banking institution plus one percent. Interest rates on loans currently outstanding range from 4.25 percent to 6.00 percent. Principal and interest are paid ratably through payroll deductions.

Payment of benefits: On termination of service due to death, disability, or retirement a participant may elect to receive a lump-sum distribution equal to his or her vested account balance or installments.

Forfeitures: At December 31, 2012 and 2011, forfeited nonvested accounts totaled $82,782 and $87,730 respectively. Forfeited nonvested accounts may be used to pay for Plan expenses. Forfeitures of matching contributions that are not used to pay Plan expenses are used to reduce matching contributions. Forfeitures of profit sharing contributions that are not used to pay for Plan expenses are reallocated to participants in the same manner as profit sharing contributions. During 2012, matching contributions were reduced by $5,679 from nonvested forfeited accounts and $100,389 was reallocated to participants from nonvested forfeited accounts related to profit sharing contributions.

Note 2. Significant Accounting Policies

Basis of accounting: The financial statements of the Plan 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 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 fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment trustees. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities 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.

Note 2. Significant Accounting Policies (Continued)

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

Payment of benefits: Benefits are recorded when paid.

Accounting estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts in net assets available for benefits and changes therein. Actual results could differ from those estimates.

Recent accounting pronouncement: In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended ASC 820, *Fair Value Measurements.* This Update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. See Note 4 for impact of adoption.

In October 2012, the FASB issued ASU 2012-04, *Technical Corrections and Improvements.* The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and confirming amendments related to fair value measurements. The amendments in this Update will generally be effective for fiscal periods beginning after December 15, 2013, for non public entities, except for amendments in this Update where there was no transition guidance which were immediately effective upon issuance. The impact of adopting ASU 2012-04 on subsequent periods has not yet been determined.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through September 6, 2013, the date the financial statements were available to be issued.

Note 3. Information Certified or Provided by BMO Harris Bank N.A.

The following is a summary of the Plan's asset and income information as of December 31, 2012 and 2011, and for the year ended December 31, 2012, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by BMO Harris Bank N.A. (BMO), the trustee, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from BMO that information provided to the Plan Administrator by BMO related to the following assets and income is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	December 31, 2012	December 31, 2011
Shares of registered investment companies	$ 22,891,796	$ 13,919,163
Shares of common/collective trusts, at contract value	$ 26,879,404	$ 18,975,469
Notes receivable from participants	$ 724,484	$ 707,577
Accrued interest and dividends	$ 26,893	$ 18,713
Net appreciation in fair value of investments	$ 4,458,258	
Interest and dividends	$ 517,118	
Interest income on notes receivable from participants	$ 32,350	

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Shares of registered investment companies: Valued at the daily closing price as reported by the fund. Shares of registered investment companies 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 net asset value (NAV) and to transact at that price. Shares of registered investment companies held by the Plan are deemed to be actively traded.

Shares of common/collective trust: Valued based on the NAV of units of the common\collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Note 4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012:

	2012			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Small Cap Equity Funds	$ 3,029,268	$ -	$ -	$ 3,029,268
Mid Cap Equity Funds	3,822,480	-	-	3,822,480
Large Cap Equity Funds	9,548,214	-	-	9,548,214
International Equity Funds	1,780,501	-	-	1,780,501
Fixed Income Funds	4,711,333	-	-	4,711,333
Shares of common/collective trusts:				
Pooled Equity Funds	-	14,291,725	-	14,291,725
Pooled Fixed Income Funds	-	12,883,677	-	12,883,677
	$ 22,891,796	$ 27,175,402	$ -	$ 50,067,198

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011:

	2011			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Small Cap Equity Funds	$ 1,581,859	$ -	$ -	$ 1,581,859
Mid Cap Equity Funds	2,234,612	-	-	2,234,612
Large Cap Equity Funds	6,735,224	-	-	6,735,224
International Equity Funds	1,286,158	-	-	1,286,158
Fixed Income Funds	2,081,310	-	-	2,081,310
Shares of common/collective trusts:				
Pooled Equity Funds	-	10,935,139	-	10,935,139
Pooled Fixed Income Funds	-	8,192,962	-	8,192,962
	$ 13,919,163	$ 19,128,101	$ -	$ 33,047,264

Note 4. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2012 and 2011.

Investment	2012 Fair Value	2011 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled Equity Funds:					
BMO Growth Balanced Portfolio (a)	$ 11,964,087	$ 9,522,846	$ -	Immediate	None
BMO Diversified Stock Portfolio (b)	672,382	533,622	-	Immediate	None
BMO Target Retirement 2020 (c)	470,663	217,133	-	Immediate	None
BMO Target Retirement 2030 (d)	686,982	373,216	-	Immediate	None
BMO Target Retirement 2040 (e)	399,022	221,266	-	Immediate	None
BMO Target Retirement 2050 (f)	98,589	67,055	-	Immediate	None
Pooled Fixed Income Funds					
BMO Stable Principal Fund (g)	11,615,117	7,145,681	-	Immediate	None
BMO Diversified Income Portfolio (h)	781,002	691,688	-	Immediate	None
BMO Moderate Balance Portfolio (i)	487,558	355,594	-	Immediate	None

(a) This category seeks to achieve total investment return from income and capital appreciation. This category will allocate between 50 percent and 70 percent of its assets to equity securities and between 30 percent and 50 percent of its assets to fixed income securities.

(b) This category seeks to achieve investment return primarily from capital appreciation and secondarily from income. This category will allocate between 90 percent and 100 percent of its assets to equity securities and between 0 percent and 10 percent of its assets to fixed income securities.

(c) This category is intended for an investor planning to retire in or near 2020, seeks to achieve total investment return from income and appreciation by investing in both fixed income securities and equity securities. Equity securities may not exceed 80 percent of the assets in this category.

(d) This category is intended for an investor planning to retire in or near 2030, seeks to achieve total investment return from appreciation and income by investing in a portfolio of equity securities. Equity securities may not exceed 90 percent of the assets in this category.

Note 4. Fair Value Measurements (Continued)

(e) This category is intended for an investor planning to retire in or near 2040, seeks to achieve investment return primarily from appreciation and secondarily from income by investing in equity securities. Equity securities may comprise up to 100 percent of the assets in this category. However, this category may also invest in fixed income securities.

(f) This category is intended for an investor planning to retire in or near 2050, seeks to achieve investment return primarily from appreciation and secondarily from income by investing in equity securities. Equity securities may comprise up to 100 percent of the assets in this category. However, this category may also invest in fixed income securities.

(g) This category is primarily invested in traditional and synthetic guaranteed investment contracts, government securities, registered first tier money market mutual funds and long-term corporate debt.

(h) This category seeks to achieve total investment return primarily through production of income with capital appreciation as a secondary concern. This category allocates a maximum of 30 percent of its assets to equity securities and a minimum of 70 percent of its assets to fixed income securities.

(i) This category seeks to achieve total investment return from income and capital appreciation. This category will allocate between 30 percent and 50 percent of its assets to equity securities and between 50 percent and 70 percent of its assets to fixed income securities.

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and the size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2012, there were no transfers in or out of Level 3.

Note 5. Investments

The following table presents the fair value of investments that represent 5 percent or more of the Plan's net assets at December 31, 2012 and 2011, are as follows:

	2012	2011
Share of registered investment companies:		
T. Rowe Price Growth Stock Fund	$ 3,914,066	$ 2,738,316
Vanguard 500 Index Fund	4,759,909	2,666,656
PIMCO Total Return Fund	4,711,333	2,081,310
T. Rowe Price Mid-Cap Growth Fund	2,809,104	1,795,979
Shares of common/collective trusts, issued by BMO:		
BMO Growth Balanced Portfolio	11,964,087	9,522,846
BMO Stable Principal Fund	11,615,117	6,993,049

During 2012, the Plan's investments including investments, bought, sold and held during the year appreciated in value by $4,458,258 as follows:

Shares of registered investment companies	$ 2,547,675
Shares of common/collective trusts	1,910,583
	$ 4,458,258

The contract value of the Plan's investment in shares of common/collective trust related to the BMO Stable Principal Fund is $11,319,119 at December 31, 2012 and $6,993,049 at December 31, 2011.

Note 6. Plan Termination

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

Note 7. Related-Party Transactions

Certain Plan investments are shares of common/collective trusts managed by BMO. BMO is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to BMO amounted to $4,875 for the year ended December 31, 2012.

Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for these services.

Certain other administrative expenses are paid by the Company on behalf of the Plan.

Note 8. Tax Status

The Internal Revenue Service has determined and informed the sponsor, by a letter dated July 8, 2010, that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the IRC. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the U.S. federal, state, or local tax authorities. 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 2009.

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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10. Transfer-In

Effective immediately following the close of business on December 31, 2011, a portion of the On-Cor Frozen Foods, LLC Employee Savings Plan (On-Cor 401(k) Plan) attributable to those employees who are not included in a unit of employees covered by a collective bargaining agreement between such unit and On-Cor Frozen Foods, LLC or the Company and whose retirement benefits are not subject to good faith bargaining was spun-in to the Plan. The net assets of the On-Cor 401(k) Plan of approximately $7,521,000 were transferred to the Plan on January 3, 2012.

Additionally, effective immediately following the close of business on December 31, 2011, the On-Cor Frozen Foods, LLC Profit Sharing Plan and Trust (On-Cor Profit Sharing Plan) was merged into the Plan. The net assets of the On-Cor Profit Sharing Plan of approximately $3,477,000 were transferred to the Plan on January 11, 2012.

The management of the Company believes that the Plan merger and spin-in were tax exempt transactions under the applicable provisions of the IRC; therefore they are not subject to federal income taxes.

Note 11. Reconciliation of Financial Statements to Form 5500

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

	2012	2011
Net assets available for benefits per the financial statements	$ 52,218,443	$ 34,645,390
Company contributions	554	(1,010,978)
Participant notes receivable in default	(17,365)	(13,318)
Other	15,218	-
Other liabilities	12,341	23,752
Net assets available for benefits per Form 5500	$ 52,229,191	$ 33,644,846

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2012:

Changes in net assets available for benefits per the financial statements	$ 6,415,134
Company contributions	1,171,532
Participant contributions	27,559
Investment income	(213,641)
Other	66
Benefits paid directly to participants	(18,009)
Changes in net assets available for benefits per Form 5500	$ 7,382,641

The following is a reconciliation of the transfers-in per the financial statements to Form 5500 for the year ended December 31, 2012:

Transfers-in per the financial statements	$ 11,157,919
Variance due to investment income	43,785
Transfers-in per Form 5500	$ 11,201,704

OSI Industries, LLC Profit Sharing and Employees Savings Plan

EIN: 52-2399960
Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Shares of registered investment companies:		
	T. Rowe Price	T. Rowe Price Equity Income Fund	**	$ 874,239
	Goldman Sachs Trust	Goldman Sachs Mid Cap Value Fund	**	1,013,376
	T. Rowe Price	T. Rowe Price Mid-Cap Growth Fund	**	2,809,104
	Vanguard Index Funds	Vanguard 500 Index Fund	**	4,759,909
	Pimco Funds	PIMCO Total Return Fund	**	4,711,333
	Dodge & Cox Funds	Dodge & Cox International Stock Fund	**	948,367
	T. Rowe Price	T. Rowe Price Growth Stock Fund	**	3,914,066
	UMB Bank	UMB Scout International Fund	**	832,134
	Bank of Montreal	BMO Small Cap Growth Fund	**	564,617
	Neberger Bergman Genesis	Neuberger Bergman Genesis Fund	**	2,417,895
	Vanguard Index Funds	Vanguard Small-Cap Value Index Fund	**	46,756
				22,891,796
		Shares of common/collective trusts:		
*	Bank of Montreal	BMO Growth Balanced Fund	**	11,964,087
*	Bank of Montreal	BMO Diversified Stock Fund	**	672,382
*	Bank of Montreal	BMO Stable Principal Fund	**	11,319,119
*	Bank of Montreal	BMO Diversified Income Fund	**	781,002
*	Bank of Montreal	BMO Moderate Balance Fund	**	487,558
*	Bank of Montreal	BMO Target Retirement 2020 Fund	**	470,663
*	Bank of Montreal	BMO Target Retirement 2030 Fund	**	686,982
*	Bank of Montreal	BMO Target Retirement 2040 Fund	**	399,022
*	Bank of Montreal	BMO Target Retirement 2050 Fund	**	98,589
				26,879,404
*	Participants	Participant notes receivable (Interest rates range from 4.25 percent to 6.00 percent)	**	707,119
				$ 50,478,319

* Indicates a party-in-interest.
** Cost information is not required for participant directed investments.