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;
- [X] 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
EASTERN METAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1983

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

EASTERN METAL SUPPLY, INC.

3600 23RD AVENUE SOUTH
LAKE WORTH, FL 33461

2b Employer Identification Number (EIN)
59-2249307

2c Sponsor's telephone number
800-432-2204

2d Business code (see instructions)
423500

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	EUGENE BUSCHMANN
	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**	413
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**	340
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	77
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	417
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	417
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	288
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	28
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

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

A Name of plan
EASTERN METAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN METAL SUPPLY, INC.

D Employer Identification Number (EIN)
59-2249307

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	455143-01	104	01/01/2012	12/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5748	0

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

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

AMERITAS INVESTMENT CORP
2718 NORTHSIDE DR
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2299			3

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

TRIAD ADVISORS INC
701 US HWY 1 #404
N PALM BEACH, FL 33408

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2299			3

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

NEW ENGLAND SECURITIES
701 US HWY ONE STE 401
NORTH PALM BEACH, FL 33408

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1130			3

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

TRIAD ADVISORS INC
701 US HIGHWAY 1 STE 404
NORTH PALM BEACH, FL 33408

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20			3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2502020
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	1819741
c	Additions: (1) Contributions deposited during the year	7c(1)	116731		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	27537		
	(4) Transferred from separate account	7c(4)	921315		
	(5) Other (specify below)	7c(5)	35492		
	▶ LOAN REPAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	1101075
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2920816
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	79958		
	(2) Administration charge made by carrier	7e(2)	-3293		
	(3) Transferred to separate account	7e(3)	342131		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	418796
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2502020

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
EASTERN METAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN METAL SUPPLY, INC.

D Employer Identification Number (EIN)
59-2249307

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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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)

HINKLE, RICHTER & RHINE, LLP.

777 E. ATLANTIC BLVD #226
DELRAY BEACH, FL 33483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	18096	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRIAD ADVISORS INC

5185 PEACHTREE PKWY #280
NORCROSS, GA 30092-6541

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [X] No [ ]	12936	Yes [ ] No [X]

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

AMERITAS INVESTMENT CORP

5900 O ST
LINCOLN, NE 68510

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [X] No [ ]	12824	Yes [ ] No [X]

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)

NEW ENGLAND SECURITIES

PO BOX 6901
SOMERSET, NJ 08875-6901

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [X] No [ ]	6300	Yes [ ] No [X]

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	4186	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	RECORDKEEPER	1460	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
AMERITAS INVESTMENT CORP	55	12824

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW ENGLAND SECURITIES	55	6300

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRIAD ADVISORS INC	55	12936

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
EASTERN METAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN METAL SUPPLY, INC.

D Employer Identification Number (EIN)
59-2249307

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	573575	484651
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11851133	13954718
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1819741	2502020
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	14244449	16941389
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14244449	16941389

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)	222716	
(B) Participants	2a(1)(B)	930346	
(C) Others (including rollovers)	2a(1)(C)	70864	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1223926
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	17199	
(F) Other	2b(1)(F)	27537	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		44736
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	396911	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		396911
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1299660
c Other income	2c		22396
d Total income. Add all **income** amounts in column (b) and enter total	2d		2987629
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	201025	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		201025
f Corrective distributions (see instructions)	2f		9769
g Certain deemed distributions of participant loans (see instructions)	2g		56152
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	18096	
(2) Contract administrator fees	2i(2)	5647	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		23743
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		290689
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2696940
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HINKLE, RICHTER & RHINE, LLP **(2)** EIN: 59-1949459

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
EASTERN METAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN METAL SUPPLY, INC.

D Employer Identification Number (EIN)
59-2249307

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): 20-3691708

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):

EASTERN METAL SUPPLY, INC.
401 (K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2012 and 2011

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Hinkle, Richter & Rhine, LLP

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER:
AMERICAN INSTITUTE OF PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FLORIDA 33062-8224
954-941-2312 – FAX 954-941-0777

777 E. ATLANTIC AVENUE, SUITE 226
DELRAY BEACH, FLORIDA 33483
561-314-2201 – FAX 561-314-2204

INDEPENDENT AUDITOR'S REPORT

To Trustees of
Eastern Metal Supply, Inc.
401(k) Profit Sharing Plan
Lake Worth, Florida

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 Notes 3 and 4, which was certified by Great-West Life & Annuity Insurance Company of First Great-West Life & Annuity Insurance company and Orchard Trust company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, line 4i-Schedule of Assets (Held at End of Year) December 31, 2012, which is the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, 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.

Hinkle, Richter & Rhine

Hinkle, Richter & Rhine, LLP

Delray Beach, Florida
October 4, 2013

EASTERN METAL SUPPLY, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

Assets:	2012	2011
Investments at fair value		
Group annuity contract	$ 2,502,020	$ 1,819,741
Shares of registered investment companies (mutual funds)	13,954,718	11,851,133
Notes receivable from participants	484,651	573,575
Total Assets	16,941,389	14,244,449
Liabilities:		
Excess contributions payable	40,296	10,477
Total Liabilities	40,296	10,477
Net Assets Reflecting Investments at Fair Value	16,901,093	14,233,972
Adjustment from fair value to contract value for fully benefit-responsive investment contract	-0-	-0-
Net assets available for benefits	$ 16,901,093	$ 14,233,972

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

EASTERN METAL SUPPLY, INC.
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
ADDITIONS		
Additions to net assets attributed to:		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 1,299,660	$ (996,666)
Interest Income	27,537	39,870
Dividend Income	396,911	282,655
	1,724,108	(674,141)
Other income	22,396	- 0 -
Interest income on notes receivable from participants	17,199	19,746
Contributions:		
Participant	930,346	755,899
Employer	222,716	-
Participant Rollover	70,864	17,168
	1,223,926	773,067
Total additions	2,987,629	118,672
DEDUCTIONS		
Deductions from net assets attributable to:		
Benefit payments	296,765	653,317
Administrative expenses	23,743	13,575
Total deductions	320,508	666,892
Net increae (decrease)	2,667,121	(548,220)
Net assets available for benefits:		
Beginning	14,233,972	14,782,192
Ending	$ 16,901,093	$ 14,233,972

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

EASTERN METAL SUPPLY, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

NOTE 1 – DESCRIPTION OF PLAN

Description of Plan

The following description of the Eastern Metal Supply, Inc. 401(k) Profit Sharing Plan (the "Plan") for employees of Eastern Metal Supply, Inc. (the "Plan Administrator"), Eastern Metal Supply of North Carolina, Inc., Eastern Metal Supply of Texas, Inc. and Eastern Metal Supply of Missouri, Inc. (collectively, the "Sponsor") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions:

General

The Plan is a defined contribution and profit sharing plan covering all employees of the Sponsor, except nonresident aliens and employees covered by a collective bargaining agreement, who have completed six consecutive months of service and are age eighteen or older. Upon meeting the eligibility requirements, employees may enter the Plan as participants on the first day of either January or July. The Plan provides for contributions made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Great-West Life & Annuity Insurance Company ("Great West") is the Plan's custodian and recordkeeper.

Contributions

Eligible Participants may elect to make contributions of up to 100% of their gross compensation by means of a salary deferral agreement, subject to maximum dollar limitations established by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Sponsor's matching contribution, if any, is equal to a percentage of each participant's elective deferral as determined by the Sponsor from year to year. The Sponsor may also make discretionary profit sharing contributions, which are allocated on a pro-rata formula based on each qualifying participant's compensation in relation to the total compensation of all qualifying participants. Effective April 1, 2012, the Sponsor began matching 50% of the first 6% of participant's payroll deferral contributions to the plan. For the plan year ended December 31, 2012, Sponsor matching contributions totaled $222,716. No matching or discretionary profit sharing contributions were made during the plan year ended December 31, 2011.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Sponsor's discretionary contribution, and (b) Plan earnings, and charged with an allocation of investment custodian fees. Allocations are based on participant contributions 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 – DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Sponsor's matching contribution or discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant vests 20% after two years of service and 20% each year thereafter and is fully vested after six years of credited service. Regardless of years of service, participants are 100% vested upon reaching retirement age, becoming disabled or upon death. Upon termination of employment, the nonvested portion of a participant's account is forfeited.

Forfeitures

Amounts forfeited by terminated participants are available to be used to reduce administrative expenses of the Plan. Any amounts remaining may be used to reduce the employer matching contribution. During the year ended December 31, 2012, forfeitures of $18,707 were used to pay Plan administrative expenses. During the year ended December 31, 2011, forfeitures of $7,628 were used to pay Plan administrative expenses. As of December 31, 2012, there were no forfeited non-vested accounts available for use in the future. As of December 31, 2011, forfeited non-vested accounts available for use to pay Plan expenses or reduce future employer match amounts totaled $2,057.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in several mutual funds and a guaranteed annuity contract at Great-West Life & Annuity Company ("Great-West"). Participants may change their investment options daily via phone or internet. All investments are participant directed.

Payment of benefits

Benefits are payable to any participant who attained the Plan's normal retirement age of 65 or an early retirement age of 55 and 5 years of vesting service. Benefits are also payable if a participant terminates employment before normal retirement age, becomes disabled, suffers a severe hardship, attains the age of 59-1/2 or continues working after reaching normal retirement age. A participant may elect to receive the value of the Participant's vested interest in his or her account in one of various forms of an annuity or as a single lump-sum payment. The Plan Administrator can make a single-lump sum payment without the election or request of a terminated participant with a vested account balance less than $5,000, although such distributions greater than $1,000 are automatically rolled into an individual retirement account, unless participant elects otherwise.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

The Plan allows each participant to borrow from his or her investment account. All loans must meet specific terms and conditions of the Plan. The maximum amount a participant may borrow form the Plan is the lesser of one-half of the participant's vested account or $50,000. Personal loans are available to participants in terms of up to 5 years and primary residence loans are available for terms to be determined at the time of the loan. Such loans bear interest at 1% over the prime lending rate as printed in the *The Wall Street Journal* at the date of the loan. Principal and interest is paid ratable through weekly payroll deductions. Loans are treated as distributable events immediately upon termination of employment.

NOTE 2 -SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through October 4, 2013, which is the date the financial statements were available to be issued.

Basis of Accounting

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

As described in Financial Accounting Standards Board Staff Position, AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the "FSP"), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute of the 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. As required by the FSP, 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. Management believes the contract value is a reasonable estimate of fair value.

Investment Valuation and Income Recognition

Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted market price of the fund which represents the net asset value of the shares held by the Plan at December 31, 2012 and 2011, respectively. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the Plan document. During the plan year ended December 31, 2012, a total of $41,317 in loans fell into default, as a result were reclassified as deemed distributions.

Payments of Benefits

Benefit payments to participants are recorded upon distribution. For the plan years ended December 31, 2012 and 2011, benefit distributions of $296,765 and $653,317 include payments of $40,296 and $10,477 respectively, made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are also included in the plan's statement of net assets available for benefits, as excess contributions payable at December 31, 2012 and 2011.

Expenses of the Plan

The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor as provided by the Plan document.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available. There were no level 2 inputs available or used by the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on the closing price reported in the active market where the securities are traded, when available. Such investments are not guaranteed by any bank and are not insured or guaranteed by the FDIC.

Level 3 Fair Value Measurements

The group annuity contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the group annuity contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations. The following table provides further details Level 3 fair value measurements.

For those assets with fair value measured using Level 3 Inputs, the Plan administrator determines the fair value measurement policies and procedures in consultation with the Plan trustee. Those policies and procures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011: The following presents investments that represent 5% or more of the Plan's net assets:

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2012

	Fair Value	Fair Value Measurement at Reporting Data Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Group annuity contract with insurance company			
Key Guaranteed Portfolio Fund	$ 2,502,020	-0-	$ 2,502,020
Shares of registered investment companies (mutual funds)			
American Funds New Perspective R3	$ 1,722,744	$ 1,722,744	$ -0-
American Funds Growth Fund of Amer R3	1,427,553	1,427,553	-0-
Davis NY Venture A	1,530,484	1,530,484	-0-
Dreyfus Strategic Value A	882,689	882,689	-0-
Oakmark Equity & Income II	927,115	927,115	-0-
Other	7,464,133	7,464,133	-0-
	$ 13,954,718	$ 13,954,718	-0-
Total investments	$ 16,456,738	$ 13,954,718	$ 2,502,020

Assets at Fair Value as of December 31, 2011

	Fair Value	Fair Value Measurement at Reporting Data Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Group annuity contract with insurance company			
Key Guaranteed Portfolio Fund	$ 1,819,741	-0-	$ 1,819,741
Shares of registered investment companies (mutual funds)			
American Funds New Perspective R3	1,619,961	1,619,961	-0-
American Funds Growth Fund of Amer R3	1,481,607	1,481,607	-0-
Davis NY Venture A	1,504,634	1,504,634	-0-
Dreyfus Strategic Value A	980,992	980,992	-0-
Oakmark Equity & Income II	936,335	936,335	-0-
Other	5,327,604	5,327,604	-0-
	$ 11,851,133	$ 11,851,133	$ -0-
Total investments	$ 13,670,874	$ 11,851,133	$ 1,819,741

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the group annuity insurance contract for the years ended December 31, 2012 and 2011:

December 31, 2012		Group Annuity Contract
Beginning balance	$	1,819,741
Total gains or losses included in changes in net assets available for benefits		-0-
Purchases, sales, issuances, and settlements:		
Purchases		1,073,538
Issues		-0-
Sales		(410,999)
Settlements		(7,797)
Interest credited		27,537
Ending balance	$	2,502,020

December 31, 2011		
Beginning balance	$	1,765,058
Total gains or losses included in changes in net assets available for benefits		-0-
Purchases, sales, issuances, and settlements		
Purchases		560,806
Issues		-0-
Sales		(533,645)
Settlements		(7,596)
Interest credited		35,118
Ending balance	$	1,819,741

		2012		2011
The amount of total gains and losses for the year included in changes in net assets available for benefits attributable to the changes in unrealized gains or losses relating to assets held at the end of the report period ending December 31,	$	-0-	$	-0-

NOTE 4 – INVESTMENTS

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2012 and 2011, are reported in net appreciation in fair value of investments.

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Great-West and the custodian, except for comparing such information certified by Great-West to information included in the Plan's financial statements and supplemental schedules.

The following presents the fair value of the investments and notes receivable from participants in the Plan that was certified by Great -West as of December 31, 2012 and 2011. Single investments that represent 5% or more of the Plan's net assets are separately identified:

Description	2012	2011
Group annuity contract- general account		
Key Guaranteed Portfolio Fund, at contract value	$ 2,502,020	$ 1,819,741
Shares of registered investment companies (mutual funds) as determined by quoted market prices:		
American Funds New Perspective R3	$ 1,722,744	$ 1,619,961
American Funds Growth Fund of Amer R3	1,427,553	1,481,607
Davis NY Venture A	1,530,484	1,504,634
Dreyfus Strategic Value A	882,689	980,992
Oakmark Equity & Income II	927,115	936,335
Other	7,464,133	5,327,604
	$ 13,954,718	$ 11,851,133
Notes receivable from participants	$ 484,651	$ 573,575

For the years ended December 31, 2012 and 2011, Great-West certified to the completeness and accuracy of net appreciation (depreciation) in fair value of shares of registered investment companies totaling $1,299,660 and ($996,666), respectively.

For the years ended December 31, 2012 and 2011, Great-West also certified to the completeness and accuracy of dividends earnings on shares of registered investment companies totaling $396,911 and $282,655, respectively.

Participant loans receivable bear interest from 3.25% to 8.25% and mature in 3 months to 5 years.

NOTE 5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2008, the Plan entered into a benefit-responsive group annuity contract with Great-West Life & Annuity Insurance Company ("Great-West"). Great-West maintains the Plan's deposits in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Great-West. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The weighted average interest rate earned for the year ended December 31, 2012 and 2011 was 1.45% and 2.03%, respectively.

As described in Note 2, because the group annuity contract is fully benefit responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the group annuity contract.

Contract value, as reported to the Plan by Great-West, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the group annuity contract at December 31, 2012 and 2011 was $2,502,020 and $1,819,741, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Great-West. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) fails to comply with any provision contained in this contract, (c) becomes disqualified under Code section 401(a), (d) the total amount of contributions received in the preceding 12 months is less than $25,000 or the sum of all participant annuity account values falls below $25,000, (e) the Plan sponsor fails to make contributions which have been deducted from participant's paychecks within 30 days following the end of the month in which such deduction was made; (f) transfers to investment vehicles outside the group annuity contract exceed 10% of the accounts at the beginning of the calendar year. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their account.

NOTE 7 – TAX STATUS

Effective January 1, 2004, the Plan adopted a non-standardized form of a prototype plan sponsored by the Trustee. The prototype plan has received an opinion letter form the Internal Revenue Service as to the prototypes plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

The Plan administrator believes the Plan is no longer subject to income tax examination for years prior to 2010.

NOTE 8 – 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 or 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 immediately affect participants' account balances and the amounts reported in the statement of net assets available for benefit.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO IRS FORM 5500

The following is a reconciliation of net assets available for benefits per these financial statements as of December 31, 2012 and 2011 to assets per IRS Form 5500.

	2012	2011
Net assets available for benefits per these financial statements	$ 16,901,093	$ 14,233,972
Excess contributions payable	40,296	10,477
Net assets available for benefits per Form 5500	$ 16,941,389	$ 14,244,449

The following table shows the reconciliation between the net increase in net assets available for benefits per these financial statements to the net income per Form 5500 for the year ended December 31, 2012 and 2011:

	2012	2011
Net increase (decrease) in net assets available for benefits per these financial statements	$ 2,667,121	$ (548,220)
Current year excess contribution payable	40,296	10,477
Prior year excess contribution payable	(10,477)	-0-
Net income (loss) per Form 5500	$ 2,696,940	$ (537,743)

Supplemental Schedule

EASTERN METAL SUPPLY, INC.
401 (K) PROFIT SHARING PLAN

EIN: 59-2249307 **Schedule H, Item 4 (i) - Schedule of Assets (Held at End of Year)**
PN: 001 **December 31, 2012**

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	* Great -West Life & Annuity Insurance Co.:			
	Key Guaranteed Portfolio Fund	Group Annuity Contract @1.45%	$ 2,329,670	$ 2,502,020
	Shares of registered investment companies (mutual funds)			
	Great-West Conser Profile II Fund I		74,976	72,731
	Great-West Mod Conserv Profile II Fund I		477,256	452,668
	Great-West Moderate Profile II Fund I		230,677	227,878
	Great-West Mod Aggr Profile II Fund I		97,359	90,987
	Great-West Aggressive Profile II Fund I		47,752	49,800
	American Funds Capital World G/I R3		237,192	251,829
	American Funds Europacific Growth R3		655,421	687,307
	American Funds New Perspective R3		1,508,676	1,722,744
	Oppenheimer Developing Markets A		18,940	19,287
	Thornburf International Value R3		455,984	477,013
	Invesco Energy, Inv		336,328	334,574
	Invesco Real Estate A		596,488	661,038
	Oppenheimer Gold & Special Minerals A		516,923	417,005
	Eagle Samall Cap Growth Value A		132	137
	Great-West Loomis Sayles SmCap Val Fund I		547,523	625,707
	Invesco Small Cap Value A		180,415	182,723
	Lord Abbett Value Opportunities A		171,546	185,633
	Perkins Mid Cap Value S		662,979	656,217
	Wells Fargo Advantage Discovery A		138	136
	American Funds Growth Fund of Amer R3		1,228,522	1,427,553
	Black Rock Equity Dividend A		196,366	206,350
	Davis NY Venture A		1,478,169	1,530,484
	Dreyfus Strategic Value A		795,703	882,689
	Great-West S&P 500 Index Fund I		304,918	321,246
	Sentinel Common Stock A		169,068	173,504
	T. Rowe Price Blue Chip Growth Adv		272,982	292,274
	Oakmark Equity & Income II		891,752	927,115
	Franklin High Income R		317,038	335,184
	Oppenheimer International Bond Fund A		124,554	125,550
	PIMCO Real Return Admin		144,474	143,951
	PIMCO Total Return Admin		475,213	473,404
	*Participants' loans receivable (interest rates ranging from 3.25% to 8.25% maturing 3 months to 5 years)		484,384	484,651
	* Designates party-in-interest		$ 16,029,518	$ 16,941,389

ASSETS HELD FOR INVESTMENT PURPOSES

Eastern Metal Supply, Inc. 401(K) Profit Sharing Plan
01-JAN-12 to 31-DEC-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PBAXCP			74,976.00	72,731.34
1PBAXMC			477,256.34	452,668.28
1PBAXMP			230,677.28	227,878.59
1PBAXMA			97,359.29	90,986.56
1PBAXAP			47,752.30	49,800.13
197AFCW			237,192.23	251,829.35
192AFEP			655,420.43	687,306.50
198AFNP			1,508,675.81	1,722,743.71
1ODMAX			18,940.44	19,287.01
1TGVRX			455,983.55	477,012.96
1FSTEX			336,328.23	334,573.53
1IARAX			596,487.55	661,038.04
1OPGSX			516,923.33	417,004.54
1HRSCX			131.84	136.31
1SVAXLS			547,522.99	625,707.10
1VSCAX			180,414.50	182,722.44
1LVOAX			171,546.26	185,633.04
1JMVIX1			662,979.15	656,216.85
1WFDAX			137.52	135.88
195AFGF			1,228,522.24	1,427,553.44
1MDDVX			196,365.99	206,350.05
1NYVTX			1,478,168.92	1,530,484.21
1DAGVX			795,703.35	882,688.92
194MX5			304,918.33	321,246.69
1SENCX			169,067.79	173,504.08
1PABGX			272,981.58	292,273.92
1OARBX			891,752.25	927,115.44
1FHIRX			317,038.36	335,183.98
1OIBAX			124,553.99	125,549.55
1PARRX			144,473.43	143,951.08
1PTRAX			475,213.07	473,404.22
1KGPF		1.450	2,329,669.83	2,502,019.65
			15,545,134.17	**16,456,737.39**
PARTICIPANT LOANS	VARIOUS	3.250-8.250	484,384.43	484,651.07
FORFEITURES			0.00	0.03

ASSETS HELD FOR INVESTMENT PURPOSES

Eastern Metal Supply, Inc. 401(K) Profit Sharing Plan
01-JAN-12 to 31-DEC-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1PBAXCP	Great-West Conserv Profile II Fund I
1PBAXMP	Great-West Moderate Profile II Fund I
1PBAXAP	Great-West Aggressive Profile II Fund I
192AFEP	American Funds EuroPacific Gr R3
1ODMAX	Oppenheimer Developing Markets A
1FSTEX	Invesco Energy Inv
1OPGSX	Oppenheimer Gold & Special Minerals A
1SVAXLS	Great-West Loomis Sayles SmCapVal Fund I
1LVOAX	Lord Abbett Value Opportunities A
1WFDAX	Wells Fargo Advantage Discovery A
1MDDVX	BlackRock Equity Dividend A
1DAGVX	Dreyfus Strategic Value A
1SENCX	Sentinel Common Stock A
1OARBX	Oakmark Equity & Income II
1OIBAX	Oppenheimer International Bond Fund A
1PTRAX	PIMCO Total Return Admin
1PBAXMC	Great-West Mod Conserv Profile II Fund I
1PBAXMA	Great-West Mod Aggr Profile II Fund I
197AFCW	American Funds Capital World G/I R3
198AFNP	American Funds New Perspective R3
1TGVRX	Thornburg International Value R3
1IARAX	Invesco Real Estate A
1HRSCX	Eagle Small Cap Growth A
1VSCAX	Invesco Small Cap Value A
1JMVIX1	Perkins Mid Cap Value S
195AFGF	American Funds Growth Fund of Amer R3
1NYVTX	Davis NY Venture A
194MX5	Great-West S&P 500 Index Fund I
1PABGX	T. Rowe Price Blue Chip Growth Adv
1FHIRX	Franklin High Income R
1PARRX	PIMCO Real Return Admin
1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year