# 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 02/01/2012 and ending 01/31/2013

**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
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

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

**1c** Effective date of plan 01/31/1969

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

FARM KING SUPPLY, INC
BRAD SEVERS

730 N BOWER ROAD
MACOMB, IL 61455

**2b** Employer Identification Number (EIN) 37-0798213

**2c** Sponsor's telephone number 309-837-9929

**2d** Business code (see instructions) 452900

**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. | 11/12/2013 | BRAD SEVERS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 11/12/2013 | BRAD SEVERS |
| | **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** | 222 |
| **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** | 231 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 231 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 231 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 231 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 17 |
| **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 2H

**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)** | [ ] | **D** (DFE/Participating Plan Information) |
| **(6)** | [ ] | **G** (Financial Transaction Schedules) |

# SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Service Provider Information

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

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

OMB No. 1210-0110

**2012**

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

For calendar plan year 2012 or fiscal plan year beginning 02/01/2012 and ending 01/31/2013

**A** Name of plan
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
FARM KING SUPPLY, INC

**D** Employer Identification Number (EIN)
37-0798213

## Part I Service Provider Information (see instructions)

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

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

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

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

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

LOOMIS SAYLES

04-3219179

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

PIMCO

95-2632339

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

VANGUARD

23-1899003

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

TEMPLETON

06-1050034

**(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)

NORTHEAST INVESTMENT MANAGEMENT,INC

04-2815899

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 50 | NONE | 25543 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

KERBER, ECK & BRAECKEL LLP

43-0352985

| (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 50 | NONE | 9500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

SUTKOWSKI & RHOADS

37-0916831

| (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? |
|---|---|---|---|---|---|---|
| 29 50 | NONE | 7500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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 02/01/2012 and ending 01/31/2013

**A** Name of plan
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
FARM KING SUPPLY, INC

**D** Employer Identification Number (EIN)
37-0798213

## 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) | 344605 | 382857 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 4777 | 1871 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 6690 | 8109 |
| **(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) | 3248342 | 3887826 |
| **(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) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2297966 | 2137583 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 5902380 | 6418246 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 337637 | 230192 |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 337637 | 230192 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 5564743 | 6188054 |

## 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) | 382857 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 382857 |
| **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) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 66369 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 81418 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 147787 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 340905 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 340905 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 27976 |
| c Other income | 2c | | 7165 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 906690 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 237971 | |
| (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) | | 237971 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 17000 | |
| (2) Contract administrator fees | 2i(2) | 2865 | |
| (3) Investment advisory and management fees | 2i(3) | 25543 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 45408 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 283379 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 623311 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: KERBER, ECK & BRAECKEL LLP **(2)** EIN: 43-0352985

**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 02/01/2012 and ending 01/31/2013

**A** Name of plan
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
FARM KING SUPPLY, INC

**D** Employer Identification Number (EIN)
37-0798213

## 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): 04-2815899

**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):

Schedule H, line 3, Accountant Opinion
THE RESTATED FARM KING SUPPLY, INC. PROFIT SHARING PLAN AND TRUST / PN 001
Sponsor: FARM KING SUPPLY, INC. / 37-0798213

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

FARM KING
The Family Store with More.

# THE RESTATED FARM KING SUPPLY, INC. PROFIT SHARING PLAN AND TRUST

January 31, 2013 and 2012

CONTENTS


| | Page |
|---|---|
| INDEPENDENT AUDITORS' REPORT | 3 |
| FINANCIAL STATEMENTS | |
| STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS | 5 |
| STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS | 6 |
| NOTES TO FINANCIAL STATEMENTS | 7 |
| SUPPLEMENTARY INFORMATION | |
| INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION | 16 |
| SCHEDULE OF ASSETS (HELD AT END OF YEAR) | 17 |
| SCHEDULE OF REPORTABLE TRANSACTIONS | 19 |

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# Independent Auditors' Report

To the Trustee and Management
The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

## Report on the Financial Statements

We have audited the accompanying financial statements of The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of January 31, 2013 and 2012, 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.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust as of January 31, 2013 and 2012, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Kerber, Eck & Braeckel LLP

Springfield, Illinois
November 8, 2013

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

January 31

| | 2013 | 2012 |
|---|---|---|
| Assets | | |
| Investments, at fair value | $ 6,033,518 | $ 5,552,998 |
| Receivables | | |
| Employer contributions | 382,857 | 344,605 |
| Accrued investment income | 1,871 | 4,777 |
| | 384,728 | 349,382 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 6,418,246 | $ 5,902,380 |

The accompanying notes are an integral part of these statements.

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended January 31

| | 2013 | 2012 |
|---|---|---|
| Additions to net assets attributed to | | |
| Investment income | | |
| Interest and dividends | $ 147,787 | $ 121,283 |
| Net appreciation (depreciation) in fair value of investments | 368,881 | (152,872) |
| | 516,668 | (31,589) |
| Less investment expenses | 25,543 | 24,168 |
| | 491,125 | (55,757) |
| Employer contributions | 382,857 | 344,605 |
| Litigation settlements | 7,165 | 8,597 |
| Total additions | 881,147 | 297,445 |
| Deductions from net assets attributed to | | |
| Benefits paid to participants | 345,416 | 654,108 |
| Other expenses | 19,865 | - |
| Total deductions | 365,281 | 654,108 |
| Net increase (decrease) in net assets | 515,866 | (356,663) |
| Net assets available for benefits at beginning of year | 5,902,380 | 6,259,043 |
| Net assets available for benefits at end of year | $ 6,418,246 | $ 5,902,380 |

The accompanying notes are an integral part of these statements.

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

NOTES TO FINANCIAL STATEMENTS

January 31, 2013 and 2012

## NOTE A - DESCRIPTION OF THE PLAN

The following brief description of The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan and Trust Agreement (the "Agreement") for a more complete description of the Plan's provisions.

*1. General*

The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust is a defined contribution plan covering all nonunion employees who have completed 1,000 hours of service in a twelve-month period commencing on the anniversary date of such employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*2. Contributions*

Annual contributions are made by Farm King Supply, Inc. (Company) at its discretion. Participants may not contribute to the Plan; however, any participant may request the Plan to accept a rollover contribution from such participant.

*3. Participant Accounts*

Participants' accounts are credited with Company contributions, forfeitures of terminated participants' nonvested accounts, and Plan earnings, and charged with an allocation of administrative expenses. The Company's contribution is credited to each participant's account as follows:

a. All participants shall have credited to their accounts the lesser of 5% of their compensation or the Company's contribution in the ratio which each participant's compensation bears to the compensation of all participants.

b. All participants whose compensation exceeds $ 10,000 shall have ratably credited to their accounts the lesser of 5% of such excess or the amount of the Company's contribution in the ratio which each participant's excess, if any, bears to the excess of all participants.

c. The balance of the Company's contribution, if any, shall be ratably credited to each participant's account in the ratio which each participant's compensation bears to the compensation of all participants.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A - DESCRIPTION OF THE PLAN - Continued

*4. Vesting*

The Company's contribution portion, plus earnings thereon, is based on years of continuous service in accordance with the following schedule:

| Years of Service | Percent Vested |
|---|---|
| Less than 3 | 0% |
| 3 but less than 4 | 20% |
| 4 but less than 5 | 40% |
| 5 but less than 6 | 60% |
| 6 but less than 7 | 80% |
| 7 or more | 100% |

In the event of a participant's death, disability or cessation of employment on or after the normal retirement date, the participant's share in the Plan becomes nonforfeitable.

*5. Investments*

The Plan document provides that participants may direct the investment of their accounts. The summary plan description indicates participant accounts will be invested by the trustee if the investment is not directed by the participant. No directives have been issued by Plan participants concerning Plan investments. Accordingly, all Plan investments have been directed by the trustee.

*6. Benefits*

On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a period not in excess of the life expectancy of the participant or his or her spouse as of the date of the commencement of such distribution.

*7. Forfeited Accounts*

Forfeitured nonvested accounts are reallocated to participant accounts in the ratio which each participant's compensation bears to the compensation of all participants. For the years ended January 31, 2013 and 2012, approximately $ 30,000 and $ 39,600 were reallocated to participants' accounts from forfeited nonvested accounts, respectively.

## NOTE B - SUMMARY OF ACCOUNTING POLICIES

A summary of the accounting policies consistently applied in the preparation of the accompanying financial statements follows:

*1. Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis, accordingly, additions are recorded when earned and deductions are recorded when incurred.

*2. Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

*3. Investment Valuation and Income Recognition*

The Plan's 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. See Note C for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

*4. Benefits Payable*

Benefits are recorded when paid.

*5. Subsequent Events*

Management has evaluated subsequent events for recognition and disclosure in the financial statements through November 8, 2013, which is the date the financial statements were available to be issued. Through November 8, 2013, no subsequent events required recognition or disclosure in the financial statements.

*6. Expenses*

The administration costs and expenses of the Plan are allocated to participants' accounts in the ratio which each participant's beginning of year account balance bears to the total of all participants' balances at the beginning of the year.

## NOTE C - INVESTMENTS

The Plan's investments are held and administered by Northeast Investment Management, Inc., professional portfolio managers, located in Boston, Massachusetts. The following table presents the investments at fair value. Investments that represent five percent or more of the Plan's net assets are separately identified:

| | 2013 | 2012 |
|---|---|---|
| Investments at fair value as determined by quoted market price | | |
| Mutual Funds | | |
| Pimco Total Return Fund Institutional | $ 472,979 | $ 334,493 |
| Vanguard GNMA Fund (2012 only) | 85,691 | 412,388 |
| Vanguard Short-Term Bond Index (2012 only) | 99,906 | 298,118 |
| Vanguard Inflation Protected Securities | 435,732 | 439,590 |
| Other mutual funds | 384,384 | 97,492 |
| Common stocks | | |
| Visa Inc CL A (2013 only) | 367,930 | - |
| Other common stock | 3,519,896 | 3,248,342 |
| Exchange traded funds | 658,891 | 715,885 |
| Money market fund | 8,109 | 6,690 |
| | $ 6,033,518 | $ 5,552,998 |

The Plan's investments (including investments bought, sold and held during the year) appreciated in value by $ 368,881 during 2013 and depreciated $ 152,872 during 2012 as follows:

| | 2013 | 2012 |
|---|---|---|
| Investments at fair value as determined by quoted market price | | |
| Common stock | $ 340,905 | $ (162,760) |
| Exchange traded funds | 22,676 | 109,630 |
| Mutual funds | 5,300 | (99,742) |
| | $ 368,881 | $ (152,872) |

NOTE C - INVESTMENTS - Continued

The Plan follows the fair value measurement guidance for financial assets and financial liabilities. The guidance defines fair value, establishes a framework for measuring value and expands disclosure about fair value measurements.

Fair value is defined to be 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. A three-level hierarchy has been established for fair value measurements based upon the inputs to the valuation of an asset or liability as follows:

Level 1 – Valuation is based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuation is derived from inputs, other than quoted prices included in Level 1, which are observable for the asset or liability either directly or indirectly. Investments classified as Level 2 are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. The significant inputs used in this approach include interest rates, prepayment timing, yield spreads, maturities, credit losses and credit ratings of the securities.

Level 3 – Valuation is derived from unobservable inputs that are not corroborated by market data.

Fair values of the mutual funds, exchange traded funds, common stocks, and money market funds have been determined by the Plan from observable market quotations, when available.

NOTE C - INVESTMENTS - Continued

The following table presents the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of January 31:

| | Fair Value | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| 2013 | | | | |
| Mutual funds | | | | |
| Income funds | $ 1,478,692 | $ 1,478,692 | $ - | $ - |
| Exchange traded funds | | | | |
| International funds | 182,340 | 182,340 | - | - |
| Emerging markets funds | 84,313 | 84,313 | - | - |
| Mid cap equity | 260,597 | 260,597 | - | - |
| Small cap equity | 131,641 | 131,641 | - | - |
| Common stock | | | | |
| Consumer discretionary | 454,133 | 454,133 | - | - |
| Consumer staples | 554,353 | 554,353 | - | - |
| Energy | 365,622 | 365,622 | - | - |
| Financials | 671,210 | 671,210 | - | - |
| Health care | 296,127 | 296,127 | - | - |
| Industrials | 693,313 | 693,313 | - | - |
| Information technology | 853,068 | 853,068 | - | - |
| Money market funds | 8,109 | 8,109 | - | - |
| | $ 6,033,518 | $ 6,033,518 | $ - | $ - |
| 2012 | | | | |
| Mutual funds | | | | |
| Income funds | $ 1,582,081 | $ 1,582,081 | $ - | $ - |
| Exchange traded funds | | | | |
| Commodity ETF | 162,368 | 162,368 | - | - |
| International funds | 217,989 | 217,989 | - | - |
| Emerging markets funds | 106,418 | 106,418 | - | - |
| Mid cap equity | 115,110 | 115,110 | - | - |
| Small cap equity | 114,000 | 114,000 | - | - |
| Common stock | | | | |
| Consumer discretionary | 369,202 | 369,202 | - | - |
| Consumer staples | 410,240 | 410,240 | - | - |
| Energy | 568,650 | 568,650 | - | - |
| Financials | 275,660 | 275,660 | - | - |
| Health care | 351,385 | 351,385 | - | - |
| Industrials | 580,578 | 580,578 | - | - |
| Information technology | 692,627 | 692,627 | - | - |
| Money market funds | 6,690 | 6,690 | - | - |
| | $ 5,552,998 | $ 5,552,998 | $ - | $ - |

## NOTE D - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated November 18, 1994, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan has recognized in the financial statements the effects of all tax positions and continually evaluates expiring statutes of limitations, audits, changes in tax law, and new authoritative rulings. The Plan is not aware of any circumstances or events that make it reasonably possible that unrecognized tax benefits may increase or decrease within 12 months of the date of the statements of net assets available for benefits. Penalties and interest assessed by taxing authorities are included in other deductions, if applicable. There were no interest or penalties paid during 2013 or 2012.

The Plan files Form 5500 annually in the federal jurisdiction. The federal returns prior to 2009 are closed.

## NOTE E - PLAN TERMINATION

Although it has not expressed any intention 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 set forth in ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

## NOTE F - BENEFITS PAYABLE

Benefits payable to persons who have withdrawn from the Plan in the amounts of approximately $ 230,000 and $ 338,000 at January 31, 2013 and 2012, respectively, are included in net assets available for benefits.

## NOTE G - 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 such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## NOTE H - RELATED-PARTY TRANSACTIONS

Plan investments are managed by Northeast Investment Management, Inc. Northeast Investment Management Services, Inc. is the custodian as defined by the Plan. These transactions qualify as party in interest. Fees paid by the Plan for trustee and custodial services were approximately $ 25,500 and $ 24,200 for the years ended January 31, 2013 and 2012, respectively.

## NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

| | 2013 | 2012 |
|---|---|---|
| Net assets for benefits as presented in these financial statements | $ 6,418,246 | $ 5,902,380 |
| Adjustment of accounts allocated to withdrawing participants at year end | (230,192) | (337,637) |
| Net assets available for benefits as presented on Form 5500 | $ 6,188,054 | $ 5,564,743 |
| Net increase (decrease) in net assets available for benefits as presented in these financial statements | $ 515,866 | $ (356,663) |
| Amounts allocated to withdrawing participants, beginning of year | 337,637 | 90,933 |
| Amounts allocated to withdrawing participants, end of year | (230,192) | (337,637) |
| Net increase (decrease) in net assets available for benefits as presented on Form 5500 | $ 623,311 | $ (603,367) |

SUPPLEMENTARY INFORMATION

Kerber, Eck & Braeckel LLP

1000 Myers Building
1 West Old State Capitol Plaza
Springfield, IL 62701-1268
ph 217.789.0960
fax 217.789.2822
www.kebcpa.com

## Independent Auditors' Report on Supplementary Information

To the Trustee and Management
The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

We have audited the financial statements of The Restated Farm King Supply, Inc. Profit Sharing Plan and Trust as of and for the years ended January 31, 2013 and 2012, and our report thereon dated November 5, 2013, which expressed an unmodified opinion on those financial statements, appears on pages 3 and 4. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kerber, Eck & Braeckel LLP

Springfield, Illinois
November 8, 2013

Schedule H, line 4i, Schedule of Assets (Held at End of Year)
THE RESTATED FARM KING SUPPLY, INC. PROFIT SHARING PLAN AND TRUST / PN 001
Sponsor: FARM KING SUPPLY, INC. / 37-0798213

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 37-0798213 Plan Number 001

January 31, 2013

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| Party-in-Interest Identification | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value |
| | Dreyfus | Money Market Fund | $ 8,109 | $ 8,109 |
| | Loomis Sayles | Global Bond Fund, 11,170.43 shares | 181,027 | 192,020 |
| | Pimco | Total Return Fund Instl, 42,267.97 shares | 451,949 | 472,979 |
| | Templeton | Global Bond Fund, 14,409.30 shares | 190,178 | 192,364 |
| | Vanguard | GNMA Fund, 7,912.35 shares | 84,284 | 85,691 |
| | Vanguard | Inflation Protected Securities Instl., 37,758.41 shares | 395,273 | 435,732 |
| | Vanguard | Short Term Bond Fund Instl., 9,416.20 shares | 100,000 | 99,906 |
| | | | 1,402,711 | 1,478,692 |
| | Vanguard | Ind Fd Mid-Cap, 1,500 shares | 102,853 | 131,790 |
| | Vanguard | Mid-Cap ETF, 1,887 shares | 102,151 | 128,807 |
| | Vanguard | Small-Cap ETF, 1,530 shares | 102,437 | 131,641 |
| | SPDR | Gold Trust, 605 shares | 99,432 | 97,526 |
| | Harbor International | Fd-Ins, 1,326.25 shares | 76,633 | 84,814 |
| | Harding Loevner | Inst Emerging Mmkt-M, 4,812.36 shares | 75,552 | 84,313 |
| | | | 559,058 | 658,891 |
| | Total carried forward | | 1,969,878 | 2,145,692 |

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
EIN: 37-0798213 Plan Number 001

January 31, 2013

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| Party-in-Interest Identification | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value |
| | Total brought forward | | $ 1,969,878 | $ 2,145,692 |
| | Amazon.com Inc. | Common Stock, 445 shares | 102,541 | 118,148 |
| | Walt Disney Co. | Common Stock, 4,250 shares | 175,257 | 228,990 |
| | V.F. Corp. | Common Stock, 725 shares | 99,617 | 106,995 |
| | CVS Caremark Corp. | Common Stock, 2,427 shares | 89,897 | 124,262 |
| | Diageo PLC | Common Stock, 2,540 shares | 280,457 | 303,022 |
| | Nestle SA | Common Stock, 1,807 shares | 104,467 | 127,068 |
| | Chevron Corporation | Common Stock, 1,027 shares | 100,114 | 118,258 |
| | Exxon Mobil Corporation | Common Stock, 1,420 shares | 104,236 | 127,757 |
| | Occidental Petroleum Co. | Common Stock, 1,355 shares | 102,355 | 119,606 |
| | American Tower Corp REIT | Common Stock, 1,646 shares | 99,210 | 125,343 |
| | Bank of America Corp | Common Stock, 8,805 shares | 105,518 | 99,673 |
| | Goldman Sachs Group Inc | Common Stock, 1,260 shares | 152,317 | 186,304 |
| | T Rowe Price Group Inc. | Common Stock, 2,005 shares | 125,187 | 143,176 |
| | Weyerhaeuser Co REIT | Common Stock, 3,875 shares | 100,244 | 116,715 |
| | Abbott Labs | Common Stock, 1,960 shares | 59,764 | 66,405 |
| | Novartis | Common Stock, 1,760 shares | 101,635 | 119,363 |
| | Perrigo Co. | Common Stock, 1,098 shares | 109,552 | 110,360 |
| | General Electric Co. | Common Stock, 13,610 shares | 257,490 | 303,231 |
| | Union Pac Corp. | Common Stock, 1,115 shares | 101,202 | 146,578 |
| | United Parcel Service - CL B | Common Stock, 1,406 shares | 99,525 | 111,482 |
| | 3M Co. | Common Stock, 1,313 shares | 101,512 | 132,022 |
| | Akamai Technologies Inc | Common Stock, 3,379 shares | 119,908 | 137,559 |
| | Facebook Inc-A | Common Stock, 3,265 shares | 96,616 | 101,153 |
| | Oracle Corporation | Common Stock, 3,145 shares | 100,564 | 111,679 |
| | Qualcomm Inc. | Common Stock, 2,041 shares | 113,667 | 134,747 |
| | Visa Inc CL A | Common Stock, 2,330 shares | 313,268 | 367,930 |
| | | | 3,316,120 | 3,887,826 |
| | Total | | $ 5,285,998 | $ 6,033,518 |

* Party-in-interest

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 37-0798213 Plan Number 001

Year ended January 31, 2013

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|---|---|---|---|---|---|---|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value | Net Gain (Loss) |
| Apple, Inc. | Common Stock | | | | | |
| | Purchases - 4 | $ 297,184 | $ - | $ 297,184 | $ 297,184 | $ - |
| | Sales - 7 | - | 469,199 | 446,131 | 469,199 | 23,068 |
| Goldman Sachs Group, | Common Stock | | | | | |
| | Purchases - 7 | 276,118 | - | 276,118 | 276,118 | - |
| | Sales - 4 | - | 98,639 | 123,801 | 98,639 | (25,162) |
| Vanguard | GNMA Fund Adm | | | | | |
| | Purchases - 2 | 175,000 | - | 175,000 | 175,000 | - |
| | Sales - 18 | - | 499,579 | 495,819 | 499,579 | 3,760 |
| Vanguard | Short Term Bond Index-Sig | | | | | |
| | Purchases - 1 | 100,000 | - | 100,000 | 100,000 | - |
| | Sales - 7 | - | 297,132 | 290,999 | 297,132 | 6,133 |

| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>► Complete all entries in accordance with the Instructions to the Form 5500. | 2012<br>This Form is Open to Public Inspection |

## Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 02/01/2012 and ending 01/31/2013

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
THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/31/1969

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

FARM KING SUPPLY, INC

BRAD SEVERS

730 N BOWER ROAD

US MACOMB IL 61455

2b Employer Identification Number (EIN) 37-0798213

2c Sponsor's telephone number (309) 837-9929

2d Business code (see instructions) 452900

**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 | [signature] | 11/11/13 | BRAD SEVERS |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | [signature] | 11/11/13 | BRAD SEVERS |
| | 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 | 222 |
| 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 | 231 |
| b Retired or separated participants receiving benefits | 6b | 0 |
| c Other retired or separated participants entitled to future benefits | 6c | 0 |
| d Subtotal. Add lines 6a, 6b, and 6c | 6d | 231 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 231 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | 231 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | 17 |
| 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 2H

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) | 9b Plan benefit arrangement (check all that apply) |
|---|---|
| (1) [ ] Insurance | (1) [ ] Insurance |
| (2) [ ] Code section 412(e)(3) insurance contracts | (2) [ ] Code section 412(e)(3) insurance contracts |
| (3) [X] Trust | (3) [X] Trust |
| (4) [ ] General assets of the sponsor | (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 | b General Schedules |
|---|---|
| (1) [X] R (Retirement Plan Information) | (1) [X] H (Financial Information) |
| (2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) [ ] I (Financial Information - Small Plan) |
| | (3) [ ] A (Insurance Information) |
| | (4) [X] C (Service Provider Information) |
| (3) [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) [ ] D (DFE/Participating Plan Information) |
| | (6) [ ] G (Financial Transaction Schedules) |

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 37-0798213 Plan Number 001

Year ended January 31, 2013

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|---|---|---|---|---|---|---|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value | Net Gain (Loss) |
| Apple, Inc. | Common Stock | | | | | |
| | Purchases - 4 | $ 297,184 | $ - | $ 297,184 | $ 297,184 | $ - |
| | Sales - 7 | - | 469,199 | 446,131 | 469,199 | 23,068 |
| Goldman Sachs Group, | Common Stock | | | | | |
| | Purchases - 7 | 276,118 | - | 276,118 | 276,118 | - |
| | Sales - 4 | - | 98,639 | 123,801 | 98,639 | (25,162) |
| Vanguard | GNMA Fund Adm | | | | | |
| | Purchases - 2 | 175,000 | - | 175,000 | 175,000 | - |
| | Sales - 18 | - | 499,579 | 495,819 | 499,579 | 3,760 |
| Vanguard | Short Term Bond Index-Sig | | | | | |
| | Purchases - 1 | 100,000 | - | 100,000 | 100,000 | - |
| | Sales - 7 | - | 297,132 | 290,999 | 297,132 | 6,133 |

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 37-0798213 Plan Number 001

January 31, 2013

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| Party-in-Interest Identification | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value |
| | Dreyfus | Money Market Fund | $ 8,109 | $ 8,109 |
| | Loomis Sayles | Global Bond Fund, 11,170.43 shares | 181,027 | 192,020 |
| | Pimco | Total Return Fund Instl, 42,267.97 shares | 451,949 | 472,979 |
| | Templeton | Global Bond Fund, 14,409.30 shares | 190,178 | 192,364 |
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| | | | 1,402,711 | 1,478,692 |
| | Vanguard | Ind Fd Mid-Cap, 1,500 shares | 102,853 | 131,790 |
| | Vanguard | Mid-Cap ETF, 1,887 shares | 102,151 | 128,807 |
| | Vanguard | Small-Cap ETF, 1,530 shares | 102,437 | 131,641 |
| | SPDR | Gold Trust, 605 shares | 99,432 | 97,526 |
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| | Harding Loevner | Inst Emerging Mmkt-M, 4,812.36 shares | 75,552 | 84,313 |
| | | | 559,058 | 658,891 |
| | Total carried forward | | 1,969,878 | 2,145,692 |

The Restated Farm King Supply, Inc.
Profit Sharing Plan and Trust

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
EIN: 37-0798213 Plan Number 001

January 31, 2013

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| Party-in-Interest Identification | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value |
| | Total brought forward | | $ 1,969,878 | $ 2,145,692 |
| | Amazon.com Inc. | Common Stock, 445 shares | 102,541 | 118,148 |
| | Walt Disney Co. | Common Stock, 4,250 shares | 175,257 | 228,990 |
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| | Chevron Corporation | Common Stock, 1,027 shares | 100,114 | 118,258 |
| | Exxon Mobil Corporation | Common Stock, 1,420 shares | 104,236 | 127,757 |
| | Occidental Petroleum Co. | Common Stock, 1,355 shares | 102,355 | 119,606 |
| | American Tower Corp REIT | Common Stock, 1,646 shares | 99,210 | 125,343 |
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| | Goldman Sachs Group Inc | Common Stock, 1,260 shares | 152,317 | 186,304 |
| | T Rowe Price Group Inc. | Common Stock, 2,005 shares | 125,187 | 143,176 |
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| | Abbott Labs | Common Stock, 1,960 shares | 59,764 | 66,405 |
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| | United Parcel Service - CL B | Common Stock, 1,406 shares | 99,525 | 111,482 |
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| | Facebook Inc-A | Common Stock, 3,265 shares | 96,616 | 101,153 |
| | Oracle Corporation | Common Stock, 3,145 shares | 100,564 | 111,679 |
| | Qualcomm Inc. | Common Stock, 2,041 shares | 113,667 | 134,747 |
| | Visa Inc CL A | Common Stock, 2,330 shares | 313,268 | 367,930 |
| | | | 3,316,120 | 3,887,826 |
| | Total | | $ 5,285,998 | $ 6,033,518 |

* Party-in-interest