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
HUITT-ZOLLARS, INC. EMPLOYEE STOCK OWNERSHIP PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1980

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

HUITT-ZOLLARS, INC.

1717 MCKINNEY AVENUE, SUITE 1400
DALLAS, TX 75202

2b Employer Identification Number (EIN) 75-1500178

2c Sponsor's telephone number 214-871-3311

2d Business code (see instructions) 541330

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.	11/15/2013	CHRISTOPHER MOORE
	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**	409
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**	409
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	54
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	463
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	463
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	463
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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:
2O

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

A Name of plan
HUITT-ZOLLARS, INC. EMPLOYEE STOCK OWNERSHIP PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUITT-ZOLLARS, INC.

D Employer Identification Number (EIN)
75-1500178

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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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 33 49 51 71 99	NONE	25824	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RBC WEALTH MANAGEMENT

100 CRESCENT COURT
SUITE 1500
DALLAS, TX 75201-1871

(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 33 49 51 71 99	NONE	14833	Yes [ ] No [X]	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 [ ]

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

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

A Name of plan
HUITT-ZOLLARS, INC. EMPLOYEE STOCK OWNERSHIP PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUITT-ZOLLARS, INC.

D Employer Identification Number (EIN)
75-1500178

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)	20	8
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	43356	46299
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1825194	1135393
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2788522	2753560
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1481827	1639504
(B) Common	1c(4)(B)	2076693	2072846
(5) Partnership/joint venture interests	1c(5)	20195	20195
(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)	353477	421808
(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)	23726549	29103965
(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	32315833	37193578
Liabilities			
g Benefit claims payable	1g	15049	269905
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	15049	269905
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32300784	36923673

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)	8	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)	349992	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		350000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	125	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	155788	
(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)		155913
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	108649	
(B) Common stock	2b(2)(B)	58691	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		167340
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	14361897	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14828178	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-466281
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6925104	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		6925104

		(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)		-2944
c Other income	2c		389
d Total income. Add all **income** amounts in column (b) and enter total	2d		7129521
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2465911	
(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)		2465911
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	40656	
(4) Other	2i(4)	65	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		40721
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2506632
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4622889
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: HOWARD, LLC **(2)** EIN: 20-2257536

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		1000000
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
HUITT-ZOLLARS, INC. EMPLOYEE STOCK OWNERSHIP PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUITT-ZOLLARS, INC.

D Employer Identification Number (EIN)
75-1500178

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** 993135

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): 75-1709856

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):

HUITT-ZOLLARS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

FINANCIAL STATEMENTS

JANUARY 31, 2013 AND 2012

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HOWARD

Independent Auditor's Report

November 14, 2013

Plan Administrator of Huitt-Zollars, Inc. Employee Stock Ownership Plan
Dallas, Texas

Report on the Financial Statements
We have audited the accompanying statements of net assets available for benefits of Huitt-Zollars, Inc. Employee Stock Ownership Plan (the "Plan") as of January 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended January 31, 2013.

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. These financial statements are the responsibility of the Plan's management.

Auditor's 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 audits 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 auditor's 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 entity'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 entity'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 Huitt-Zollars, Inc. Employee Stock Ownership Plan as of January 31, 2013 and 2012, and the changes in its net assets available for benefits for the year ended January 31, 2013 in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary 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.

HOWARD, LLP

HUITT-ZOLLARS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

January 31,	*2013*	*2012*
Assets		
Cash, non-interest bearing	$ 40,001	$ -
Investments		
Investment in sponsor company common stock at estimated fair value	29,103,965	23,726,549
Other investments, at fair value	8,003,304	8,545,908
Total investments	37,107,269	32,272,457
Receivables		
Employer contributions	8	19
Other receivable	3,576	-
Interest	42,723	43,356
Total receivables	46,307	43,375
Net assets available for benefits	$ 37,193,577	$ 32,315,832

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

HUITT-ZOLLARS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended January 31, 2013

Additions to net assets attributed to:		
Employer contributions		
Cash	$	8
Stock		349,992
Total employer contributions		350,000
Investment income		
Net appreciation in fair value of investments		6,447,638
Interest income		331,883
Total investment income		6,779,521
Total additions		7,129,521
Deductions from net assets attributed to:		
Distributions to participants		2,211,055
Administrative expenses		40,721
		2,251,776
Net change in net assets		4,877,745
Net assets available for benefits, beginning of year		32,315,832
Net assets available for benefits, end of year	$	37,193,577

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

1. Description of Plan

The following description of the Huitt-Zollars, Inc. Employee Stock Ownership Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

In preparation of these financial statements and related footnotes, Plan management has considered events through November 14, 2013, the date these financial statements were available to be issued.

The Plan was established as an employee stock ownership plan (ESOP) on February 10, 1980. It is designed to comply with Section 4975(e)(7) (the "code") and the regulations thereunder of the Internal Revenue Code of 1986, as amended (the "code"), and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). In February 2013, the Plan was amended to comply with the HEART Act and WREA.

Employees of Huitt-Zollars, Inc. (the "Company") are generally eligible to participate in the Plan upon employment at the first available quarterly Plan entrance date. Participants must be an eligible employee of the Company on the last day of the Plan year to receive an allocation of each year's contribution. Contributions to the Plan by the Company are allocated to participants based on the participant's compensation received from the Company or a subsidiary of the Company. Income of the Plan is allocated based upon each participant's account balance.

Generally, distributions from the Plan are made in cash when a participant retires, dies, or otherwise terminates employment with the Company. Upon completing ten years of participation in the Plan and attaining age 55, participants may elect to diversify part of their Company stock accounts. Diversification elections are made annually over a six year period. For each of the first five diversification years, participants may diversify 25% of the total number of shares of Company stock that have ever been allocated to their Company stock account less the number of shares of Company stock they previously diversified under this procedure. For the sixth year, participants may elect to diversify up to a total of 50% of the number of shares of Company stock that have been allocated to their Company stock account less the number of shares of Company stock previously diversified.

Vesting - Participants are vested in employer contributions based on the number of years of service as follows:

Year(s) of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

1. Description of Plan (continued)

Participants become fully vested at normal retirement, if disabled, or at death. Participants who terminate prior to retirement, disability, or death only receive the vested portion of their accounts. Forfeitures of non-vested amounts are allocated to participants in a manner similar to contributions from the Company. Forfeitures reallocated to participant accounts totaled $270,197 and $66,842, for the Plan years ended 2013 and 2012, respectively.

Each Plan year the Company may make contributions to the Plan in cash or Company stock. Contributions for the Plan year ended January 31, 2013 included $8 in cash and $349,992 in Company stock. Contributions for the Plan year ended January 31, 2012 included $19 in cash and $599,981 in Company stock.

2. Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statement and the reported amount of revenues and expenses for the year then ended. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The common shares of the Company are valued at estimated fair value. See Note 3 for discussion of fair value measurement.

Dividend income is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties - The Plan provides for various investment options. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits. The Plan does not obtain or require collateral for these investment securities.

Operating Expenses - A significant portion of the expenses of maintaining the plan are paid by the Company.

3. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits in accordance with generally accepted accounting principles:

January 31, 2013	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1) Inputs	Quoted Prices for Similar Assets (Level 2) Inputs	Significant Unobservable Inputs (Level 3)
Investment in sponsor company common stock	$29,103,965	$ -	$ -	$29,103,965
Other Investments	8,003,304	5,044,731	2,958,573	-
	$37,107,269	$5,044,731	$2,958,573	$29,103,965

January 31, 2012	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1) Inputs	Quoted Prices for Similar Assets (Level 2) Inputs	Significant Unobservable Inputs (Level 3)
Investment in sponsor company common stock	$23,726,549	$ -	$ -	$23,726,549
Other Investments	8,545,908	5,737,191	2,808,717	-
	$32,272,457	$5,737,191	$2,808,717	$23,726,549

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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 have lower priority than Level 1 inputs, and Level 3 inputs 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 2 inputs were used when Level 1 inputs were not available. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

3. Fair Value Measurements (continued)

Level 1 Fair Value Measurements – The Plan's investments in mutual funds, common stock, preferred stock and government securities are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements - The Plan's investments in corporate preferred debt is not actively traded, but other observable market inputs are available.

Level 3 Fair Value Measurements - The sponsor company common stock is not actively traded and significant other observable inputs are not available. Thus, the fair value of the sponsor company common stock is determined by an independent third party subsequent to the audit of the sponsor company. The following table provides further detail of the Level 3 fair value measurements.

Changes in Level 3 assets measured at fair value for the year ended January 31, 2013 are:

Beginning balance	$23,726,549
Unrealized appreciation of common stock	6,016,398
Realized gain	4,161
Purchases	350,023
Sales	(993,166)
Ending balance	$29,103,965

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended January 31, 2013, are reported in net appreciation or depreciation in fair value of investments.

4. Investments

The Plan's investment in the Company common stock is as follows:

January 31,	2013	2012
Number of shares	939,747	968,826
Value	$29,103,965	$23,726,549

All of the shares have been allocated to each participant's account. The Plan's investment in Company common stock is the only individual investment that exceeds 5% of net assets at January 31, 2013.

5. Plan Termination

Although it has not expressed the intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

6. Tax Status

The Plan's assets are qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the Plan's net investment income is exempt from income taxes. The Plan administrator has amended the Plan since obtaining its determination letter; however, the plan administrator believes the Plan is in compliance with the applicable requirements of the Internal Revenue Code. The Plan believes its tax positions for the years ended prior to January 31, 2009 are no longer open for inspection by the Internal Revenue Service.

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500 as of January 31, 2013:

Ending net assets available for benefits – financial statements	$37,193,577
Less: Distribution payable at year end 2013	(269,904)
Ending net assets available for benefits – Form 5500	$36,923,673

The following is a reconciliation of benefit payments reflected in the financial statements to Form 5500 for the year ended January 31, 2013:

Total benefit payments – financial statements	$ 2,211,055
Add: Distribution payable at year end 2013	269,904
Less: Distribution payable at year end 2012	(15,048)
Total benefit payments – Form 5500	$ 2,465,911

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to January 31, 2013 but not yet paid as of that date.

Supplemental Schedule

HUITT-ZOLLARS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H LINE 4(i), EIN, 75-1500178, PLAN - 001
JANUARY 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost**	(e) Current Value
*	Huitt-Zollars, Inc.	939,747 shares of common stock	$ 20,893,253	$ 29,103,965
*	RBC Wealth Management	Corporate preferred debt	2,784,617	2,938,379
*	RBC Wealth Management	Corporate common stocks	1,828,696	1,922,627
*	RBC Wealth Management	Corporate preferred stock	1,453,569	1,604,904
*	RBC Wealth Management	Money market funds	1,095,391	1,095,391
*	RBC Wealth Management	Mutual funds	433,289	421,808
*	RBC Wealth Management	Interests in partnerships	20,195	20,195
			$ 28,509,010	$ 37,107,269

* Indicates a party in interest.

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 Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1980

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

1717 McKinney Avenue, Suite 1400

Dallas TX 75202

2b Employer Identification Number (EIN) 75-1500178

2c Sponsor's telephone number (214) 871-3311

2d Business code (see instructions) 541330

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 of plan administrator	Date 11/14/2013	Enter name of individual signing as plan administrator: Robert Zollars
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor: Robert Zollars
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**	409
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**	409
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	54
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	463
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	463
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	463
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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:
20

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)

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Apple Inc	Common Stock 100 shares	40,417	45,549
	Clorox Company	Common Stock 1,000 shares	73,810	78,410
	Copart, Inc.	Common Stock 2,000 shares	46,567	71,820
	Domino's Pizza, Inc.	Common Stock 2,000 shares	36,297	96,140
	Darden Restaurants, Inc.	Common Stock 1,000 shares	48,288	46,500
	Ebay, Inc.	Common Stock 2,000 shares	67,080	111,940
	Emerson Electric, Co.	Common Stock 1,000 shares	52,646	57,250

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Fedex Corp	Common Stock 500 shares	44,165	50,725
	General Electric Co.	Common Stock 6,000 shares	125,673	133,680
	General Mills	Common Stock 1,000 shares	39,930	41,940
	Home Depot, Inc.	Common Stock 2,000 shares	71,877	133,840
	Intel Corp.	Common Stock 1,000 shares	21,868	21,040
	Kellogg Co.	Common Stock 1,000 shares	51,950	58,500
	Coca-Cola Co.	Common Stock 2,000 shares	42,720	74,480

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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	Lowes Companies	Common Stock 2,000 shares	66,326	76,380
	Middleby Corp Del	Common Stock 300 shares	31,657	42,408
	Monsanto Co	Common Stock 1,000 shares	86,563	101,350
	Mondelez Intl, Inc.	Common Stock 1,000 shares	0	27,790
	Pfizer, Inc.	Common Stock 2,000 shares	40,736	54,560
	Schlumberger Ltd.	Common Stock 1,000 shares	80,449	78,050
	Tractor Supply Co.	Common Stock 500 shares	33,007	51,835

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Unitedhealth Group, Inc.	Common Stock 1,000 shares	42,600	55,210
	Union Pacific Corp	Common Stock 500 shares	55,128	65,730
	US Bacaorp	Common Stock 2,000 shares	66,071	66,200
	Walt Disney Co.	Common Stock 2,000 shares	80,195	107,760
	Wells Fargo & Co.	Common Stock 2,000 shares	71,080	69,660
	Whiting USA Trust II	Common Stock 2,000 shares	20,000	34,600
	Ameren Illinois Company	Corporate Bond Maturity - 11/15/2017 Rate - 6.125%	23,000	24,032

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Express	Corporate Bond Maturity - 08/20/2013 Rate - 7.300%	80,685	84,737
	Amgen, Inc.	Corporate Bond Maturity - 11/15/2014 Rate - 1.875%	70,612	30,648
	Apache Corp.	Corporate Bond Maturity - 04/15/2013 Rate - 5.250%	51,110	50,455
	Autozone, Inc.	Corporate Bond Maturity - 06/15/2016 Rate - 6.950%	23,014	23,401
	Bristol Myers Squibb Co.	Common Stock 2,000 shares	49,160	72,280
	Bristol Myers Squibb Co.	Corporate Bond Maturity - 08/15/2013 Rate - 5.250%	105,854	102,603
	Chubb Corp.	Corporate Bond Maturity - 08/15/2018 Rate - 6.600%	70,238	74,156

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Cigna Corp.	Corporate Bond Maturity - 01/15/2023 Rate - 8.300%	62,977	64,699
	Cleveland Electric Illum	Corporate Bond Maturity - 11/15/2018 Rate - 8.875%	68,461	69,193
	Clorox Co.	Corporate Bond Maturity - 03/01/2013 Rate - 5.000%	26,593	25,081
	CMS Engery Corp.	Corporate Bond Maturity - 02/01/2020 Rate - 6.250%	54,367	59,020
	Coca Cola Enterprises	Corporate Bond Maturity - 09/15/2022 Rate - 8.000%	84,071	84,977
	Constellation Brands	Corporate Bond Maturity - 05/15/2017 Rate - 7.250%	25,539	26,536
	Coventry Health Care	Corporate Bond Maturity - 08/15/2014 Rate - 6.300%	55,764	53,841

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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	CSX Corp	Corporate Bond Maturity - 03/15/2018 Rate - 6.250%	22,258	24,205
	Darden Restaurants, Inc.	Corporate Bond Maturity - 02/01/2016 Rate - 7.125%	59,326	56,398
	Darden Restaurants, Inc.	Corporate Bond Maturity - 10/15/2017 Rate - 6.200%	24,960	25,624
	Davita, Inc.	Corporate Bond Maturity - 11/01/2018 Rate - 6.375%	50,620	53,500
	Beam, Inc.	Corporate Bond Maturity - 11/15/2021 Rate - 8.625%	61,200	67,926
	Detroit Edison Co.	Corporate Bond Maturity - 06/15/2018 Rate - 5.600%	70,518	70,702
	Enterprise Products	Corporate Bond Maturity - 06/01/2015 Rate - 3.700%	52,676	52,996

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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	Entergy Texas, Inc.	Corporate Bond Maturity - 02/01/2019 Rate - 7.125%	62,014	61,966
	ERP Operating, LP	Corporate Bond Maturity - 03/15/2016 Rate - 5.125%	27,123	27,919
	Energy Transfer Partners	Corporate Bond Maturity - 04/15/2014 Rate - 8.500%	12,164	10,849
	Fortune Brands, Inc.	Corporate Bond Maturity - 06/15/2014 Rate - 6.375%	41,802	39,734
	Halliburton Co.	Corporate Bond Maturity - 02/15/2021 Rate - 8.750%	54,308	51,612
	Humana, Inc.	Corporate Bond Maturity - 06/01/2016 Rate - 6.450%	58,080	57,509
	Ingersoll Rand Co.	Corporate Bond Maturity - 08/15/2021 Rate - 9.000%	59,451	58,818

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

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	ITT Corp	Corporate Bond Maturity - 11/15/2015 Rate - 7.375%	11,382	11,577
	Jersey Central Power & Light	Corporate Bond Maturity - 05/01/2016 Rate - 5.625%	14,093	14,776
	Kraft Foods, Inc.	Corporate Bond Maturity - 02/11/2013 Rate - 6.000%	41,351	67,815
	Lexmark International	Corporate Bond Maturity - 06/01/2013 Rate - 5.900%	90,463	84,301
	Limited, Inc.	Corporate Bond Maturity - 11/01/2014 Rate - 5.250%	26,545	26,313
	Markel Corp	Corporate Bond Maturity - 09/30/2019 Rate - 7.125%	149,468	156,189
	Microsoft Corp	Corporate Bond Maturity - 06/01/2019 Rate - 4.200%	52,420	57,050

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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	Marathon Oil Co.	Corporate Bond Maturity - 10/01/2017 Rate - 6.000%	6,672	7,170
	Monsanto Co.	Corporate Bond Maturity - 04/15/2016 Rate - 2.750% `	53,128	52,705
	Ohio Edison Co.	Corporate Bond Maturity - 07/15/2016 Rate - 6.400%	58,986	58,334
	Omnicom Group	Corporate Bond Maturity - 04/15/2016 Rate - 5.900%	28,755	28,356
	Pall Corp	Corporate Bond Maturity - 06/15/2020 Rate - 5.000%	78,405	77,888
	Pepco Holdings	Corporate Bond Maturity - 10/01/2015 Rate - 2.700%	51,318	51,941
	Portland General Electric Co.	Corporate Bond Maturity - 04/15/2019 Rate - 6.100%	12,515	12,157

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Praxair, Inc.	Corporate Bond Maturity - 11/15/2014 Rate - 5.250%	27,132	25,984
	Regency Centers	Corporate Bond Maturity - 06/15/2017 Rate - 5.875%	44,176	45,932
	Ryder Systems, Inc.	Corporate Bond Maturity - 09/01/2015 Rate - 7.200%	60,089	57,010
	Scana Corp	Corporate Bond Maturity - 04/01/2020 Rate - 6.250%	61,968	62,024
	Seacor Holding, Inc.	Corporate Bond Maturity - 10/01/2019 Rate - 7.375%	54,840	52,930
	Sempra Energy	Corporate Bond Maturity - 06/15/2018 Rate - 6.150%	61,096	61,176
	Southwestern Electric Power	Corporate Bond Maturity - 03/01/2018 Rate - 5.875%	10,731	11,618

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Southwestern Electric Power	Corporate Bond Maturity - 01/15/2017 Rate - 5.550%	73,434	72,760
	Suntrust Bank	Corporate Bond Maturity - 12/01/2017 Rate - 5.450%	25,796	28,014
	Southwester Public Services	Corporate Bond Maturity - 12/01/2018 Rate - 8.750%	102,056	100,672
	TC Pipelines	Corporate Bond Maturity - 06/15/2021 Rate - 4.650%	26,088	26,534
	United Health Group	Corporate Bond Maturity - 08/15/2014 Rate - 5.000%	27,073	26,509
	United Health Group	Corporate Bond Maturity - 11/15/2017 Rate - 6.000%	60,650	59,365
	Union Pacific Corp	Corporate Bond Maturity - 02/01/2016 Rate - 7.000%	61,584	58,499

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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	Valmont Industries	Corporate Bond Maturity - 04/20/2020 Rate - 6.625%	29,144	29,562
	Westar Energy, Inc.	Corporate Bond Maturity - 07/15/2020 Rate - 5.100%	9,690	9,641
	WR Berkeley Corp	Corporate Bond Maturity - 09/15/2019 Rate - 7.375%	38,424	40,461
	Yum Brands	Corporate Bond Maturity - 03/15/2018 Rate - 6.250%	27,991	29,987
	Aflac, Inc.	Preferred Stock 2,000 shares Rate - 5.500%	50,000	50,980
	Ashford Hespitality Trust	Preferred Stock 2,000 shares	50,300	54,480
	BB&T Corporation	Preferred Stock 1,000 shares Rate - 5.850%	0	25,840

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Bank of New York Mellon	Preferred Stock 2,000 shares	50,000	50,100
	Brandywine Realty Trust	Preferred Stock 1,000 shares Rate - 6.900%	0	26,060
	Charles Schwab	Preferred Stock 2,000 shares Rate - 6.000%	0	52,920
	Colony Financial, Inc.	Preferred Stock 2,000 shares Rate - 8.500%	25,000	52,700
	Deutsche Bank	Preferrd Stock 2,000 shares Rate - 7.600%	51,180	55,680
	Digital Realty Trust	Preferred Stock 4,000 shares Rate - 6.625%	100,000	106,000
	DTE Energy Co.	Preferred Stock 1,000 shares Rate - 6.500%	27,000	27,090

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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	FPC Capital Trust	Preferred Stock 500 shares Rate - 7.100%	10,575	12,680
	Health Care REIT, Inc.	Preferred Stock 2,000 shares Rate - 6.500%	25,000	52,600
	Hersha Hospitality	Preferred Stock 1,500 shares	36,060	39,150
	Hospitality Properties	Preferred Stock 411 shares Rate - 7.125%	5,138	10,994
	JP Morgan Chase	Preferred Stock 2,000 shares Rate - 5.500%	50,000	49,940
	Metlife, Inc.	Preferred Stock 1,000 shares Rate - 6.500%	25,330	25,530
	MS Structured Asset Corp	Preferred Stock 1,000 shares Rate - 7.375%	25,995	26,260

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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	M&T Capital Trust IV	Preferred Stock 1,000 shares Rate - 8.500%	26,888	25,450
	Nextera Energy Capital Holdings	Preferred Stock 1,000 shares Rate - 5.700%	16,882	26,530
	National Retail Properties	Preferred Stock 1,000 shares Rate - 6.625%	0	26,130
	Preferred Plus Trust	Preferred Stock 1,000 shares Rate - 6.700%	22,600	25,070
	Protective Life	Preferred Stock 3,000 shares Rate - 6.250%	75,000	77,160
	Prudential, PLC	Preferred Stock 1,000 shares Rate - 6.750%	25,220	25,470
	PS Business Parks, Inc.	Preferred Stock 4,000 shares	100,000	101,960

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Public Storage	Preferred Stock 1,000 shares Rate - 5.900%	0	26,250
	Public Storage	Preferred Stock 3,000 shares Rate - 5.625	75,000	77,100
	Qwest Corp	Preferred Stock 4,000 shares Rate - 7.000%	100,000	106,840
	Realty Income Corp	Preferred Stock 1,500 shares Rate - 6.625%	15,000	40,050
	Renaissancere Holding, Ltd	Preferred Stock 500 shares Rate - 6.600%	0	12,680
	SCE Trust I	Preferred Stock 1,000 shares Rate - 5.625%	14,286	25,850
	Senior Housing Properties	Preferred Stock 1,080 shares Rate - 5.625%	12,500	24,580

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Suntrust Bank, Inc.	Preferred Stock 2,000 shares	50,000	49,640
	US Cellular Copr	Preferred Stock 1,000 shares Rate - 6.950%	26,530	26,680
	Vornado Realty Trust	Preferred Stock 4,000 shares Rate - 5.700%	0	101,640
	Wells Fargo	Preferred Stock 2,000 shares	50,000	49,960
	Whiting Petroleum Company	Preferred Stock 500 shares	23,883	23,790
	Zions Bancorp	Preferred Stock 500 shares Rate - 9.500%	12,694	13,070
	Federated Money Market	Money Market	1,054,319	1,054,319

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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	Prime Money Market	Money Market	41,073	41,073
	Cornerstone I, Ltd.	Limited Partnership	20,190	20,195
	IShares	MSCI Canada Index Fund	55,529	57,740
	IQ Canada	Small Cap	60,495	46,976
	Nuveen	Energy MLP	42,168	82,942
	SPDR Series Trust	Barclays	137,550	137,430
	SPDR Series Trust	Gold Fund	93,238	96,720

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

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	Huitt-Zollars Inc.	Employer Stock 939,747 shares	20,893,253	29,103,965

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Acquired or Disposed of Within Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a) Identity of issue, borrower, lessor, or similar party	**(b)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	**(c)** Cost of acquisitions	**(d)** Proceeds of dispositions
Accenture, PLC	Common Stock	31,043	35,565
BB&T Corp	Preferred Stock Rate - 5.850%	100,000	79,016
Brandywine Realty	Preferred Stock Rate - 6.900%	25,000	0
Charles Schwab	Preferred Stock Rate - 6.000%	100,000	25,616
Conocophillips	Common Stock	55,657	54,131
EMC Corp - Massachusetts	Common Stock	58,120	47,839
Express Scripts Holding Co.	Common Stock	58,157	54,590

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Acquired or Disposed of Within Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a) Identity of issue, borrower, lessor, or similar party	**(b)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	**(c)** Cost of acquisitions	**(d)** Proceeds of dispositions
Facebook	Corporate Bond	17,290	16,888
First Energy Corp	Common Stock	50,446	45,872
Hartford Financial Services	Preferred Stock Rate - 7.875%	50,000	52,908
Hess Corporation	Common Stock	47,250	62,190
Kimco Realty Corp	Preferred Stock Rate - 6.000%	50,000	51,753
Matador Resources Co.	Common Stock	24,000	19,656
Morgan Stanley	Liquid Asset Fund Money Market	2,240,518	2,240,518

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Acquired or Disposed of Within Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a) Identity of issue, borrower, lessor, or similar party	**(b)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	**(c)** Cost of acquisitions	**(d)** Proceeds of dispositions
National Retail Properties, inc.	Preferred Stock	50,000	0
Pennsylvania REIT	Preferred Stock Rate - 8.250%	25,000	26,499
PNC Financial	Preferred Stock Rate - 6.125%	100,000	106,941
PS Business Parks	Preferred Stock	0	52,149
Renaissancere Holdings	Preferred Stock	25,420	12,500
Raymond James Financial Services	Preferred Stock	100,000	0
Raymond James Financial	Mutual Fund	0	106,794

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Schedule H, line 4i - Schedule of Assets (Acquired or Disposed of Within Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a) Identity of issue, borrower, lessor, or similar party	**(b)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	**(c)** Cost of acquisitions	**(d)** Proceeds of dispositions
Sandridge Mississippian Trust	Common Stock	42,000	41,839
Smucker Jam Co.	Common Stock	43,400	44,376
Plunk, Inc.	Common Stock	1,700	3,108
Morgan Stanley	Prime Money Market Fund	1,870,250	1,870,250
Under Armour, Inc.	Common Stock	42,060	46,406
US Bancorp	Preferred Stock Rate - 6.000%	100,000	108,261
US Bancorp	Preferred Stock	0	53,862

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Acquired or Disposed of Within Year)

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a) Identity of issue, borrower, lessor, or similar party	**(b)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	**(c)** Cost of acquisitions	**(d)** Proceeds of dispositions
Vornado Realty	Preferred Stock Rate - 5.700%	100,000	0

Attachment to 2012 Form 5500
Schedule H, line 4j - Schedule of Reportable Transactions

Plan Name Huitt-Zollars, Inc. Employee Stock Ownership Plan & Trust **EIN:** 75-1500178
Plan Sponsor's Name Huitt-Zollars, Inc. **PN:** 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Dreyfus	Money Market Government Securities	1	1	0	0	2,672,978	2,039,325	0
Morgan Stanley	Liquid Asset Fund	1	1	0	0	4,481,037	2,240,518	0
Morgan Stanley	Prime Money Market Fund	1	1	0	0	3,740,500	1,870,250	0