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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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
SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1968

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

SPEC'S FAMILY PARTNERS, LTD.

ROBERT J. HEISLER

2410 SMITH STREET
HOUSTON, TX 77006

2b Employer Identification Number (EIN)
74-1532648

2c Sponsor's telephone number
713-526-8787

2d Business code (see instructions)
445310

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.	09/26/2014	ROBERT J. HEISLER
	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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2758
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**	2598
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	468
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3072
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	3072
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3072
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	198
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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPEC'S FAMILY PARTNERS, LTD.

D Employer Identification Number (EIN)
74-1532648

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

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

1 Coverage Information:

(a) Name of insurance carrier

SUN LIFE ASSURANCE CO. OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	020029019	1	08/31/2012	08/30/2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 1980 CSO, 4%

b	Premiums paid to carrier	6b	3045
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SPEC'S FAMILY PARTNERS, LTD.	**D** Employer Identification Number (EIN) 74-1532648

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERILL LYNCH

13-5674085

(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?
51 52 71	NONE	30473	Yes [X] No [ ]	Yes [X] No [ ]	1828	Yes [ ] No [X]

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

UHY LLP

20-0694403

(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	NONE	19316	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UHY ADVISORS TX, LLC

76-0522558

(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	NONE	6668	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
MERILL LYNCH	52	102

(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.
MERILL LYNCH 4 WORLD FINANCIAL CTR, 250 VESEY ST NEW YORK, NY 10281 13-5674085	INVESTMENT MANAGEMENT FEES (INDIRECT)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERILL LYNCH	60	1274

(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.
MERILL LYNCH 4 WORLD FINANCIAL CTR, 250 VESEY ST NEW YORK, NY 10281 13-5674085	SUB-TRANSFER AGENCY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERILL LYNCH	63	452

(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.
MERILL LYNCH 4 WORLD FINANCIAL CTR, 250 VESEY ST NEW YORK, NY 10281 13-5674085	DISTRIBUTION (12B-1) FEES

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPEC'S FAMILY PARTNERS, LTD.

D Employer Identification Number (EIN)
74-1532648

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)	100000	50000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	464557	284227
(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)	12565	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1251477	1769156
(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)	57585	46316
(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)	2868137	2893030
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	47884	51618

		(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	4802205	5094347
Liabilities			
g Benefit claims payable	1g	172870	294066
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	172870	294066
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4629335	4800281

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)	50000	
(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)		50000
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)	499	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4001	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4500
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	50440	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	61747	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		112187
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2446733	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2470401	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-23668
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-75656	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-75656

		(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)		453287
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		520650
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	294360	
(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)		294360
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)	25984	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	29360	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		55344
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		349704
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		170946
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: UHY, LLP **(2)** EIN: 20-0694403

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		3000000
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SPEC'S FAMILY PARTNERS, LTD.

D Employer Identification Number (EIN)
74-1532648

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): 76-0103928

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):

SPEC'S FAMILY PARTNERS
EMPLOYEES' PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

C O N T E N T S

Page

Independent Auditor's Report ..... 2 - 3

Statements of Net Assets Available for Benefits 4

Statement of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements ..... 6 - 13

Supplemental Schedules

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) ..... 14 - 17

All other supplemental schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974, as amended, are not applicable and have been omitted.

UHY LLP
Certified Public Accountants

2929 Allen Parkway, 20th Floor
Houston, Texas 77019
Phone 713-960-1706
Fax 713-960-9549
Web www.uhy-us.com

Independent Auditor's Report

To the Trustees of the
Spec's Family Partners Employees' Profit Sharing Plan
Houston, Texas

Report on the Financial Statements

We have audited the accompanying financial statements of Spec's Family Partners Employees' Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 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 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 Spec's Family Partners Employees' Profit Sharing Plan as of December 31, 2013 and 2012, and the changes in its net assets available for benefits for the year ended December 31, 2013 in accordance 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), referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 audits 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.

UHY LLP

Houston, Texas
September 23, 2014

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2013	December 31, 2012
ASSETS		
INVESTMENTS, at fair value		
Money market	$ 284,227	$ 464,557
Mutual funds	2,893,030	2,868,137
Equity securities	1,769,156	1,251,477
Corporate bonds	-	12,565
Cash surrender value of life insurance contract	51,618	47,884
TOTAL INVESTMENTS, at fair value	4,998,031	4,644,620
NOTES RECEIVABLE FROM PARTICIPANTS	46,316	57,585
RECEIVABLES		
Employer	50,000	100,000
TOTAL RECEIVABLES	50,000	100,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,094,347	$ 4,802,205

See accompanying notes to financial statements.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2013

ADDITIONS TO PLAN ASSETS	
INVESTMENT INCOME	
Net appreciation in fair value of investments	$ 353,963
Interest and dividends	112,686
TOTAL INVESTMENT INCOME	466,649
INTEREST FROM NOTES RECEIVABLE FROM PARTICIPANTS	4,001
CONTRIBUTIONS	
Employer contributions	50,000
TOTAL CONTRIBUTIONS	50,000
TOTAL ADDITIONS TO PLAN ASSETS	520,650
DEDUCTIONS FROM PLAN ASSETS	
Benefit payments	173,164
Expenses	55,344
TOTAL DEDUCTIONS FROM PLAN ASSETS	228,508
NET INCREASE	292,142
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	4,802,205
End of year	$ 5,094,347

See accompanying notes to financial statements.

NOTE A - DESCRIPTION OF PLAN

The following description of the Spec's Family Partners Employees' Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan is a non-participant directed defined contribution plan covering all eligible employees of Spec's Family Partners, Ltd. (the "Company" or "Plan Administrator"), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), and its amendments.

Eligibility: Participation in the Plan is available to all eligible employees as of the last day of any 12-month period commencing on the employee's hire date and each subsequent anniversary of such date in which the employee first completes 1,000 hours of service. Excluded from the class of eligible employees are leased employees, certain collectively bargained employees, and non-resident aliens with non-U.S. source income.

Administration of the Plan: Merrill Lynch and T. Rowe Price were the Custodians for the Plan's non-participant directed assets for the years ended December 31, 2013 and 2012.

Contributions: Contributions to the Plan are at the discretion of the Company within applicable limits permitted by the Internal Revenue Code ("IRC"). Participant contributions to the Plan are not permitted. During 2013, the Company made a discretionary profit sharing contribution of $50,000 to the Plan.

Participant Accounts: Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings as of the last day of the current plan year and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant qualified compensation or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are vested based on years of vesting service during which the participant completes 1,000 or more hours of service. A participant is 0% vested until they have completed 2 years of vesting service at which time they become 20% vested. Thereafter, vesting increases at the rate of 20% for each successive year of vesting service until full (100%) vesting is attained upon completion of 6 years of vesting service.

Payment of Benefits: On termination of service, normal retirement, death or disability, a participant may elect to receive a lump-sum amount equal to the value of their vested account balance within 60 days of the Plan year-end or as soon as administratively feasible. In-service withdrawals are also permitted under the Plan at age 65.

Forfeitures: Forfeitures occur when a participant terminates employment before becoming 100% vested with respect to Company contributions. At December 31, 2013 and 2012, there were no unallocated forfeitures. For the year ended December 31, 2013, the Company allocated $60,911 from forfeited non-vested accounts to participants' accounts.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE A - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants: Participants may borrow from their account balance a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from 1 year to 5 years maximum, unless the note is for the purchase of a residence. The notes are secured by the vested balance in the participant's account and bears interest at a rate commensurate with local prevailing rates. Principal and interest is paid ratably through payroll deductions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America ("U.S. GAAP"), as codified in the Financial Accounting Standards Board ("FASB") in its Accounting Standards Codification ("ASC").

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants: Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are recorded as distributions and are recorded as a reduction to net assets available for benefits.

Investment Valuation and Income Recognition: Investments in money market and mutual funds, equity securities and corporate bonds are stated at fair value, based on the market value of the underlying investments. The cash surrender value of life insurance contract represents the value received if the policy had been surrendered, based on current market interest rates and cost of insurance.

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

Risk and Uncertainties: The Plan provides for various investment options in a variety of investment securities. Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Plan's financial statements and participants' account balances.

Payment of Benefits: Benefits paid to participants are recorded upon distribution and are recorded as a reduction to net assets available for benefits.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements: The Plan follows ASC 820, *Fair Value Measurements and Disclosures*, for its financial assets and liabilities carried at fair value on a recurring basis in the financial statements. As defined by this guidance, 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 (exit price). The transaction is based on a hypothetical transaction in the principal or most advantageous market considered from the perspective of the market participant that holds the asset or owes the liability.

The Plan utilizes market data or assumptions that market participants who are independent, knowledgeable and willing and able to transact would use in pricing the asset or liability, including assumptions about risk and the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable. The Plan attempts to utilize valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan is able to classify fair value balances based on the observability of those inputs. This guidance establishes a formal fair value hierarchy based on the inputs used to measure fair value. The hierarchy gives the highest priority to level 1 measurements and the lowest priority to level 3 measurements, and accordingly, level 1 measurements should be used whenever possible.

The three levels of the fair value hierarchy are as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets
- quoted prices for identical or similar assets or liabilities in inactive markets
- inputs other than quoted prices that are observable for the asset or liability
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

In some cases, certain inputs used to measure fair value may be categorized into different levels of the fair value hierarchy. For disclosure purposes, the lowest level that contains significant inputs used in valuation should be chosen. The Plan has classified its investments into these levels depending upon the data relied on to determine fair values.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

- *Money market fund*: Valued at cost, which approximates fair value.
- *Mutual funds*: Valued at the net asset value (NAV) of shares held by the plan at year end.
- *Equity securities and corporate bonds*: Valued at the closing price reported on the active market on which the securities are traded.
- *Cash surrender value of life insurance contract*: Valued at cash surrender value, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date.

Subsequent Events: In accordance with ASC 855, *Subsequent Events*, the Plan has evaluated all subsequent events and transactions for recognition or disclosure through September 23, 2014, which is the date these financial statements were available to be issued, and concluded that there were no subsequent events requiring recognition or disclosure in the financial statements.

NOTE C - INVESTMENTS

Cash balances are primarily deposited in money market funds that invest in short-term government securities at variable rates of interest. All cash remains fully invested in these money market accounts until disbursement requests are received by the brokerage account. At the time of request, funds are liquidated from the account to the extent required to cover the amount of the disbursement. Total interest from all sources was $4,500 including interest on investments of $499 and interest on notes receivable from participants of $4,001 for the year ended December 31, 2013.

The Plan's investments, excluding the money market funds, are held by a brokerage administered trust fund and are presented at fair value based on quoted market prices as determined by the brokerage administered trust fund. The Plan Administrator manages the investments, diversifying the investment portfolio between fixed income and equity securities and between both short-term and long-term investments to help realize a consistent return. The Plan invests in mutual funds that are offered by registered investment companies regulated under the Investment Company Act of 1940, and in securities listed on national securities exchanges registered under the Securities Exchange Act of 1934.

NOTE C - INVESTMENTS (Continued)

The following table presents the fair value of all investments representing 5% or more of net assets available for benefits:

	December 31, 2013	December 31, 2012
BIF Government Securities Fund[(1)]	$ 186,158	$ 244,067
T. Rowe Price Latin America Fund	337,491	401,526
Total individual investments exceeding 5%	523,649	645,593
Other	4,474,382	3,999,027
Total investments, at fair value	$ 4,998,031	$ 4,644,620

(1) Over 5% in 2012 only. 2013 information listed for comparison purposes only.

The net appreciation in fair value of investments, including those bought, sold and held during the year for the year ended December 31, 2013 is summarized as follows:

Mutual funds	$ 35,985
Equity securities	317,978
	$ 353,963

NOTE D - FAIR VALUE MEASUREMENTS

The assets measured at fair value on a recurring basis subject to disclosure requirements of the fair value hierarchy levels described in Note B are as follows:

	Assets at Fair Value at December 31, 2013			
	Level 1	Level 2	Level 3	Total
Money Market	$ 284,227	$ -	$ -	$ 284,227
Mutual Funds:				
Blended funds	420,286			420,286
Value funds	2,068,002			2,068,002
Growth funds	404,742			404,742
Total mutual funds	2,893,030	-	-	2,893,030
Equity Securities:				
Blended funds	810,856			810,856
Value funds	672,552			672,552
Growth funds	285,748			285,748
Total equity securities	1,769,156	-	-	1,769,156
Corporate Bonds	-			-
Cash surrender value life insurance		51,618		51,618
Total investments measured at fair value	$ 4,946,413	$ 51,618	$ -	$ 4,998,031

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value at December 31, 2012			
	Level 1	Level 2	Level 3	Total
Money Market	$ 464,557	$ -	$ -	$ 464,557
Mutual Funds:				
Blended funds	450,286	-	-	450,286
Value funds	2,138,741	-	-	2,138,741
Growth funds	279,110	-	-	279,110
Total mutual funds	2,868,137	-	-	2,868,137
Equity Securities:				
Blended funds	590,505	-	-	590,505
Value funds	478,966	-	-	478,966
Growth funds	182,006	-	-	182,006
Total equity securities	1,251,477	-	-	1,251,477
Corporate Bonds	12,565	-	-	12,565
Cash surrender value life insurance	-	47,884	-	47,884
Total investments measured at fair value	$ 4,596,736	$ 47,884	$ -	$ 4,644,620

NOTE E - INCOME TAX STATUS

The Company most recently amended and restated the Plan, effective January 1, 2009, and has received a favorable determination letter from the Internal Revenue Service ("IRS") dated July 27, 2009 regarding the tax-qualified status of the Plan under the IRC. Since the receipt of the determination letter, the Plan has been further amended; however, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2013, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE F - PARTIES-IN-INTEREST

Plan investments include accounts managed by Merrill Lynch and T. Rowe Price, the Custodians; therefore, these transactions qualify as parties-in-interest transactions.

NOTE G - RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500:

	December 31, 2013	December 31, 2012
Net assets available for benefits per the financial statements	$ 5,094,347	$ 4,802,205
Benefit claims payable	(294,066)	(172,870)
Net assets available for benefits per the Form 5500	$ 4,800,281	$ 4,629,335

The following is a reconciliation of benefit payments per the accompanying financial statements to the Form 5500 for the year ended December 31, 2013:

Benefit payments per financial statements	$ 173,164
Change in benefit claims payable from December 31, 2013 to December 31, 2012	121,196
Benefit payments per Form 5500	$ 294,360

SUPPLEMENTAL SCHEDULES

(a)	(b) Identity of Issuer, 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
	Abbott Labs	718 shares	$ 18,959	$ 27,521
	Abbvie Inc	718 shares	20,560	37,918
	Acadia Healthcare Co	6 shares	229	284
	Ace Limited	24 shares	2,171	2,485
	Akamai Technologies Inc	5 shares	234	236
	AllianceBernstein	5,373 shares	46,999	46,633
	Altria Group	742 shares	18,400	28,485
	AmerisourceBergen Corp	86 shares	5,077	6,047
	Apache Corp	68 shares	5,652	5,844
	AT&T	500 shares	13,110	17,580
	Automatic Data Proc.	300 shares	11,393	24,240
	Baxter International Inc	100 shares	5,648	6,955
	Becton Dickinson Co	200 shares	13,031	22,098
	BIF Government Securities Fund	186,158 shares	186,158	186,158
	BIF Money Fund	20,867 shares	20,867	20,867
	Blackrock Global Allocation Fund Income Institutional	9,184 shares	162,590	196,816
	BlackRock Global Dividend Institutional	988 shares	11,324	11,913
	Blackrock Global Long/Short	21,470 shares	228,857	232,095
	Blackrock Strategic Income	7,617 shares	76,262	77,386
	Blackstone Group LP	122 shares	2,824	3,843
	Boeing Co	125 shares	10,293	17,062
	Bristol-Myers Squibb Co	1,335 shares	39,410	70,956
	Brocade Communications Inc	25 shares	211	222
	CA Inc	146 shares	4,566	4,913
	Cash	380 shares	380	380
	Cash Surrender Value Life Insurance	51,618 shares	51,618	51,618
	Celanese Corp	11 shares	535	608
	Centerpoint Energy	2,270 shares	44,395	52,619
	Chevron Texaco Corp	465 shares	35,819	58,084
	Chubb	324 shares	22,188	31,308
	Cisco Systems Inc	283 shares	7,180	6,348
	Coca Cola	1,296 shares	38,952	53,538
	Colgate Palmolive	200 shares	6,737	13,042
	Corning Inc	419 shares	6,354	7,467
	CSX Corp	260 shares	6,667	7,480
	CVS Caremark Corp	70 shares	4,186	5,010
	Deere Co	54 shares	4,482	4,932
	Diageo PLC	28 shares	3,672	3,708
	Discover Financial Svc	178 shares	9,128	9,959
	Eastman Chemical Co	63 shares	4,990	5,084
	Eaton Vance Floating	8,258 shares	92,655	92,491

(a)	(b) Identity of Issuer, 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
	Ecolab Inc	799	shares	40,757	83,312
	E-Commerce China	26	shares	217	248
	Edison Intl Calif	104	shares	5,007	4,815
	Eli Lilly & Co	1,195	shares	50,866	60,945
	EMC Corp	201	shares	5,289	5,055
	Emerson Elec	600	shares	25,136	42,108
	Exxon	540	shares	39,196	54,648
	FEI Co	3	shares	236	268
	First Eagle Global Class I	2,791	shares	117,604	150,197
	First TR NASDQ 100	45	shares	1,497	1,637
	Fortress Inv Group LLC	53	shares	420	454
	Freeport McMoran Copper & Gold	590	shares	21,890	22,267
	General Mills	400	shares	12,108	19,964
	Gilead Sciences Inc	3	shares	211	225
	GlaxoSmithKline PLC	114	shares	5,873	6,086
	Globus Med Inc	9	shares	155	182
	Graphic Packaging	25	shares	214	240
	Hanwha Solarone Co	82	shares	309	227
	Hatteras Long/Short Debt	20,306	shares	198,153	199,609
	Hess Corp	59	shares	4,459	4,897
	Himax Tech	21	shares	141	309
	Hovnanian Enterprises	43	shares	221	285
	Huntington Bancshares Inc MD	24	shares	216	232
	IBM	237	shares	30,615	44,454
	Insured Savings Account Bank of America	76,822	shares	76,822	76,822
	Intel Corp	1,123	shares	26,242	29,147
	iShares Core Total US	721	shares	76,988	76,736
	iShares JP Morgan EM BON	284	shares	30,705	30,717
	iShares MSCI EAFE	160	shares	10,604	10,735
	iShares MSCI Emerging	37	shares	1,553	1,546
	iShares TR Russell 2000	20	shares	2,152	2,307
	Ivy Asset Strategy Fund Class I	7,145	shares	159,057	230,655
	JetBlue Airways Corp	52	shares	415	444
	JP Morgan	688	shares	22,013	40,234
	JP Morgan Intrepid	690	shares	17,518	18,269
	JP Morgan Strategic Income	19,414	shares	229,775	230,827
	Kellogg Co	200	shares	9,401	12,214
	Kohls Corp	81	shares	4,487	4,597
	Kraft	111	shares	4,359	5,984
	Lear Corp	2	shares	152	162
	Lincoln Int Corp	94	shares	4,030	4,852
	Lockheed Martin Corp	200	shares	15,231	29,732

(a)	(b) Identity of Issuer, 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
	Loomis Natixis Global	5,407	shares	73,383	104,411
	Lord Abbet Floating Rate Fund Class F	16,212	shares	153,154	153,852
	LSI Corp	28	shares	214	309
	McDonalds Corp	300	shares	18,539	29,109
	Medassets Inc	27	shares	569	535
	Medtronic Inc	1,350	shares	51,757	77,477
	Mentor Graphics Corp	10	shares	213	241
	MFS Global Equity Fund Class I	336	shares	11,152	11,972
	Micron Technologies Inc	10	shares	141	218
	Microsoft Corp	126	shares	4,141	4,714
	Mitel Networks Corp	24	shares	137	242
	Mondelez International Inc.	333	shares	8,064	11,755
	National Grid	560	shares	26,281	36,579
	Nextera Energy (fka FPL Group)	300	shares	11,757	25,686
	Nike Inc	474	shares	18,845	37,275
	Norfolk Southern	313	shares	22,083	29,056
	Novartis	394	shares	22,196	31,670
	NXP Semiconductors	6	shares	214	276
	Oneok Inc	61	shares	3,206	3,793
	Oppenheimer Global Fund Class Y	230	shares	17,470	18,149
	Oracle Corp	137	shares	4,580	5,242
	PepsiCo	676	shares	44,529	56,067
	Philip Morris Intl Inc	316	shares	19,446	27,534
	PIMCO Enhanced Short	758	shares	76,965	76,801
	Prudential Absolute Return	15,715	shares	157,167	154,797
	Prudential PLC	1,136	shares	21,836	51,120
	Putnam Absolute Return	14,909	shares	153,366	151,777
	Qihoo 360 Tech	3	shares	206	246
	Regions Finl Corp	500	shares	4,868	4,945
	Repligen Corp	17	shares	219	232
	Rite Aid Corp	82	shares	269	415
	Rogers Communication	1,195	shares	45,174	54,074
	Royal Dutch Shell	298	shares	22,197	22,383
	Sanofi	117	shares	6,065	6,275
	Seagate Tech	96	shares	3,954	5,391
	Skyworks Solutions Inc	25	shares	610	714
	Sonus Networks Inc	160	shares	496	504
	SPDR S&P 500 ETF	136	shares	23,267	25,118
	Starbucks Corp	62	shares	4,525	4,860
	Stryker Corp	97	shares	6,881	7,289
	Synovus Finl Corp	66	shares	219	238
*	T. Rowe Price Latin America Fund	11,246	shares	218,758	337,491

See independent auditor's report.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN EIN 74-1532648
SCHEDULE H, Part IV, LINE 4i - SCHEDULE OF ASSETS Plan No. 001
(HELD AT END OF YEAR)
DECEMBER 31, 2013

(a)	(b) Identity of Issuer, 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
	Tal Ed Group	12 shares	151	264
	Texas Instruments	837 shares	24,799	36,753
	The Oakmark Global Fund	384 shares	11,160	11,570
	The Oakmark International Fund	442 shares	11,890	11,630
	Thermo Fisher Scientific Inc	47 shares	4,353	5,233
	Toyota Motor Corp	29 shares	3,702	3,536
	United Parcel Svc	305 shares	21,968	32,049
	United Techs Corp	341 shares	24,667	38,805
	US Bancorp	121 shares	4,512	4,888
	Verizon Communications	848 shares	27,788	41,671
	Viacom Inc	58 shares	4,666	5,066
	Visa Inc	73 shares	8,315	16,256
	Wal Mart Stores, Inc	809 shares	45,235	63,660
	Wells Fargo & Co	163 shares	7,048	7,400
	Wells Fargo Adv (fka Evergreen)	13,233 shares	148,149	186,982
	Whitewave Foods Co	10 shares	198	229
	Xueda Ed Group	55 shares	221	330
	Total Investments, at fair value		4,104,992	4,998,031
*	Participant Loans	7.5%-8.0% Interest, Maturing through July 2017	-	46,316
	TOTAL INVESTMENTS		$ 4,104,992	$ 5,044,347

* Represents party-in-interest.

See independent auditor's report.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN EIN 74-1532648
SCHEDULE H, Part IV, LINE 4i - SCHEDULE OF ASSETS Plan No. 001
(HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b) Identity of Issuer, 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
	Abbott Labs	718 shares	39,519	47,029
	Altria Group	742 shares	18,400	23,328
	American Century High Yield Muni	4,966 shares	44,000	47,669
	AT&T	500 shares	13,110	16,855
	Automatic Data Proc.	300 shares	11,393	17,079
	Baxter International Inc	100 shares	5,648	6,666
	Becton Dickinson Co	200 shares	13,031	15,638
	BIF Government Securities Fund	244,067 shares	244,067	244,067
	Bif Money Fund	75,238 shares	75,238	75,238
	Blackrock Global	8,652 shares	151,441	171,573
	Blackrock Total Return	6,439 shares	73,016	76,171
	Boeing	89 shares	6,505	6,707
	Bristol-Myers Squibb Co	1,265 shares	36,366	41,226
	Cash	320 shares	320	320
	Cash Surrender Value Life Insurance	47,884 shares	47,884	47,884
	Centerpoint Energy	2,270 shares	44,395	43,698
	Chevron Texaco Corp	427 shares	31,190	46,176
	Chubb	324 shares	22,188	24,404
	Coca Cola	1,296 shares	38,952	46,980
	Cohen & Steers Global Realty	376 shares	15,771	16,747
	Cohen & Steers Preferred	1,328 shares	16,622	17,748
	Colgate Palmolive	100 shares	6,737	10,454
	Eaton Vance Emerging Market	909 shares	9,698	9,285
	Eaton Vance Floating	6,607 shares	73,077	73,341
	Eaton Vance Global Macro	5,759 shares	57,530	56,609
	Eaton Vance MLT Strategy	8,278 shares	75,335	74,996
	Eaton Vance Strategic Income	15 shares	125	124
	Ecolab Inc	799 shares	40,757	57,448
	Eli Lilly & Co	1,078 shares	44,582	53,167
	Emerson Elec	600 shares	25,136	31,776
	Exxon	540 shares	39,196	46,737
	First Eagle	2,458 shares	99,984	119,874
	Freeport McMoran Copper & Gold	590 shares	21,890	20,178
	General Mills	400 shares	12,108	16,168
	IBM	237 shares	30,615	45,397
	Insured Savings Account Bank of America	144,932 shares	144,932	144,932
	Intel	929 shares	21,838	19,156
	iShares Floating Rate	355 shares	17,687	17,959
	iShares Gold	1,601 shares	23,769	26,063
	Ivy Asset Strategy	6,731 shares	146,998	175,478
	JP Morgan	688 shares	22,013	30,251
	JP Morgan Highbridge	1,595 shares	28,765	22,288

See independent auditor's report.

(a)	(b) Identity of Issuer, 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
	JP Morgan Mortgage	15,466 shares	177,596	179,716
	JP Morgan Strategic Income	13,025 shares	153,535	154,086
	Kellogg Co	200 shares	9,401	11,170
	Kraft	111 shares	4,359	5,047
	Lockheed Martin Corp	200 shares	15,231	18,458
	Loomis Natixis Global	5,240 shares	70,185	89,816
	Loomis Sayles Core Plus	7,079 shares	91,221	95,431
	Loomis Sayles Invt Grade	7,062 shares	84,138	89,125
	Lord Abbet Core Fixed	12,283 shares	136,820	137,444
	Lord Abbet Floating	7,807 shares	73,077	73,389
	McDonalds Corp	300 shares	18,539	26,463
	Medtronic	1,225 shares	44,867	50,250
	MFS Emerging Markets	6,555 shares	98,908	107,049
*	ML PFD Capital Trust III	500 shares	12,500	12,565
	Mondelez Int'l	333 shares	8,064	8,476
	National Grid	560 shares	26,281	32,166
	Nextera Energy (fka FPL Group)	300 shares	11,757	20,757
	Nike Inc	474 shares	18,845	24,458
	Norfolk Southern	313 shares	22,083	19,356
	Novartis	394 shares	22,196	24,940
	Oppenheimer International Bond	4,869 shares	32,820	32,041
	PepsiCo	676 shares	44,529	46,259
	Philip Morris Intl	289 shares	17,054	24,172
	PIMCO All Asset	3,055 shares	33,030	33,880
	PIMCO Commodity Real Return	2,969 shares	27,344	19,684
	PIMCO Enhanced Short	575 shares	58,391	58,351
	PIMCO Foreign Bond	5,959 shares	63,574	64,302
	PIMCO Total Return	3,947 shares	43,181	44,362
*	Price Latin America Fund	10,555 shares	198,386	401,526
	Prudential Global Total	9,487 shares	67,427	68,780
	Prudential Jennison	297 shares	16,560	13,816
	Prudential PLC	1,136 shares	21,836	32,433
	Prudential Short Term	7,824 shares	90,211	90,681
	Rogers Communication	1,195 shares	45,174	54,396
	Royal Dutch Shell	298 shares	22,197	21,125
	Templeton Global Total	3,113 shares	41,251	42,429
	Texas Instruments	754 shares	21,486	23,291
	United Parcel Svc	305 shares	21,968	22,488
	United Techs Corp	298 shares	20,105	24,439
	Verizon Communication	800 shares	25,375	34,616

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN EIN 74-1532648
SCHEDULE H, Part IV, LINE 4i - SCHEDULE OF ASSETS Plan No. 001
(HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b) Identity of Issuer, 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
	Victory Fund for Income	27 shares	312	302
	Visa Inc	60 shares	5,987	9,095
	Wal Mart Stores, Inc	749 shares	40,597	51,104
	Wells Fargo Adv (fka Evergreen)	12,868 shares	143,471	166,002
	Total Investments, at fair value		4,093,697	4,644,620
*	Participant Loans	7.5%-8.0% Interest, Maturing through July 2017	-	57,585
	TOTAL INVESTMENTS		$ 4,093,697	$ 4,702,205

* Represents party-in-interest.

See independent auditor's report.