

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                                      |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                             |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                       | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                          |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>CIRCLE FOODS, LLC 401(K) PLAN</u>                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/01/2008</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>06/01/2008</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                             | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/01/2008</u>                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>CIRCLE FOODS, LLC</u><br><br><u>8411 SIEMPRE VIVA ROAD</u><br><u>SAN DIEGO, CA 92154</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>98-0517026</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>619-263-8000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>311900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>98-0517026</u> | <b>2c</b> Sponsor's telephone number<br><u>619-263-8000</u> | <b>2d</b> Business code (see instructions)<br><u>311900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>98-0517026</u>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>619-263-8000</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>311900</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

**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.

|                                                                                                            |                                                                                      |                    |                                                                         |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of plan administrator | 10/15/2014<br>Date | DANTE VASQUEZ<br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b>                                                                                           | Signature of employer/plan sponsor                                                   | Date               | Enter name of individual signing as employer or plan sponsor            |
| <b>SIGN HERE</b>                                                                                           | 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)                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 432 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                   |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2G 2J 2K 2F 3D                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

|                                                                                    |                                                             |
|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>CIRCLE FOODS, LLC 401(K) PLAN                             | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CIRCLE FOODS, LLC | <b>D</b> Employer Identification Number (EIN)<br>98-0517026 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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

JOHN HANCOCK LIFE INSURANCE COMPANY USA

| (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     |
| 01-0233346 | 65838         | 86071                                 | 0                                                                           | 01/01/2013              | 12/31/2013 |

**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 |
| 2822                                 | 4501                          |

**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

SAN DIEGO PENSION CONSULTANTS  
5628 COPLEY DRIVE  
SAN DIEGO, CA 92111

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               | 4501                            | TPA FEES    | 5                     |

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

SAGEPOINT FINANCIAL  
9171 TOWNE CENTER DRIVE  
SAN DIEGO, CA 92122

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 2822                                          |                                 |             | 3                     |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2013  
v. 130118

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |   |
|--------------------------------------------------------------------------------------------------------|----------|---|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

|                                                        |           |       |
|--------------------------------------------------------|-----------|-------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 46972 |
|--------------------------------------------------------|-----------|-------|

|                                                                       |              |      |  |
|-----------------------------------------------------------------------|--------------|------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 1365 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0    |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 361  |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> |      |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> |      |  |

|                           |              |      |
|---------------------------|--------------|------|
| (6) Total additions ..... | <b>7c(6)</b> | 1726 |
|---------------------------|--------------|------|

|                                                                                       |           |       |
|---------------------------------------------------------------------------------------|-----------|-------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 48698 |
|---------------------------------------------------------------------------------------|-----------|-------|

**e Deductions:**

|                                                                                 |              |       |  |
|---------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 48568 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |       |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> |       |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 130   |  |

▶ NEG MARKET VALUE ADJUSTMENT

|                            |              |       |
|----------------------------|--------------|-------|
| (5) Total deductions ..... | <b>7e(5)</b> | 48698 |
|----------------------------|--------------|-------|

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 0 |
|---------------------------------------------------------------------------------------------------------|-----------|---|

**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:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2013 or fiscal plan year beginning <span style="color: blue;">01/01/2013</span> and ending <span style="color: blue;">12/31/2013</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">CIRCLE FOODS, LLC 401(K) PLAN</span>                                                                       | <b>B</b> Three-digit plan number (PN) ▶                                                       | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">CIRCLE FOODS, LLC</span>                                    | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">98-0517026</span> |                                       |

|                                                                                                                 |                                                                                                                                                                                  |                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Part I                                                                                                          | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT LIVING THROUGH 2050</span> |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>            |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span> |  |
|                                                                                                                 |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT LIVING THROUGH 2045</span> |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>            |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span> |  |
|                                                                                                                 |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT LIVING THROUGH 2040</span> |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>            |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span> |  |
|                                                                                                                 |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT LIVING THROUGH 2035</span> |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>            |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span> |  |
|                                                                                                                 |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT LIVING THROUGH 2030</span> |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>            |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span> |  |
|                                                                                                                 |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT LIVING THROUGH 2025</span> |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>            |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span> |  |
|                                                                                                                 |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT LIVING THROUGH 2020</span> |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>            |                                                                                                                                                                                  |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                | <b>d</b> Entity code <span style="color: blue;">P</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span> |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2015**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2010**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [ENERGY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [DFA INTERNATIONAL VALUE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP GROWTH INDEX](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN CENTURY HERITAGE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER INTL GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [T. ROWE PRICE HEALTH SCI](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [MID CAP INDEX FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER GLOBAL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [MID VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [CAPITAL APPRECIATION FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [TOTAL STOCK MARKET INDEX FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK DISCIPLINED VALUE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [GROWTH INDEX FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [T. ROWE PRICE EQUITY INC](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VALUE INDEX FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PARNASSUS EQUITY INCOME](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO GLOBAL BOND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO REAL RETURN](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STRATEGIC INCOME OPP FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO TOTAL RETURN](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                                       |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TOTAL BOND MARKET FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MONEY MARKET FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2013 or fiscal plan year beginning <b>01/01/2013</b> and ending <b>12/31/2013</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>CIRCLE FOODS, LLC 401(K) PLAN</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CIRCLE FOODS, LLC</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br><b>98-0517026</b>                                   |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 108                   | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 191631                | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 1742643               | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 0                     | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 46972                 | 0               |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1981354               | 0               |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |   |
|-----------------------------------------------------------|-----------|---------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1981354 | 0 |
|-----------------------------------------------------------|-----------|---------|---|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 38039      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 103209     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 141248    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 3796       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 230        |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 4026      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (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)  |            | 178915    |
| (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) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 324189    |

**Expenses**

|                                                                                     |       |       |       |
|-------------------------------------------------------------------------------------|-------|-------|-------|
| e Benefit payment and payments to provide benefits:                                 |       |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 56885 |       |
| (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) |       | 56885 |
| 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) | 4501  |       |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 2822  |       |
| (4) Other.....                                                                      | 2i(4) |       |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |       | 7323  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |       | 64208 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 259981  |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  |         |
| (2) From this plan.....                                 | 2l(2) |  | 2241335 |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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 ☐ No

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

(1) Name: MATRANGA & COMPANY, CPAS

(2) EIN: 20-1147648

**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:

**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.).....

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     | X  |        |
| <b>d</b> 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.) .....                               |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 200000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>g</b> 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? .....                                                    |     | X  |        |
| <b>h</b> 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? .....                                          |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     | X  |        |
| <b>j</b> 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.) ..... | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | X   |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | X   |    |        |
| <b>n</b> 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. ....                                      | X   |    |        |

**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: 0

**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) |
|-----------------------|--------------|-------------|
| TYSON FOOD            | 71-0225165   | 004         |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                           |                                                                    |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CIRCLE FOODS, LLC 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CIRCLE FOODS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>98-0517026</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>01-0233346</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 0.0% 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): \_\_\_\_\_

**CIRCLE FOODS, LLC  
401(k) PLAN  
FINANCIAL STATEMENTS  
JULY 19, 2013 AND DECEMBER 31, 2012**

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**Matranga & Company**  
An Accountancy Corporation

**INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee  
Circle Foods, LLC 401(k) Plan  
San Diego, California

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Circle Foods, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for Plan benefits as of July 19, 2013 and December 31, 2012, and the related statements of changes in net assets available for Plan benefits for the period and year, respectively, then ended and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform any auditing procedures with respect to the information summarized in Note 7, which was certified by John Hancock, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the period ended July 19, 2013 and the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

## **Disclaimer of Opinion**

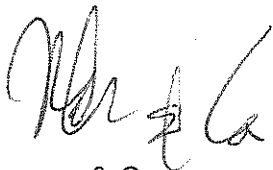
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

## **Other Matter**

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

## **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Matranga & Company, CPA's

San Diego, California  
October 10, 2014

CIRCLE FOODS, LLC 401(k) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS  
JULY 19, 2013 AND DECEMBER 31, 2012

|                                     | <u>2013</u> | <u>2012</u> |
|-------------------------------------|-------------|-------------|
| ASSETS:                             |             |             |
| Investments, at fair value:         |             |             |
| Guaranteed Interest Account         |             |             |
| John Hancock Life Insurance Company |             |             |
| Guaranteed Interest                 | \$ -        | \$ 46,972   |
| Shares of separate pooled accounts: |             |             |
| JH Lifestyle Growth                 | -           | 295,986     |
| JH Lifestyle Balanced               | -           | 148,241     |
| JH Lifestyle Conservative           | -           | 131,075     |
| Energy Fund                         | -           | 128,361     |
| JH Lifestyle Aggressive             | -           | 116,946     |
| JH Capital Appreciation             | -           | 97,647      |
| JH Lifecycle 2015                   | -           | 79,153      |
| DFA Emerging Markets Value          | -           | 72,356      |
| JH Lifecycle 2030                   | -           | 70,840      |
| Mid Cap Index Fund                  | -           | 65,841      |
| JH Lifestyle Moderate               | -           | 54,159      |
| VS Strategic Inc                    | -           | 51,709      |
| Pimco Total Return                  | -           | 46,738      |
| JH Lifecycle 2035                   | -           | 46,348      |
| JH Lifecycle 2040                   | -           | 43,833      |
| JH Lifecycle 2020                   | -           | 38,035      |
| Oppenheimer Intl Growth             | -           | 36,610      |
| JH Lifecycle 2025                   | -           | 29,646      |
| Heritage Fund                       | -           | 27,135      |
| Value Index Fund                    | -           | 25,029      |
| JH Lifecycle 2010                   | -           | 19,479      |
| JH Disciplined Value                | -           | 15,396      |
| Small Cap Growth Index              | -           | 12,932      |
| JH Lifecycle 2045                   | -           | 10,126      |
| Pimco Global Bond                   | -           | 9,803       |
| Oppenheimer Global                  | -           | 9,373       |
| Pimco Real Return                   | -           | 9,200       |
| Index Total                         | -           | 8,745       |
| Mid Value Fund                      | -           | 6,552       |
| JH Lifecycle 2050                   | -           | 5,910       |
| Pimco Total Bond Market             | -           | 5,186       |
| Growth Index Fund                   | -           | 5,173       |
| Money Market Fund                   | -           | 4,388       |

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

CIRCLE FOODS, LLC 401(k) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS (Cont.)  
JULY 19, 2013 AND DECEMBER 31, 2012

|                                        | 2013 | 2012         |
|----------------------------------------|------|--------------|
| T. Rowe Price Health & Sci             | -    | 3,950        |
| Real Estate Securities Fund            | -    | 3,769        |
| T. Rowe Price Equity Income            | -    | 2,200        |
| Royce Opportunity                      | -    | 1,966        |
| Parnassus Equity Inc                   | -    | 1,852        |
| DFA International Value                | -    | 955          |
| Total investments                      | -    | 1,789,615    |
| Notes receivable from participants     | -    | 191,631      |
| Uninvested cash                        | -    | 108          |
| Total assets                           | -    | 1,981,354    |
| LIABILITIES:                           |      |              |
| Total liabilities                      | -    | -            |
| Net assets available for Plan benefits | \$ - | \$ 1,981,354 |

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

CIRCLE FOODS, LLC 401(k) PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS  
JULY 19, 2013 AND DECEMBER 31, 2012

|                                                                            | <u>2013</u>        | <u>2012</u>                |
|----------------------------------------------------------------------------|--------------------|----------------------------|
| Additions to net assets attributed to:                                     |                    |                            |
| Investment income:                                                         |                    |                            |
| Net realized and unrealized gains (losses) in current value of investments | \$ 178,915         | \$ 192,212                 |
| Interest income                                                            | 230                | 752                        |
| Total investment gain                                                      | <u>179,145</u>     | <u>192,964</u>             |
| Interest income - notes receivable from participants                       | 3,796              | 7,287                      |
| Contributions:                                                             |                    |                            |
| Employer contributions                                                     | 38,039             | 72,722                     |
| Employee contributions                                                     | <u>103,209</u>     | <u>212,558</u>             |
| Total contributions                                                        | <u>141,248</u>     | <u>285,280</u>             |
| Total additions                                                            | <u>324,189</u>     | <u>485,531</u>             |
| Deductions:                                                                |                    |                            |
| Deductions from net assets attributed to:                                  |                    |                            |
| Benefit and termination payments to participants                           | (56,885)           | (155,377)                  |
| Administrative and investment expenses                                     | <u>(7,323)</u>     | <u>(9,539)</u>             |
| Total deductions                                                           | <u>(64,208)</u>    | <u>(164,916)</u>           |
| Transfer of assets due to merger                                           | <u>(2,241,335)</u> | <u>0</u>                   |
| (Decrease) Increase in net assets available for Plan benefits              | (1,981,354)        | 320,615                    |
| Net assets available for Plan benefits, beginning of year                  | <u>1,981,354</u>   | <u>1,660,739</u>           |
| Net assets available for Plan benefits, end of year                        | <u><u>\$ -</u></u> | <u><u>\$ 1,981,354</u></u> |

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

CIRCLE FOODS, LLC 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
JULY 19, 2013 AND DECEMBER 31, 2012

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Circle Foods, LLC 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

Effective June 1, 2008, Circle Foods, LLC, (the "Company" or "Employer") established and adopted the Plan for its employees. The Plan is a defined contribution 401(k) salary savings plan covering substantially all employees who have completed one month of service and has reached the age of 21 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is administered by an Administrative Committee consisting of one or more persons appointed by the Board of Directors of the Company.

On July 19, 2013 the Plan was terminated and assets were liquidated and transferred to the Tyson Foods, Inc. 401(k) Plan.

Contributions

Under the terms of the Plan, participants may elect to defer a percentage of their regular earnings from the Company into the Plan. Such salary reduction contributions on a pre-tax basis shall not exceed 25% of the participants' annual base salaries, up to a maximum Internal Revenue Service ("IRS") dollar limit of \$17,500 in 2013 and \$17,000 in 2012. Additionally, participants who will be at least age 50 by the end of the tax year may make additional "catch up" contributions of \$5,500 in 2013 and 2012. Participants may also contribute rollover distributions from other qualified plans.

The Company has the right to make qualified matching contributions, an additional discretionary contribution and non-elective contributions, all of which shall be allocated, to each eligible employee in proportion to his or her compensation as a percentage of the compensation of all eligible employees. For the period ended July 19, 2013 and the year ended December 31, 2012, the Company made contributions of \$38,039 and \$72,722 to the plan, respectively. Contributions are subject to certain limitations under IRS regulations.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, and (b) the Plan earnings or losses. Allocations are based on participant earnings or losses on account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are applied at the end of the plan year in which they occur to reduce employer contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
JULY 19, 2013 AND DECEMBER 31, 2012

NOTE 1 - DESCRIPTION OF PLAN (Cont.)

Investment Options

Upon enrollment into the Plan, a participant may direct their employee contributions in various percentage increments among any of the investment options. Participants may change their investment options at any time.

Vesting

Participants are immediately 100% vested in their voluntary contributions plus actual earnings thereon.

The non-elective employer contributions, matching contributions, and transferred benefits accounts of a participant shall vest subject to the following vesting schedule:

| <u>Vesting Years<br/>Of Service</u> | <u>Vested<br/>Percentage</u> |
|-------------------------------------|------------------------------|
| Less than 2                         | 0%                           |
| 2                                   | 20%                          |
| 3                                   | 40%                          |
| 4                                   | 60%                          |
| 5                                   | 80%                          |
| 6 or more                           | 100%                         |

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 and a maximum of, the lesser of, \$50,000 or 50% of their vested account balance. Loan transactions are treated as segregated investments of the individual participant. Loan terms cannot exceed 5 years except for the purchase of a primary residence in which the term is determined by the Plan administrator. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates are 4.25%. Principal and interest payments are paid ratably through payroll deductions.

Administrative Expenses

The employer is authorized to reimburse the Plan for all expenses and fees incurred in the administration of the Plan and paid out of the assets of the fund. During 2013, total Plan expenses were \$7,323 none of which were paid and absorbed by the Company. During 2012, total Plan expenses were \$9,539 none of which were paid and absorbed by the Company.

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
JULY 19, 2013 AND DECEMBER 31, 2012

NOTE 1 - DESCRIPTION OF PLAN (Cont.)

Payment of Benefits

Upon termination of service for any reason a participant is entitled to the vested value of their accounts. If the vested value is below \$5,000 the participant may receive either a lump sum or have the funds transferred to an IRA or other plan. If the vested value is more than the \$5,000 the participant in addition to the options above may also defer benefits to Normal Retirement Age or age 62.

Termination or Modification of the Plan

The Company has the right to terminate the Plan upon 60 days notice in writing to the trustee. The sponsor may amend any or all provisions of this plan without obtaining the approval or consent of the employer providing the amendment does not permit any part of the corpus or income of the Plan to be used for any purpose other than for the benefit of the participant and their beneficiaries. In the event the Plan is terminated, all participants will become 100% vested in their accounts.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual method of accounting and present the net assets available for Plan benefits at July 19, 2013 and December 31, 2012 and changes in net assets available for Plan benefits for the period ended July 19, 2013 and the year ended December 31, 2012.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loan receivables are valued at cost which approximate current value. See Note 6 for discussion of fair value measurements.

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

Forfeitures

Upon termination of service, a participant forfeits any non-vested Company contributions. Forfeitures of non-vested participant account balances can be used to reduce the Company's contributions. During 2013, forfeitures of \$3,212 were used to reduce employer contributions.

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
JULY 19, 2013 AND DECEMBER 31, 2012

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Cont.)

Benefit Withdrawals Paid

Benefits are recorded when paid. For the years ended July 19, 2013 and December 31, 2012, the Plan reported distributions of \$56,885 and \$155,377, none of which were corrective distributions or deemed distributions of notes receivable from participants.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance will be reduced, and the delinquent participant note receivable is recorded as a benefit payment(deemed distribution) based on the terms in the Plan document. There were no deemed distributions for the period ended July 19, 2013 or the year ended December 31, 2012.

Estimates

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

NOTE 3 - INCOME TAX STATUS

The Internal Revenue Service has determined the Plan and related trust is designed in accordance with applicable sections of the Internal Revenue Code. Although the plan has been amended since receiving the determination letter, the plan administrator believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believe that the plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability or asset if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan and has concluded that as of December 31, 2012, there are no uncertain 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 plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
JULY 19, 2013 AND DECEMBER 31, 2012

NOTE 4 - ADMINISTRATION OF PLAN ASSETS

For the period ending July 19, 2013 and at December 31, 2012 the Plan's assets were held by the custodians of the Plan, John Hancock. For the period ending July 19, 2013 and the year ended December 31, 2012 the assets of the plan were administered under a custodian agreement with John Hancock. The custodian agreement requires that the custodian holds, administers and distributes the funds of the Plan in accordance with the text of the Plan and instructions of the trustees.

NOTE 5 - INVESTMENTS

The following investments represent 5% or more of the net assets available for Plan benefits at December 31, 2012:

| <u>Description</u>        | <u>2012</u><br><u>Fair Value</u> |
|---------------------------|----------------------------------|
| JH Lifestyle Growth       | \$ 295,986                       |
| JH Lifestyle Balanced     | 148,241                          |
| JH Lifestyle Conservative | 131,075                          |
| Energy Fund               | 128,361                          |
| JH Lifestyle Aggressive   | 116,946                          |

NOTE 6 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described 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.

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
JULY 19, 2013 AND DECEMBER 31, 2012

NOTE 6 – FAIR VALUE MEASUREMENTS (Cont.)

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

*Common stocks, corporate bonds and U.S. government securities:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds:* Valued at the net asset value (NAV) of shares held by the plan at year end.

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 financial instruments could result in a different fair value measurement at the reporting date.

As required by FASB ASC 820-10, at December 31, 2012, the Plan's portfolio investments were classified as follows, based on fair values:

|                                             |                     | <u>December 31, 2012</u> |                   |                   |
|---------------------------------------------|---------------------|--------------------------|-------------------|-------------------|
| <u>Input levels by investment category:</u> |                     |                          |                   |                   |
| Investment category                         | Fair Value          | Level 1<br>Inputs        | Level 2<br>Inputs | Level 3<br>Inputs |
| Guaranteed Interest Account                 | \$ 46,972           | \$ 46,972                | \$ 0              | \$ 0              |
| Money Market Fund                           | 4,388               | 4,388                    | 0                 | 0                 |
| Bond Funds                                  | 14,989              | 14,989                   | 0                 | 0                 |
| Mutual Funds                                | 1,723,266           | 1,723,266                | 0                 | 0                 |
| Total                                       | <u>\$ 1,789,615</u> | <u>\$ 1,789,615</u>      | <u>\$ 0</u>       | <u>\$ 0</u>       |

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
JULY 19, 2013 AND DECEMBER 31, 2012

NOTE 7 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

|                                                | <u>2013</u> | <u>2012</u>  |
|------------------------------------------------|-------------|--------------|
| Investments, at fair value:                    |             |              |
| Mutual funds                                   | \$ 0        | \$ 1,723,266 |
| Guaranteed Interest                            | 0           | 46,972       |
| Money Market Fund                              | 0           | 4,388        |
| Bond Funds                                     | 0           | 14,989       |
| Notes receivable from participants             | 0           | 191,631      |
| Investment income (loss)                       | 178,915     | 192,212      |
| Interest on Notes Receivable from Participants | 3,796       | 7,287        |

NOTE 8- RISKS AND UNCERTAINTIES

The Plan invests in various investment securities which 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 affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 9 – PARTY IN INTEREST TRANSACTION

San Diego Pension Consultants, John Hancock, and Circle Foods, LLC are parties in interest in accordance with the definition provided by ERISA. During the periods ending July 19, 2013 and the year ended December 31, 2012 fees totaling \$2,822 and \$4,341, respectively, were paid by the Plan to John Hancock. In addition, certain Plan investments are shares of mutual funds managed by John Hancock. During the periods ending July 19, 2013 and the year ended December 31, 2012 fees totaling \$4,501 and \$3,778, respectively, were paid by the Plan to San Diego Pension Consultants.

NOTE 10 – DATE OF MANAGEMENT EVALUATION

Management has evaluated subsequent events through October 10, 2014, the date on which the financial statements were available to be issued.

See independent auditor's report.

## **SUPPLEMENTARY INFORMATION**

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4i SCHEDULE OF ASSETS HELD AT END OF PLAN YEAR  
JULY 19, 2013

|                                 |                          |
|---------------------------------|--------------------------|
| Plan Sponsor's Name:            | Circle Foods, LLC        |
| Plan Name:                      | Circle Foods, LLC 401(k) |
| Employer Identification Number: | 98-0517026               |
| Plan Number:                    | 001                      |

The Plan held no assets at July 19, 2013.

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name: **CIRCLE FOODS, LLC**  
Plan Name: **CIRCLE FOODS, LLC 401(k)**  
Employer Identification Number: **98-0517026**  
Plan Number: **1**

**Purchases**

| Guaranteed Funds | Purchases    |                | Sales        |               |                  |                 |
|------------------|--------------|----------------|--------------|---------------|------------------|-----------------|
|                  | Transactions | Purchase Price | Transactions | Selling Price | Transaction Cost | Net Gain/(Loss) |
| 10-Year Compound | 18           | \$455.05       |              |               | \$455.05         |                 |
| 3-Year Compound  | 20           | \$1,271.40     |              |               | \$1,271.40       |                 |
| Total            | 38           | \$1,726.45     |              |               | \$1,726.45       |                 |

| Investment Funds               | Purchases    |                | Sales        |               |                  |                 |
|--------------------------------|--------------|----------------|--------------|---------------|------------------|-----------------|
|                                | Transactions | Purchase Price | Transactions | Selling Price | Transaction Cost | Net Gain/(Loss) |
| JH Lifestyle Aggressive        | 23           | \$13,350.77    |              |               | \$13,350.77      |                 |
| Pimco Total Bond Market        | 11           | \$503.88       |              |               | \$503.88         |                 |
| JH Lifestyle Balanced          | 23           | \$19,695.06    |              |               | \$19,695.06      |                 |
| JH Lifestyle Conservative      | 22           | \$17,249.28    |              |               | \$17,249.28      |                 |
| JH Capital Appreciation        | 22           | \$12,565.15    |              |               | \$12,565.15      |                 |
| T. Rowe Price Equity Income    | 11           | \$585.43       |              |               | \$585.43         |                 |
| DFA Emerging Markets Value     | 24           | \$6,311.18     |              |               | \$6,311.18       |                 |
| John Hancock Disciplined Value | 24           | \$1,925.78     |              |               | \$1,925.78       |                 |
| DFA International Value        | 11           | \$90.19        |              |               | \$90.19          |                 |
| The Growth Fund of America     | 12           | \$9,509.12     |              |               | \$9,509.12       |                 |
| JH Lifestyle Growth            | 24           | \$38,768.20    |              |               | \$38,768.20      |                 |
| American Century Heritage      | 22           | \$2,865.16     |              |               | \$2,865.16       |                 |
| International Growth Fund      | 11           | \$2,571.64     |              |               | \$2,571.64       |                 |
| Growth Index Fund              | 22           | \$1,193.65     |              |               | \$1,193.65       |                 |
| Value Index Fund               | 23           | \$1,767.17     |              |               | \$1,767.17       |                 |
| Retirement Living through 2010 | 11           | \$823.10       |              |               | \$823.10         |                 |
| Retirement Living through 2015 | 23           | \$1,505.76     |              |               | \$1,505.76       |                 |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name: **CIRCLE FOODS, LLC**  
Plan Name: **CIRCLE FOODS, LLC 401(k)**  
Employer Identification Number: **98-0517026**  
Plan Number: **1**

| Investment Funds               | Purchases    |                | Sales        |               |                  |                 |
|--------------------------------|--------------|----------------|--------------|---------------|------------------|-----------------|
|                                | Transactions | Purchase Price | Transactions | Selling Price | Transaction Cost | Net Gain/(Loss) |
| Retirement Living through 2020 | 22           | \$2,268.17     |              |               | \$2,268.17       |                 |
| Retirement Living through 2025 | 22           | \$4,890.46     |              |               | \$4,890.46       |                 |
| Retirement Living through 2030 | 22           | \$6,587.38     |              |               | \$6,587.38       |                 |
| Retirement Living through 2035 | 11           | \$2,607.50     |              |               | \$2,607.50       |                 |
| Retirement Living through 2040 | 22           | \$4,395.21     |              |               | \$4,395.21       |                 |
| Retirement Living through 2045 | 13           | \$1,035.63     |              |               | \$1,035.63       |                 |
| Retirement Living through 2050 | 11           | \$5,886.64     |              |               | \$5,886.64       |                 |
| Mid Cap Index Fund             | 23           | \$5,160.84     |              |               | \$5,160.84       |                 |
| JH Lifestyle Moderate          | 23           | \$15,166.67    |              |               | \$15,166.67      |                 |
| Money Market Fund              | 11           | \$131.20       |              |               | \$131.20         |                 |
| Mid Value Fund                 | 23           | \$1,454.04     |              |               | \$1,454.04       |                 |
| Oppenheimer Intl Growth Fund   | 24           | \$3,978.52     |              |               | \$3,978.52       |                 |
| Royce Opportunity              | 12           | \$10,816.09    |              |               | \$10,816.09      |                 |
| Parnassus Equity Inc           | 22           | \$154.46       |              |               | \$154.46         |                 |
| Pimco Global Bond              | 22           | \$1,904.22     |              |               | \$1,904.22       |                 |
| Pimco Real Return              | 22           | \$1,425.55     |              |               | \$1,425.55       |                 |
| Real Estate Securities Fund    | 24           | \$2,777.90     |              |               | \$2,777.90       |                 |
| DFA US Small Cap Fund          | 1            | \$1,686.01     |              |               | \$1,686.01       |                 |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name: **CIRCLE FOODS, LLC**  
Plan Name: **CIRCLE FOODS, LLC 401(k)**  
Employer Identification Number: **98-0517026**  
Plan Number: **1**

| Investment Funds              | Purchases    |                | Sales        |                  |
|-------------------------------|--------------|----------------|--------------|------------------|
|                               | Transactions | Purchase Price | Transactions | Transaction Cost |
| Strategic Income Opp Fund     | 23           | \$5,642.07     |              | \$5,642.07       |
| Pimco Total Return            | 23           | \$5,427.84     |              | \$5,427.84       |
| Total Stock Market Index Fund | 22           | \$554.40       |              | \$554.40         |
| MFS Utilities                 | 9            | \$10,453.80    |              | \$10,453.80      |
| Utilities Fund                | 5            | \$11,228.07    |              | \$11,228.07      |
| Energy Fund                   | 23           | \$7,031.40     |              | \$7,031.40       |
| Small Cap Growth Index        | 11           | \$1,115.59     |              | \$1,115.59       |
| Oppenheimer Global            | 13           | \$5,545.89     |              | \$5,545.89       |
| Total                         | 778          | \$250,606.07   |              | \$250,606.07     |

**Sales**

| Guaranteed Funds | Purchases    |                | Sales        |                  |
|------------------|--------------|----------------|--------------|------------------|
|                  | Transactions | Purchase Price | Transactions | Transaction Cost |
| 10-Year Compound |              |                | 1            | \$25,566.80      |
| 3-Year Compound  |              |                | 2            | \$23,098.13      |
| 5-Year Compound  |              |                | 1            | \$33.98          |
| Total            |              |                | 4            | \$48,698.91      |

| Investment Funds        | Purchases    |                | Sales        |                  |
|-------------------------|--------------|----------------|--------------|------------------|
|                         | Transactions | Purchase Price | Transactions | Transaction Cost |
| JH Lifestyle Aggressive | 10           | \$146,799.07   |              | \$108,249.09     |
| Pimco Total Bond Market | 2            | \$5,544.59     |              | (\$5,578.91)     |
| JH Lifestyle Balanced   | 10           | \$180,771.58   |              | (\$143,516.63)   |
|                         |              |                |              | \$38,549.98      |
|                         |              |                |              | (\$34.32)        |
|                         |              |                |              | \$37,254.95      |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name: **CIRCLE FOODS, LLC**  
Plan Name: **CIRCLE FOODS, LLC 401(k)**  
Employer Identification Number: **98-0517026**  
Plan Number: **1**

| Investment Funds               | Purchases    |                | Sales        |               |                  |                 |
|--------------------------------|--------------|----------------|--------------|---------------|------------------|-----------------|
|                                | Transactions | Purchase Price | Transactions | Selling Price | Transaction Cost | Net Gain/(Loss) |
| JH Lifestyle Balanced          |              |                | 10           | \$180,771.58  | (\$143,516.63)   | \$37,254.95     |
| JH Lifestyle Conservative      |              |                | 11           | \$151,196.10  | (\$128,258.46)   | \$22,937.64     |
| JH Capital Appreciation        |              |                | 12           | \$126,377.74  | (\$109,272.04)   | \$17,105.70     |
| T. Rowe Price Equity Income    |              |                | 1            | \$3,273.64    | (\$2,568.12)     | \$705.52        |
| DFA Emerging Markets Value     |              |                | 5            | \$73,579.45   | (\$73,606.11)    | (\$26.66)       |
| John Hancock Disciplined Value |              |                | 3            | \$21,209.17   | (\$16,394.38)    | \$4,814.79      |
| DFA International Value        |              |                | 1            | \$1,130.70    | (\$940.86)       | \$189.84        |
| The Growth Fund of America     |              |                | 3            | \$10,781.35   | (\$9,509.12)     | \$1,272.23      |
| JH Lifestyle Growth            |              |                | 11           | \$371,525.49  | (\$277,399.78)   | \$94,125.71     |
| American Century Heritage      |              |                | 4            | \$34,924.18   | (\$29,426.40)    | \$5,497.78      |
| T. Rowe Price Health & Sci     |              |                | 2            | \$5,132.35    | (\$3,266.00)     | \$1,866.35      |
| International Growth Fund      |              |                | 2            | \$2,635.93    | (\$2,571.64)     | \$64.29         |
| Growth Index Fund              |              |                | 10           | \$7,252.71    | (\$5,942.73)     | \$1,309.98      |
| Value Index Fund               |              |                | 1            | \$32,606.09   | (\$23,369.22)    | \$9,236.87      |
| Retirement Living through 2010 |              |                | 2            | \$21,464.22   | (\$14,560.71)    | \$6,903.51      |
| Retirement Living through 2015 |              |                | 8            | \$86,386.84   | (\$62,198.37)    | \$24,188.47     |
| Retirement Living through 2020 |              |                | 11           | \$42,774.65   | (\$35,720.10)    | \$7,054.55      |
| Retirement Living through 2025 |              |                | 8            | \$37,867.85   | (\$30,616.11)    | \$7,251.74      |
| Retirement Living through 2030 |              |                | 12           | \$85,894.92   | (\$62,467.24)    | \$23,427.68     |
| Retirement Living through 2035 |              |                | 2            | \$54,886.99   | (\$36,886.99)    | \$18,000.00     |
| Retirement Living through 2040 |              |                | 10           | \$53,885.11   | (\$46,280.62)    | \$7,604.49      |
| Retirement Living through 2045 |              |                | 5            | \$11,842.45   | (\$9,750.91)     | \$2,091.54      |
| Retirement Living through 2050 |              |                | 3            | \$12,798.42   | (\$11,582.98)    | \$1,215.44      |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name: **CIRCLE FOODS, LLC**  
Plan Name: **CIRCLE FOODS, LLC 401(k)**  
Employer Identification Number: **98-0517026**  
Plan Number: **1**

| Investment Funds              | Purchases    |                       | Sales        |                         |
|-------------------------------|--------------|-----------------------|--------------|-------------------------|
|                               | Transactions | Purchase Price        | Transactions | Transaction Cost        |
| Mid Cap Index Fund            | 2            | \$85,558.83           |              | (\$59,840.16)           |
| JH Lifestyle Moderate         | 8            | \$72,337.90           |              | (\$59,770.97)           |
| Money Market Fund             | 2            | \$4,503.40            |              | (\$4,567.71)            |
| Mid Value Fund                | 1            | \$9,344.40            |              | (\$6,983.67)            |
| Oppenheimer Intl Growth       | 5            | \$44,343.15           |              | (\$39,777.78)           |
| Royce Opportunity             | 1            | \$14,755.25           |              | (\$12,546.12)           |
| Parnassus Equity Inc          | 4            | \$2,349.54            |              | (\$1,980.37)            |
| Pimco Global Bond             | 2            | \$11,013.58           |              | (\$10,841.31)           |
| Pimco Real Return             | 8            | \$9,899.93            |              | (\$10,051.96)           |
| Real Estate Securities Fund   | 1            | \$6,990.59            |              | (\$5,697.45)            |
| DFA US Small Cap Fund         | 1            | \$1,970.79            |              | (\$1,686.01)            |
| Strategic Income Opp Fund     | 1            | \$58,510.84           |              | (\$49,291.08)           |
| Pimco Total Return            | 14           | \$50,914.62           |              | (\$50,446.89)           |
| Total Stock Market Index Fund | 2            | \$10,978.54           |              | (\$7,550.71)            |
| MFS Utilities                 | 1            | \$10,976.07           |              | (\$10,453.80)           |
| Utilities Fund                | 1            | \$11,462.07           |              | (\$11,228.07)           |
| Energy Fund                   | 3            | \$147,471.01          |              | (\$123,559.49)          |
| Small Cap Growth Index        | 1            | \$17,160.91           |              | (\$10,273.59)           |
| Oppenheimer Global            | 3            | \$16,460.15           |              | (\$13,947.05)           |
| <b>Total</b>                  | <b>210</b>   | <b>\$2,169,543.16</b> |              | <b>(\$1,740,427.71)</b> |
|                               |              |                       |              | <b>\$429,115.45</b>     |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name: CIRCLE FOODS, LLC  
Plan Name: CIRCLE FOODS, LLC 401(k)  
Employer Identification Number: 98-0517026  
Plan Number: 1

**Purchases**

| Guaranteed Funds | Purchases    |                | Sales        |                  |
|------------------|--------------|----------------|--------------|------------------|
|                  | Transactions | Purchase Price | Transactions | Transaction Cost |
| 10-Year Compound | 18           | \$455.05       |              | \$455.05         |
| 3-Year Compound  | 20           | \$1,271.40     |              | \$1,271.40       |
| Total            | 38           | \$1,726.45     |              | \$1,726.45       |

| Investment Funds               | Purchases    |                | Sales        |                  |
|--------------------------------|--------------|----------------|--------------|------------------|
|                                | Transactions | Purchase Price | Transactions | Transaction Cost |
| JH Lifestyle Aggressive        | 23           | \$13,350.77    |              | \$13,350.77      |
| Pimco Total Bond Market        | 11           | \$503.88       |              | \$503.88         |
| JH Lifestyle Balanced          | 23           | \$19,695.06    |              | \$19,695.06      |
| JH Lifestyle Conservative      | 22           | \$17,249.28    |              | \$17,249.28      |
| JH Capital Appreciation        | 22           | \$12,565.15    |              | \$12,565.15      |
| T. Rowe Price Equity Income    | 11           | \$585.43       |              | \$585.43         |
| DFA Emerging Markets Value     | 24           | \$6,311.18     |              | \$6,311.18       |
| John Hancock Disciplined Value | 24           | \$1,925.78     |              | \$1,925.78       |
| DFA International Value        | 11           | \$90.19        |              | \$90.19          |
| The Growth Fund of America     | 12           | \$9,509.12     |              | \$9,509.12       |
| JH Lifestyle Growth            | 24           | \$38,768.20    |              | \$38,768.20      |
| American Century Heritage      | 22           | \$2,865.16     |              | \$2,865.16       |
| International Growth Fund      | 11           | \$2,571.64     |              | \$2,571.64       |
| Growth Index Fund              | 22           | \$1,193.65     |              | \$1,193.65       |
| Value Index Fund               | 23           | \$1,767.17     |              | \$1,767.17       |
| Retirement Living through 2010 | 11           | \$823.10       |              | \$823.10         |
| Retirement Living through 2015 | 23           | \$1,505.76     |              | \$1,505.76       |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name:  
Plan Name:  
Employer Identification Number:  
Plan Number:

CIRCLE FOODS, LLC  
CIRCLE FOODS, LLC 401(k)  
98-0517026

1

| Investment Funds               | Purchases    |                | Sales        |               | Net Gain/(Loss) |
|--------------------------------|--------------|----------------|--------------|---------------|-----------------|
|                                | Transactions | Purchase Price | Transactions | Selling Price |                 |
| Retirement Living through 2020 | 22           | \$2,268.17     |              |               | \$2,268.17      |
| Retirement Living through 2025 | 22           | \$4,890.46     |              |               | \$4,890.46      |
| Retirement Living through 2030 | 22           | \$6,587.38     |              |               | \$6,587.38      |
| Retirement Living through 2035 | 11           | \$2,607.50     |              |               | \$2,607.50      |
| Retirement Living through 2040 | 22           | \$4,395.21     |              |               | \$4,395.21      |
| Retirement Living through 2045 | 13           | \$1,035.63     |              |               | \$1,035.63      |
| Retirement Living through 2050 | 11           | \$5,886.64     |              |               | \$5,886.64      |
| Mid Cap Index Fund             | 23           | \$5,160.84     |              |               | \$5,160.84      |
| JH Lifestyle Moderate          | 23           | \$15,166.67    |              |               | \$15,166.67     |
| Money Market Fund              | 11           | \$131.20       |              |               | \$131.20        |
| Mid Value Fund                 | 23           | \$1,454.04     |              |               | \$1,454.04      |
| Oppenheimer Intl Growth Fund   | 24           | \$3,978.52     |              |               | \$3,978.52      |
| Royce Opportunity              | 12           | \$10,816.09    |              |               | \$10,816.09     |
| Parnassus Equity Inc           | 22           | \$154.46       |              |               | \$154.46        |
| Pimco Global Bond              | 22           | \$1,904.22     |              |               | \$1,904.22      |
| Pimco Real Return              | 22           | \$1,425.55     |              |               | \$1,425.55      |
| Real Estate Securities Fund    | 24           | \$2,777.90     |              |               | \$2,777.90      |
| DFA US Small Cap Fund          | 1            | \$1,686.01     |              |               | \$1,686.01      |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name:  
Plan Name:  
Employer Identification Number:  
Plan Number:

CIRCLE FOODS, LLC

CIRCLE FOODS, LLC 401(k)

98-0517026

1

| Investment Funds              | Purchases    |                | Sales        |               | Net Gain/(Loss) |
|-------------------------------|--------------|----------------|--------------|---------------|-----------------|
|                               | Transactions | Purchase Price | Transactions | Selling Price |                 |
| Strategic Income Opp Fund     | 23           | \$5,642.07     |              |               | \$5,642.07      |
| Pimco Total Return            | 23           | \$5,427.84     |              |               | \$5,427.84      |
| Total Stock Market Index Fund | 22           | \$554.40       |              |               | \$554.40        |
| MFS Utilities                 | 9            | \$10,453.80    |              |               | \$10,453.80     |
| Utilities Fund                | 5            | \$11,228.07    |              |               | \$11,228.07     |
| Energy Fund                   | 23           | \$7,031.40     |              |               | \$7,031.40      |
| Small Cap Growth Index        | 11           | \$1,115.59     |              |               | \$1,115.59      |
| Oppenheimer Global            | 13           | \$5,545.89     |              |               | \$5,545.89      |
| Total                         | 778          | \$250,606.07   |              |               | \$250,606.07    |

Sales

| Guaranteed Funds | Purchases    |                | Sales        |               | Net Gain/(Loss) |
|------------------|--------------|----------------|--------------|---------------|-----------------|
|                  | Transactions | Purchase Price | Transactions | Selling Price |                 |
| 10-Year Compound |              |                | 1            | \$25,566.80   | \$25,566.80     |
| 3-Year Compound  |              |                | 2            | \$23,098.13   | \$23,098.13     |
| 5-Year Compound  |              |                | 1            | \$33.98       | \$33.98         |
| Total            |              |                | 4            | \$48,698.91   | \$48,698.91     |

| Investment Funds        | Purchases    |                | Sales        |               | Net Gain/(Loss) |
|-------------------------|--------------|----------------|--------------|---------------|-----------------|
|                         | Transactions | Purchase Price | Transactions | Selling Price |                 |
| JH Lifestyle Aggressive |              |                | 10           | \$146,799.07  | \$38,549.98     |
| Pimco Total Bond Market |              |                | 2            | \$5,544.59    | (\$34.32)       |
| JH Lifestyle Balanced   |              |                | 10           | \$180,771.58  | \$37,254.95     |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name: CIRCLE FOODS, LLC  
Plan Name: CIRCLE FOODS, LLC 401(k)  
Employer Identification Number: 98-0517026  
Plan Number: 1

| Investment Funds               | Purchases    |                | Sales        |               |                  |                 |
|--------------------------------|--------------|----------------|--------------|---------------|------------------|-----------------|
|                                | Transactions | Purchase Price | Transactions | Selling Price | Transaction Cost | Net Gain/(Loss) |
| JH Lifestyle Balanced          |              |                | 10           | \$180,771.58  | (\$143,516.63)   | \$37,254.95     |
| JH Lifestyle Conservative      |              |                | 11           | \$151,196.10  | (\$128,258.46)   | \$22,937.64     |
| JH Capital Appreciation        |              |                | 12           | \$126,377.74  | (\$109,272.04)   | \$17,105.70     |
| T. Rowe Price Equity Income    |              |                | 1            | \$3,273.64    | (\$2,568.12)     | \$705.52        |
| DFA Emerging Markets Value     |              |                | 5            | \$73,579.45   | (\$73,606.11)    | (\$26.66)       |
| John Hancock Disciplined Value |              |                | 3            | \$21,209.17   | (\$16,394.38)    | \$4,814.79      |
| DFA International Value        |              |                | 1            | \$1,130.70    | (\$940.86)       | \$189.84        |
| The Growth Fund of America     |              |                | 3            | \$10,781.35   | (\$9,509.12)     | \$1,272.23      |
| JH Lifestyle Growth            |              |                | 11           | \$371,525.49  | (\$277,399.78)   | \$94,125.71     |
| American Century Heritage      |              |                | 4            | \$34,924.18   | (\$29,426.40)    | \$5,497.78      |
| T. Rowe Price Health & Sci     |              |                | 2            | \$5,132.35    | (\$3,266.00)     | \$1,866.35      |
| International Growth Fund      |              |                | 2            | \$2,635.93    | (\$2,571.64)     | \$64.29         |
| Growth Index Fund              |              |                | 10           | \$7,252.71    | (\$5,942.73)     | \$1,309.98      |
| Value Index Fund               |              |                | 1            | \$32,606.09   | (\$23,369.22)    | \$9,236.87      |
| Retirement Living through 2010 |              |                | 2            | \$21,464.22   | (\$14,560.71)    | \$6,903.51      |
| Retirement Living through 2015 |              |                | 8            | \$86,386.84   | (\$62,198.37)    | \$24,188.47     |
| Retirement Living through 2020 |              |                | 11           | \$42,774.65   | (\$35,720.10)    | \$7,054.55      |
| Retirement Living through 2025 |              |                | 8            | \$37,867.85   | (\$30,616.11)    | \$7,251.74      |
| Retirement Living through 2030 |              |                | 12           | \$85,894.92   | (\$62,467.24)    | \$23,427.68     |
| Retirement Living through 2035 |              |                | 2            | \$54,886.99   | (\$36,886.99)    | \$18,000.00     |
| Retirement Living through 2040 |              |                | 10           | \$53,885.11   | (\$46,280.62)    | \$7,604.49      |
| Retirement Living through 2045 |              |                | 5            | \$11,842.45   | (\$9,750.91)     | \$2,091.54      |
| Retirement Living through 2050 |              |                | 3            | \$12,798.42   | (\$11,582.98)    | \$1,215.44      |

See independent auditor's report.

CIRCLE FOODS, LLC 401(k) PLAN  
SCHEDULE H LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS  
JULY 19, 2013

Plan Sponsor's Name:  
Plan Name:  
Employer Identification Number:  
Plan Number:

CIRCLE FOODS, LLC

CIRCLE FOODS, LLC 401(k)

98-0517026

1

| Investment Funds              | Purchases    |                | Sales        |                |                  |                 |
|-------------------------------|--------------|----------------|--------------|----------------|------------------|-----------------|
|                               | Transactions | Purchase Price | Transactions | Selling Price  | Transaction Cost | Net Gain/(Loss) |
| Mid Cap Index Fund            |              |                | 2            | \$85,558.83    | (\$59,840.16)    | \$25,718.67     |
| JH Lifestyle Moderate         |              |                | 8            | \$72,337.90    | (\$59,770.97)    | \$12,566.93     |
| Money Market Fund             |              |                | 2            | \$4,503.40     | (\$4,567.71)     | (\$64.31)       |
| Mid Value Fund                |              |                | 1            | \$9,344.40     | (\$6,983.67)     | \$2,360.73      |
| Oppenheimer Intl Growth       |              |                | 5            | \$44,343.15    | (\$39,777.78)    | \$4,565.37      |
| Royce Opportunity             |              |                | 1            | \$14,755.25    | (\$12,546.12)    | \$2,209.13      |
| Parnassus Equity Inc          |              |                | 4            | \$2,349.54     | (\$1,980.37)     | \$369.17        |
| Pimco Global Bond             |              |                | 2            | \$11,013.58    | (\$10,841.31)    | \$172.27        |
| Pimco Real Return             |              |                | 8            | \$9,899.93     | (\$10,051.96)    | (\$152.03)      |
| Real Estate Securities Fund   |              |                | 1            | \$6,990.59     | (\$5,697.45)     | \$1,293.14      |
| DFA US Small Cap Fund         |              |                | 1            | \$1,970.79     | (\$1,686.01)     | \$284.78        |
| Strategic Income Opp Fund     |              |                | 1            | \$58,510.84    | (\$49,291.08)    | \$9,219.76      |
| Pimco Total Return            |              |                | 14           | \$50,914.62    | (\$50,446.89)    | \$467.73        |
| Total Stock Market Index Fund |              |                | 2            | \$10,978.54    | (\$7,550.71)     | \$3,427.83      |
| MFS Utilities                 |              |                | 1            | \$10,976.07    | (\$10,453.80)    | \$522.27        |
| Utilities Fund                |              |                | 1            | \$11,462.07    | (\$11,228.07)    | \$234.00        |
| Energy Fund                   |              |                | 3            | \$147,471.01   | (\$123,559.49)   | \$23,911.52     |
| Small Cap Growth Index        |              |                | 1            | \$17,160.91    | (\$10,273.59)    | \$6,887.32      |
| Oppenheimer Global            |              |                | 3            | \$16,460.15    | (\$13,947.05)    | \$2,513.10      |
| Total                         |              |                | 210          | \$2,169,543.16 | (\$1,740,427.71) | \$429,115.45    |

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