## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number FGM CONSTRUCTION AND DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 07/01/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number FGM CONSTRUCTION AND DEVELOPMENT, INC. 91-1203777 (EIN) 2c Sponsor's telephone number 360-532-5151 P.O. BOX 427 ABERDEEN, WA 98520 2d Business code (see instructions) 236200 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN FGM CONSTRUCTION AND DEVELOPMENT, INC. P.O. BOX 427 ABERDEEN, WA 98520 **3c** Administrator's telephone number 360-532-5151 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 104564 103092 Total plan assets..... 7a 7b Total plan liabilities..... 104564 103092 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers ..... 4800 (2) Participants ..... 8a(2) -6272 (3) Others (including rollovers)..... 8a(3) **b** Other income (loss)..... 8b -1472 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -1472 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

| Form | 5500- | SF | 201 |
|------|-------|----|-----|

| Page 2 - | 1 |
|----------|---|
|----------|---|

|         |      | •      |           |
|---------|------|--------|-----------|
| Part IV | Plan | Charac | teristics |
|         |      |        |           |

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 3E
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)    Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)    Did the plan covered by a fidelity bond?    Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?    Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)    Has the plan failed to provide any benefit when due under the plan?    Did the plan have any participant loans? (If "Yes," enter amount as of year end.)    Hif this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)    In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h    Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))  | Amount              |
|--|---------------------|
| Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)    Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)    C Was the plan covered by a fidelity bond?    d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?    Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)    f Has the plan failed to provide any benefit when due under the plan?    g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)    h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)    it If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.    it Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)).    Pension Funding Compliance  1 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a 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 granting the waiver |                     |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  |                     |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   |                     |
| on line 10a.)  |                     |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   |                     |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  art VI Pension Funding Compliance  1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)).  2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a 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 granting the waiver.  Month Day  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  b Enter the minimum required contribution for this plan year.  | 15000               |
| insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  |                     |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  |                     |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  |                     |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  |                     |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3   |                     |
| exceptions to providing the notice applied under 29 CFR 2520.101-3   |                     |
| 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))  2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a 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 granting the waiver  |                     |
| 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))  |                     |
| 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a 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 granting the waiver  |                     |
| 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a 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 granting the waiver  | ☐ Yes X No          |
| (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a 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 granting the waiver   | Yes X No            |
| a 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 granting the waiver   |                     |
| granting the waiver  | he letter ruling    |
| b Enter the minimum required contribution for this plan year   |                     |
| 2 Enter the minimum required contained and plan year   |                     |
| C Enter the amount contributed by the employer to the plan for this plan year  |                     |
|  |                     |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)  |                     |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline?   | No N/A              |
| art VII Plan Terminations and Transfers of Assets  | <del></del>         |
| 3a Has a resolution to terminate the plan been adopted in any plan year?   | 0                   |
|  |                     |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year  |                     |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   | Yes X No            |
| C 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.)  |                     |
| <b>13c(1)</b> Name of plan(s): <b>13c(2)</b> EIN(s)  | <b>13c(3)</b> PN(s) |
| Coustions A namelty for the late or incomplete filling of this return/report will be accessed upless reasonable source is established  |                     |
| 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, if applica  | <u> </u>            |

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 04/30/2012 | JEAN SCHOFNER  |
|------|---|------------|--|
| HERE | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN | Filed with authorized/valid electronic signature. | 04/30/2012 | JEAN SCHOFNER  |
| HERE | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| P                        | art I Annual Report Identification Information  |                |                      |  |                            |   |
|--------------------------|---|----------------|----------------------|--|----------------------------|---|
| For                      | the calendar plan year 2011 or fiscal plan year beginning                                     | 01/0           | 1/2011               | and ending   | 12                         | /31/2011  |
| Α                        | This return/report is for:  | a multiple     | -employer plan       | (not multiemployer)  |                            | a one-participant plan  |
| В                        | This return/report is:  | รี             | eturn/report         |  | L.,                        | 1 a one paraopare plan  |
|                          | an amended return/report  | ₹              | •                    | eport (less than 12 mo   | nthe\                      |   |
| C                        | Check box if filing under: Form 5558  | Ŧ              | extension            | sport (leas than 12 mo   | пито <i>)</i><br>Г         | 7 550   |
|                          |   | 4              | . extension          |  | L                          | DFVC program  |
| -                        | special extension (enter description  |                |                      |  |                            |   |
| _                        | art II Basic Plan Information enter all requested info Name of plan                           | rmation.       |                      |  | T 4.                       |   |
| ıa                       |   |                |                      |  |                            | Three-digit<br>plan number  |
|                          | FGM CONSTRUCTION AND DEVELOPMENT, INC. 401(k)   | PROFIT :       | SHARING PLA          | .N   | 1 '                        | (PN) ▶ 001  |
|                          |   |                |                      |  |                            | Effective date of plan  |
| 2a                       | Plan sponsor's name and address; include room or suite number (em                             | ployer if for  | single employe       | r nlon)  |                            | 07/01/2001  |
|                          | FGM CONSTRUCTION AND DEVELOPMENT, INC.  | pioyer, ir ioi | sirigle-employe      | r pian)  | 1                          | Employer Identification Number (EIN) 91-1203777   |
|                          |   |                |                      |  | <del></del>                | ·   |
|                          | P.O. Box 427  |                |                      |  |                            | Plan sponsor's telephone number (360) 532-5151  |
|                          | 201 201   |                |                      |  | 2d E                       | Business code (see instructions)  |
| US                       | ABERDEEN WA 98520   |                |                      |  |                            | 236200  |
| 3a                       | Plan administrator's name and address (If same as plan sponsor, ente Same                     | er "Same")     |                      |  | 3b A                       | Administrator's EIN   |
|                          | Jame  |                |                      |  |                            |   |
|                          |   |                |                      |  | 3c A                       | Administrator's telephone number  |
|                          |   |                |                      |  |                            |   |
| 4                        | If the name and/or EIN of the plan sponsor has changed since the last                         | t return/repo  | ort filed for this p | lan, enter the   | 4b E                       |   |
| а                        | name, EIN, and the plan number from the last return/report.  Sponsor's Name                   |                |                      |  | 4c F                       | DN .  |
| 5a                       |   |                |                      |  | 5a                         | 6   |
| b                        | Total number of participants at the end of the plan year                                      |                |                      |  | 5b                         | 7   |
| С                        | Number of participants with account balances as of the end of the plan                        | n year (defir  | ned benefit plans    | s do not   |                            |   |
| 62                       | complete this item)   |                | <u> </u>             | • • • • • • •  | 5c                         | 6   |
| b                        | Are you claiming a waiver of the annual examination and report of an i                        |                |                      |  | • • •                      | Yes No  |
|                          | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and                         | conditions.    | .) • • • •           | · · ·  |                            | X Yes No  |
|                          | If you answered "No" to either 6a or 6b, the plan cannot use Form                             | n 5500-SF a    | ınd must instea      | d use Form 5500.   |                            |   |
| ************************ | ert III Financial Information   |                |                      |  |                            |   |
| 7                        | Plan Assets and Liabilities   |                | (a) Be               | ginning of Year  |                            | (b) End of Year   |
| а                        | Total plan assets   | . 7a           |                      | 104,564  |                            | 103,092   |
| b                        | Total plan liabilities  | . 7b           |                      |  |                            |   |
| <u>_c</u>                | Net plan assets (subtract line 7b from line 7a)   | . 7c           |                      | 104,564  |                            | 103,092   |
| 8<br>a                   | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: |                | (8                   | a) Amount  |                            | (b) Total   |
| _                        | (1) Employers   | . 8a(1)        |                      |  |                            | <b>有的现在分词生态的表现</b>  |
|                          | (2) Participants  | . 8a(2)        |                      | 4,800  |                            | <b>2000年代,1900年代</b>  |
|                          | (3) Others (including rollovers)  | . 8a(3)        |                      | (6,272)  |                            |   |
| b                        | Other income (loss)   | . 8b           |                      |  |                            |   |
| С                        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | . 8c           |                      |  | F                          | (1,472)   |
| d                        | Benefits paid (including direct rollovers and insurance premiums to provide benefits)         |                |                      |  | Na Carlo                   |   |
| е                        | to provide benefits)  | . 8d           |                      |  |                            |   |
| f                        | Administrative service providers (salaries, fees, commissions)                                | . 8e           |                      |  |                            |   |
| g                        | Other expenses  | . 8f           |                      |  |                            |   |
| h                        | Total expenses (add lines 8d, 8e, 8f, and 8g)   | . 8g<br>. 8h   |                      |  |                            |   |
| i                        | Net income (loss) (subtract line 8h from line 8c)   | . 81           |                      | A COMPANY OF THE PARTY OF THE P |                            | (1, 472)  |
| i                        | Transfers to (from) the plan (see instructions)   | . 8j           |                      |  |                            | (1,472)   |
|                          |   | <u> </u>       |                      |  | Carlotte State of the last | AND DESCRIPTION OF STREET |

| Form | CEAA | 0.0 | 2044 |   |
|------|------|-----|------|---|
| rorm | ววบบ | -51 | 2011 | ı |

| Page | 2- |  |
|------|----|--|

| Pa             | t IV Plan Characteristics  |  |   |                | -      |            |                 |   |
|----------------|--|--|---|----------------|--------|------------|-----------------|---|
| 9a             | If the plan provides pension benefits, enter the applicable pension fea  | ture codes from the Lis                            | st of Plan Characteristic               | Cod            | ee in  | the in     | etructione:     |   |
|                | 2E 2F 2J 3E If the plan provides welfare benefits, enter the applicable welfare featu  |  |   |                |        |            |                 |   |
| Pa             | t V Compliance Questions   |  |   |                |        |            |                 |   |
| 10             | During the plan year:  |  |   | Τv             | 'es    | No         | Δ               | mount                                     |
| а              | Was there a failure to transmit to the plan any participant contribution   | ons within the time perio                          | od described in                         | Ť              |        |            |                 | mount                                     |
| b              | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest?)   | ary Correction Program<br>(Do not include transac  | tions reported                          | 0a             |        | x          |                 |   |
| _              | on line 10a.)  |  | <del> </del>                            | 0b             |        |            |                 |   |
| d              | Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty?  | delity bond, that was ca                           | used by fraud                           |                | х      | x          |                 | 15,000                                    |
| е              | Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of  | persons by an insurand<br>f the benefits under the | ce carrier,                             | 0d             |        | x          |                 |   |
| f              | instructions.)   |  |   | Ое             |        | х          |                 |   |
| g              |  |  |   |                |        |            |                 |   |
| h              | Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (Sec. 2520, 101-3.)   | ee instructions and 29                             | CFR                                     | Ť              |        | x          |                 | 5. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 |
| i              | 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3   | required notice or one                             | of the                                  |                |        | •          |                 |   |
| Par            | VI Pension Funding Compliance  |  | • | )(             |        |            | ENC/65/9        |   |
| 11             | Is this a defined benefit plan subject to minimum funding requiremer 5500))  | nts? (If "Yes," see instr                          | uctions and complete S                  | ched           | ule S  | B (Fo      | rm              | Yes X No                                  |
| 12             | Is this a defined contribution plan subject to the minimum funding red<br>(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate  | quirements of section 4                            | 112 of the Code or secti                | on 30          | 02 of  | ERIS       | A?              | Yes X No                                  |
| a<br>If        | If a waiver of the minimum funding standard for a prior year is being granting the waiver  |  | kip to line 13.                         |                | nter i |            | te of the lette |   |
| b              | Enter the minimum required contribution for this plan year   |  |   |                |        | 12b        |                 |   |
| d              | Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)   | e result (enter a minus                            | sign to the left of a                   |                |        | 12c<br>12d |                 |   |
| е              | Will the minimum funding amount reported on line 12d be met by the   |  |   | • •            | L      |            | TYes [          | No □N/A                                   |
| Part           | VII Plan Terminations and Transfers of Assets  | ranang dedame:                                     |   | •              | • •    | •          | <u> </u>        |   |
| 13a            | Has a resolution to terminate the plan been adopted in any plan year   |  |   |                |        |            |                 | Yes X No                                  |
|                | If "Yes," enter the amount of any plan assets that reverted to the emp   |  | · · · · · · · · ·                       | • •            | Ċ      | 13a        | • • • •         | 100 1100                                  |
| b              | Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?   | ansferred to another p                             | an, or brought under th                 | e cor          | 1-     | 104        |                 |   |
|                | If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)  | this plan to another pla                           | an(s), identify the plan(s              | • • •<br>s) to | •      | • •        | • • • •         | Yes XNo                                   |
|                | 3c(1) Name of plan(s):   |  |   |                | 13c    | (2) EII    | N(s)            | 13c(3) PN(s)                              |
|                |  |  |   |                |        | 3-7        | .,,,,,          | 100(0) 11(3)                              |
|                |  |  |   |                |        |            |                 |   |
| Cauti          | n: A penalty for the late or incomplete filing of this return/report   | will be accessed t                                 |   | t              |        |            |                 | <u></u>                                   |
| Under<br>SB or | penalties of perjury and other penalties set forth in the instructions, I described the set forth in the instructions and in the set forth in the instructions and in the set forth in t | eclare that I have evan                            | mined this return/report                | inclu          | ıdina  | ifon       | olioobla a Ca   | chedule<br>ge and                         |
| SIG            | Sear hafre   |  | JEAN SCHOFNER                           |                |        |            |                 |   |
| HEF            |  | Date 4/20/12                                       | Enter name of individ                   | ıal ci         | anin   | a ac el    | an administs    | otor.                                     |
| SIG            |  | 4/20/.2  |   |                | J-     | g as pi    | pri administr   | <i>77</i>                                 |
| HEF            |  | Date   | - Juan                                  |                |        | /7         | un T            | NO Sta                                    |
| -              |  | Loate  | Enter name of individu                  | ıaı si         | gning  | as er      | nployer or pl   | an sponsor                                |