### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

### Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

					Inspection
Part I		ification Information			
For cale	ndar plan year 2011 or fiscal p	lan year beginning 01/01/2011		and ending 11/07/2	011
A This	eturn/report is for:	a multiemployer plan;	a multip	le-employer plan; or	
		x a single-employer plan;	a DFE	(specify)	
		_	_		
<b>B</b> This	return/report is:	the first return/report;	X the fina	I return/report;	
	•	an amended return/report;	X a short	plan year return/report (less th	an 12 months).
<b>C</b> If the	plan is a collectively-bargained	d plan, check here			
	k box if filing under:	Form 5558;	automa	tic extension;	the DFVC program;
		special extension (enter des	scription)		
Part	II Basic Plan Inform	ation—enter all requested informa	. ,		
	ne of plan	arrorr an requested informe	4.011		<b>1b</b> Three-digit plan 001
TECHNI	CAL OLYMPIC USA, INC. 401	I(K) SAVINGS PLAN			number (PN) ▶
					<b>1c</b> Effective date of plan 01/01/2000
2a Plan	sponsor's name and address	, including room or suite number (Er	mployer, if for single	e-employer plan)	<b>2b</b> Employer Identification
TOUSA.	INC.				Number (EIN) 76-0460831
					2c Sponsor's telephone
SORAN	A GEORGESCU				number 954-364-4000
	DLLYWOOD BOULEVARD		LYWOOD BOULE	VARD	2d Business code (see
SUITE 4 HOLLYV	VOOD, FL 33021	SUITE 40 HOLLYW	OOD, FL 33021	instructions)	
					236110
Caution	: A penalty for the late or inc	omplete filing of this return/report	rt will be assessed	l unless reasonable cause is	established.
		enalties set forth in the instructions,			
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.					
	entra di contra a contra della di Arcanta di Contra di C	dan da atau atau	00/00/0040	0004114 0500050011	
SIGN HERE	Filed with authorized/valid elec	ctronic signature.	06/22/2012	SORANA GEORGESCU	
	Signature of plan administ	rator	Date	Enter name of individual sign	gning as plan administrator
01611					
SIGN HERE					
	Signature of employer/plan	sponsor	Date	Enter name of individual sign	gning as employer or plan sponsor
SIGN					

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2** 

	Plan administrator's name and address (if same as plan sponsor, enter "Same USA, INC.		ministrator's EIN 0460831		
SC 40 SL	SORANA GEORGESCU 4000 HOLLYWOOD BOULEVARD SUITE 400N HOLLYWOOD, FL 33021			3c Administrator's telephone number 954-364-4000	
4	If the name and/or EIN of the plan sponsor has changed since the last return/the plan number from the last return/report:	report filed for this plan, enter the name, EIN	and	4b EIN	
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year		5	983	
6	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> ).		Ī	
а	Active participants		6a	0	
b	Retired or separated participants receiving benefits		6b	0	
С	Other retired or separated participants entitled to future benefits		6c	0	
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>		6d	0	
е	Deceased participants whose beneficiaries are receiving or are entitled to receiving	eive benefits	6e	0	
f	Total. Add lines 6d and 6e	6f	0		
g	Number of participants with account balances as of the end of the plan year (complete this item)	6g	0		
h	Number of participants that terminated employment during the plan year with a less than 100% vested		6h	0	
7	Enter the total number of employers obligated to contribute to the plan (only r	multiemployer plans complete this item)	7		
8a b	If the plan provides pension benefits, enter the applicable pension feature code 2F 2G 2J 2K 2T 3D 3H  If the plan provides welfare benefits, enter the applicable welfare feature code				
	(1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	9b Plan benefit arrangement (check all that (1) Insurance (2) Code section 412(e)(3) Trust (4) General assets of the spanning to the section of the section	insuranc oonsor		
10 a	Check all applicable boxes in 10a and 10b to indicate which schedules are att  Pension Schedules (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	b General Schedules (1)  H (Financial Inform (2)  I (Financial Inform (3)  A (Insurance Inform	nation) nation – ( mation)	Small Plan)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) X C (Service Provide (5) X D (DFE/Participati (6) G (Financial Trans	ng Plan	Information)	

### SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

**Service Provider Information** 

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 11/07/2011	
A Name of plan	<b>B</b> Three-digit	004
TECHNICAL OLYMPIC USA, INC. 401(K) SAVINGS PLAN	plan number (PN)	. 001
		<u>'</u>
<b>^</b>	<b>D</b> - · · · · · · · · · · · · · · · · · ·	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Nu	umber (EIN)
TOUSA, INC.	76-0460831	
Part I Service Provider Information (see instructions)	L	
Tarri por noci revisci memanen (coo menacione)		
You must complete this Part, in accordance with the instructions, to report the in	formation required for each person who red	ceived, directly or indirectly, \$5,000
or more in total compensation (i.e., money or anything else of monetary value) in		
plan during the plan year. If a person received <b>only</b> eligible indirect compensation answer line 1 but are not required to include that person when completing the re		disclosures, you are required to
1 Information on Persons Receiving Only Eligible Indirect Co	mpensation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the ren		only eligible
indirect compensation for which the plan received the required disclosures (see i		
b If you answered line 1a "Yes," enter the name and EIN or address of each pers		e service providers who
received only eligible indirect compensation. Complete as many entries as need	ed (see instructions).	
(b) Enter name and EIN or address of person who prov	ided you disclosures on eligible indirect con	npensation
FIDELITY INVESTMENT INST OPS		
04.0047700		
04-2647786		
(1) = 1 = 1 = 1		
(b) Enter name and EIN or address of person who prov	ided you disclosure on eligible indirect com	pensation
a.\		
(b) Enter name and EIN or address of person who provi	ded you disclosures on eligible indirect com	npensation
(b) Enter name and EIN or address of person who provi	ded you disclosures on eligible indirect com	npensation

age <b>3</b> -	1	
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
-			(a) Fatan associated FIN or			
FIDELITY I	INVESTMENTS INST	`	(a) Enter name and EIN or	address (see instructions)		
04-264778	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37	RECORDKEEPER	17773	Yes X No	Yes 🛛 No 🗌	0	Yes X No
		(	(a) Enter name and EIN or	address (see instructions)		
52-1150356 (b) Service Code(s)	(c) Relationship to employer, employee	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No X	Yes No		Yes No X
		(	(a) Enter name and EIN or	address (see instructions)		
		,			,	,
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Page 🕻	3 -	2
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
		(	(a) Enter name and EIN or	address (see instructions)		
				·		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No
		(	(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes   No		Yes No
		(	(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

### Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation		
FIDELITY INVESTMENTS INST OPS	60	0		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.		
ABF LG CAP VAL INV	ANNUALIZED FORMULA 0.	40%		
04-1867445				
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation		
FIDELITY INVESTMENTS INST OPS	60			
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.		
WFA SPL MIDCP VL INV	ANNUALIZED FORMULA - (	ANNUALIZED FORMULA - 0.55%		
04-2526037				
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation		
FIDELITY INVESTMENTS INST OPS	60	0		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.		
COLUMBIA ACORN USA Z 225 FRANKLIN ST BOSTON, MA 02110	ANNUALIZED FORMULA - (	0.40%		

### Part I Service Provider Information (continued)

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

· · ·		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST OPS	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
NFA SM CAP VAL INV	ANNUALIZED FORMULA - 0	0.55%
04-2526037		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
		and manded domponidation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information					
4 Provide, to the extent possible, the following information for earthis Schedule.					
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			

Page (	6-
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Pa	Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)  (complete as many entries as needed)			
а	Name		b ein:	
С	Positio	n:		
d	Addres	es:	e Telephone:	
Ex	olanatio	1:		
а	Name:		b EIN:	
C	Positio			
d	Addres		<b>e</b> Telephone:	
Exp	olanatio	n:		
а	Name:		<b>b</b> EIN:	
С	Positio			
d	Addres		e Telephone:	
Ex	olanatio	n:		
а	Name:		b EIN:	
C	Positio			
d	Addres		e Telephone:	
Ex	olanatio	n:		
а	Name:		b EIN:	
C	Positio	n:		
d	Addres		<b>e</b> Telephone:	
Ex	planatio	1:		

### SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### **DFE/Participating Plan Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal	nlan vear heginning	01/01/2011 and	d ending 11/07/2011
A Name of plan TECHNICAL OLYMPIC USA, INC. 40°		one was a second of the second	B Three-digit plan number (PN)
C Plan or DFE sponsor's name as she	own on line 2a of Form	5500	D Employer Identification Number (EIN)
TOUSA, INC.	own on line 2a or i om	1 3 3 3 3	
			76-0460831
		Ts, PSAs, and 103-12 IEs (to be co to report all interests in DFEs)	mpleted by plans and DFEs)
a Name of MTIA, CCT, PSA, or 103-	12 IE: FID MGD INC	PORT	
<b>b</b> Name of sponsor of entity listed in	(a): FIDELITY MA	NAGEMENT TRUST COMPANY	
<b>C</b> EIN-PN 04-3022712-024	<b>d</b> Entity C code	Dollar value of interest in MTIA, CCT, F     12 IE at end of year (see instructions)	PSA, or 103 0
a Name of MTIA, CCT, PSA, or 103-	12 IE:		
<b>b</b> No	(-)		
<b>b</b> Name of sponsor of entity listed in	(a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, P     12 IE at end of year (see instructions)	PSA, or 103
a Name of MTIA, CCT, PSA, or 103-	12 IE:		
<b>b</b> Name of sponsor of entity listed in	(a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, P     12 IE at end of year (see instructions)	PSA, or 103-
a Name of MTIA, CCT, PSA, or 103-	12 IE:		
<b>b</b> Name of sponsor of entity listed in	(a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, P     12 IE at end of year (see instructions)	PSA, or 103-
a Name of MTIA, CCT, PSA, or 103-	12 IF·	•	
<b>b</b> Name of sponsor of entity listed in			
Name of sponsor of entity listed in	(a).		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, F     12 IE at end of year (see instructions)	PSA, or 103-
a Name of MTIA, CCT, PSA, or 103-	12 IE:		
<b>b</b> Name of sponsor of entity listed in	(a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, P     12 IE at end of year (see instructions)	PSA, or 103-
a Name of MTIA, CCT, PSA, or 103-	12 IE:		
<b>b</b> Name of sponsor of entity listed in	(a):		
C EIN-PN	<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, P	PSA, or 103-

12 IE at end of year (see instructions)

e Dollar value of interest in MTIA, CCT, PSA, or 103-

e Dollar value of interest in MTIA, CCT, PSA, or 103-

12 IE at end of year (see instructions)

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):

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

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

C EIN-PN

C EIN-PN

**d** Entity

**d** Entity

code

code

F	art II	Information on Participating Plans (to be completed by DFEs)	
_	Plan na	(Complete as many entries as needed to report all participating plans)	
			e FIN DN
	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na		
b	Name o		C EIN-PN
а	Plan na		
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN

### **SCHEDULE H** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### **Financial Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public

Pension Benefit Guaranty Corporation					Inspectio	n
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and e	ending 11/07/20	11		
A Name of plan			<b>B</b> Three-digit			
TECHNICAL OLYMPIC USA, INC. 401(K) SAVINGS PLAN			plan number	(PN)	•	001
C Plan sponsor's name as shown on line 2a of Form 5500			<b>D</b> Employer Idea	ntification I	Number (E	EIN)
TOUSA, INC.			76-0460831			
			70-0400031			
Part I Asset and Liability Statement						
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of plines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, C and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See	more than one ce contract whi CCTs, PSAs, ar	plan on a lich guaran	line-by-line basis ur tees, during this pla	nless the v an year, to	alue is rep pay a spe	oortable on cific dollar
Assets		<b>(a)</b> Be	eginning of Year		<b>(b)</b> End	of Year
a Total noninterest-bearing cash	1a			0		0
<b>b</b> Receivables (less allowance for doubtful accounts):						
(1) Employer contributions	1b(1)			0		0
(2) Participant contributions	1b(2)			0		0
(3) Other	1b(3)			0		0
C General investments:						
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			0		0
(2) U.S. Government securities	1c(2)			0		0
(3) Corporate debt instruments (other than employer securities):						
(A) Preferred	1c(3)(A)			0		0
(B) All other	1c(3)(B)			0		0
(4) Corporate stocks (other than employer securities):						
(A) Preferred	1c(4)(A)			0		0
(B) Common	1c(4)(B)			0		0
(5) Partnership/joint venture interests	1c(5)			0		0
(6) Real estate (other than employer real property)	1c(6)			0		0
(7) Loans (other than to participants)	1c(7)			0		0
(8) Participant loans	1c(8)			0		0
(9) Value of interest in common/collective trusts	1c(9)		6482	76		0
(10) Value of interest in pooled separate accounts	1c(10)			0		0
(11) Value of interest in master trust investment accounts	1c(11)			0		0
(12) Value of interest in 103-12 investment entities	1c(12)			0		0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		31133	46		0
(14) Value of funds held in insurance company general account (unallocated	1c(14)			0		0

1c(15)

0

0

0

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
е	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	3761622	0
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
-1	Net assets (subtract line 1k from line 1f)	11	3761622	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
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	24985	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		24985
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	-6466	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-6466
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		4515
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		15493
С	Other income	2c		0
d	Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		38527
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3779930	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3779930
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	20219	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20219
j	Total expenses. Add all <b>expense</b> amounts in column (b) and enter total	2j		3800149
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		-3761622
ı	Transfers of assets:			
	(1) To this plan	21(1)		
	(2) From this plan	21(2)		
	ant III Accountantia Oninian			
_	art III Accountant's Opinion	accumtant in	attached to this Form FFOO Com	nlata lina 2d if an aninian is not
	Complete lines 3a through 3c if the opinion of an independent qualified public a attached.			piete line od ir arī opinion is not
а	The attached opinion of an independent qualified public accountant for this plan	-	uctions):	
	(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	3-12(d)?	X Yes No
С	Enter the name and EIN of the accountant (or accounting firm) below:			
	(1) Name: ERNST & YOUNG LLP		<b>(2)</b> EIN: 34-6565596	
d	The opinion of an independent qualified public accountant is <b>not attached</b> beca (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		ext Form 5500 pursuant to 29 CFF	2 2520 104 50
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attact	ied to the tie	AL FORM 3300 pursualit to 29 CFF	\ ZJZU. 1U4-JU.

Pa	rt IV	Compliance Questions					
4	CCTs 103-12	and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or \$	5.	
	During	the plan year:		Yes	No	Amo	unt
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b		X		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
		,		X			15000000
e		nis plan covered by a fidelity bond?	4e				13000000
f	by frau	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		Х		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, see instructions for format requirements.)	4i	X			
j	Were value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k	X			
ı	Has th	e plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m				
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a		esolution to terminate the plan been adopted during the plan year or any prior plan year? "enter the amount of any plan assets that reverted to the employer this year	× Yes	s No	Amou	nt:	0
5b	transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, identi	fy the pla	an(s) to wh	nich assets or liabi	lities were
	5b(1)	Name of plan(s)	<b>5b(2)</b> EIN(s)			<b>5b(3)</b> PN(s)	

### **SCHEDULE R** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

**Retirement Plan Information** 

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

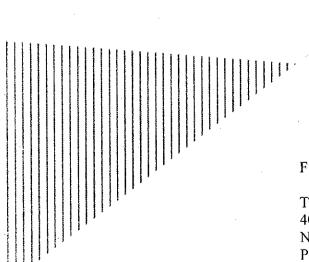
This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation					-	
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and e	ending	11/07/2	011			
A N	Name of plan HNICAL OLYMPIC USA, INC. 401(K) SAVINGS PLAN		ee-digit In numbe	er •	001		
	Plan sponsor's name as shown on line 2a of Form 5500 SA, INC.		oloyer Ide 6-046083		on Number (	EIN)	
Pa	art I Distributions						
	references to distributions relate only to payments of benefits during the plan year.						
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1				0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur payors who paid the greatest dollar amounts of benefits):	ring the yea	ar (if mor	e than tv	wo, enter EIN	ls of th	e two
	EIN(s): 04-6568107						
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.						
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year.		3				
P	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part)	of section o	of 412 of	the Inte	rnal Revenu	e Code	or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No		N/A
	If the plan is a defined benefit plan, go to line 8.						
5 6	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Mor If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re Enter the minimum required contribution for this plan year (include any prior year accumulated fun deficiency not waived)	emainder o nding	f this sc	hedule.		·	
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year		-				
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)						
	If you completed line 6c, skip lines 8 and 9.			ı			
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?			Yes	☐ No		N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or cauthority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change?	r plan		Yes	No		N/A
Pa	art III Amendments						
9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	ease	Decre	ase	Both		No
Pa	rt IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975 skip this Part.	(e)(7) of the	e Interna	l Reveni	ue Code,		
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repart	ay any exe	mpt loan	?	Y	es	No
11	a Does the ESOP hold any preferred stock?				Y	es	No
	<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a " (See instructions for definition of "back-to-back" loan.)				Y	es	No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?				Y	es	No

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans							
13		er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in lars). See instructions. Complete as many entries as needed to report all applicable employers.							
	а	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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	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							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							

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14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:							
	a The current year	14a						
	<b>b</b> The plan year immediately preceding the current plan year	14b						
	C The second preceding plan year	14c						
15								
	a The corresponding number for the plan year immediately preceding the current plan year	15a						
	<b>b</b> The corresponding number for the second preceding plan year	15b						
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	•						
	a Enter the number of employers who withdrew during the preceding plan year	16a						
	<b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b						
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, c supplemental information to be included as an attachment.		<del>_</del> _					
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans					
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	struction	ns regarding supplemental					
19	If the total number of participants is 1,000 or more, complete items (a) through (c)							
	Enter the percentage of plan assets held as:     Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:      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 18-16 years							
	C What duration measure was used to calculate item 19(b)?  ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):							



### FINANCIAL STATEMENTS

Technical Olympic USA, Inc. 401(k) Savings Plan November 7, 2011 and December 31, 2010 and for the Period From January 1, 2011 Through November 7, 2011 With Report of Independent Certified Public Accountants

Ernst & Young LLP

**■ Ernst & Young** 

### **Financial Statements**

November 7, 2011 and December 31, 2010 and for the Period From January 1, 2011 Through November 7, 2011

### **Contents**

Report of Independent Certified Public Accountants	. 1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	
Notes to Financial Statements	



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### Report of Independent Certified Public Accountants

The Board of Directors TOUSA, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of Technical Olympic USA, Inc. 401(k) Savings Plan as of November 7, 2011 and December 31, 2010, and the related statement of changes in net assets available for benefits for the period from January 1, 2011 through November 7, 2011. These financial statements are the responsibility of the Plan's management.

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 investment information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 trustee as of November 7, 2011 and December 31, 2010 and for the period from January 1, 2011 through November 7, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst + Young LLP

January 30, 2012

### Statements of Net Assets Available for Benefits

	Novem 201	-	De	cember 31, 2010
Assets	_			
Investments, at fair value	_\$	_	\$	3,761,622
Total assets				3,761,622
Net assets reflecting investments at fair value Adjustment from fair value to contract value for fully		_		3,761,622
benefit-responsive investment contracts		_		(6,466)
Net assets available for benefits	\$		\$	3,755,156

See accompanying notes.

### Statement of Changes in Net Assets Available for Benefits

For the Period From January 1, 2011 Through November 7, 2011

### Additions

Investment income:	
Net appreciation in fair value of investments	\$ 15,493
Interest and dividend income	29,500
Total investment income	44,993
Deductions	
Benefits paid to Plan participants	3,779,930
Administrative expenses	20,219
Total deductions	3,800,149
Net decrease	(3,755,156)
Net assets available for benefits:	
Beginning of period	3,755,156
End of period	\$

See accompanying notes.

### Notes to Financial Statements

November 7, 2011

### 1. Description of the Plan

The following description of the Technical Olympic USA, Inc. 401 (k) Savings Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions. This description, generally, refers to the Plan prior to its termination on June 30, 2010 unless otherwise noted. See further discussion in Note 2.

### General

The Plan is a defined contribution 401(k) plan covering all eligible employees of TOUSA, Inc., formerly known as Technical Olympic USA, Inc. (the Company, the Plan Sponsor, or the Plan Administrator) who have completed three months of service and are age 21 or older. Fidelity Management Trust Company is the trustee and recordkeeper for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan Sponsor filed for bankruptcy protection on January 29, 2008. The Plan Sponsor terminated the Plan effective June 30, 2010 and the Plan Sponsor began distribution of all moneys in the Plan in an orderly manner following the termination. On November 7, 2011, the Plan completed the distribution of all moneys in the Plan.

### **Participant Accounts**

Each participant's account has been credited with the participant's contributions and the Company's matching contributions and allocations of Plan earnings (losses). Plan earnings have been allocated based on the participant's share of net earnings or losses of their respective elected investment options. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### **Contributions**

The ability of participants to make contributions and the obligation of the Company to make matching contributions ceased with the termination of the Plan on June 30, 2010. Accordingly, there were no participant or Company contributions to the Plan during the period from January 1, 2011 through November 7, 2011.

### Notes to Financial Statements (continued)

### 1. Description of the Plan (continued)

### Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions, and additional matching employer contributions, as well as earnings thereon. Participants are also immediately vested in any additional discretionary matching employer contributions plus earnings thereon. Generally, under the Plan, for basic matching employer contributions, participants were 20% vested after two full years of credited service, 50% after three years, 75% after four years, and 100% after five years. However, as a result of the partial plan termination (see Note 7), and subsequent amendment to the Plan in 2008, all Plan participants employed by the Company on or after June 15, 2006, became fully vested in their respective matching employer contributions regardless of their years of credited service.

### **Investment Options**

Upon enrollment in the Plan, a participant may direct Company and participant contributions into any of the fund options. Participants may change their fund options at their discretion.

### Loans to Participants

Due to the termination of the Plan on June 30, 2010, participants were no longer able to borrow from their accounts. All outstanding loans were paid off by December 31, 2010.

### **Payment of Benefits**

Upon termination of service due to death, disability, retirement, or separation, the participants or their beneficiaries were able to elect to receive either a lump-sum distribution equal to the vested value of his or her account or installment benefit payments as defined in the Plan document. However, if the value of the participant's vested benefit was \$1,000 or less (excluding amounts attributable to rollovers), a participant could only receive a lump-sum distribution. After the termination date, all participants are required to either receive a lump-sum distribution of their account balances or roll such amounts over into another qualified Plan (see Note 7). Benefit payments are recorded when paid.

### Notes to Financial Statements (continued)

### 1. Description of the Plan (continued)

### **Forfeitures**

Forfeited balances of terminated participant's nonvested accounts were used to pay administrative expenses and any remaining amounts could be used to reduce future Company contributions. As of November 7, 2011 and December 31, 2010, \$0 and \$3,796, respectively, of the Plan's assets related to forfeitures that had not yet been allocated. During the period ended November 7, 2011, forfeiture account funds of \$3,796 were used to pay administrative expenses.

### **Administrative Expenses**

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions.

### 2. Summary of Significant Accounting Policies

### **Basis of Presentation**

The Board of Directors of TOUSA, Inc., the Plan's Sponsor, voted May 26, 2010 to terminate the Plan effective June 30, 2010. As a result, the Plan used the liquidation basis in presenting the 2011 and 2010 financial statements.

### **Investment Valuation**

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See below for further discussion of fair value measurements and Note 4 for other fair value disclosures.

The Fidelity Managed Income Portfolio (collective trust) invests in fully benefit-responsive investment contracts. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

### Notes to Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

The statement of net assets available for benefits as of December 31, 2010, presents the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

Three levels of inputs may be used to measure fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that an entity has the ability to access as of the measurement date, or observable inputs
- Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability

### **Income Recognition**

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

### **Benefit Payments**

Benefits are recorded when paid.

### Risks and Uncertainties

The Plan provided for various investment options. These investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

### Notes to Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions in net assets available for Plan benefits during the reporting period. Actual results could differ from those estimates.

### **Subsequent Events**

Management has evaluated events subsequent to November 7, 2011 through January 30, 2012, the date the financial statements were available to be issued.

### 3. Investments

All investment information for the Plan disclosed in the accompanying financial statements including investments held and the adjustment from fair value to contract value for fully benefit-responsive investment contracts at November 7, 2011 and December 31, 2010, and net appreciation in fair value of investments, interest and dividends for the period from January 1, 2011 through November 7, 2011, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by Fidelity Management Trust Company, the Trustee of the Plan.

The following table lists those investments that represent 5% or more of the Plan's net assets available for benefits:

	Dec	2010
Fidelity Blue Chip Growth Fund	\$	834,939
Fidelity Puritan Fund		278,365
Fidelity Diversified International Fund		359,449
Fidelity Managed Income Portfolio (at contract value)*		641,810
Fidelity Magellan Fund		247,272

<sup>\*</sup> The fair value of the Plan's investment in the Fidelity Managed Income Portfolio was \$648,276 at December 31, 2010.

### Notes to Financial Statements (continued)

### 3. Investments (continued)

During the period from January 1, 2011 through November 7, 2011, the Plan's investments (including investments purchased, sold as well as held during the year) appreciated in fair value as follows:

Mutual funds	\$ 15,493
Collective trust fund	 
	\$ 15,493

### 4. Fair Value Measurements

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for the investments measured at fair value:

### **Mutual Funds**

The shares of mutual funds are valued at quoted active market prices, which represent the net asset values of shares held by the Plan at December 31, 2010, and are classified as Level 1 investments.

### **Collective Trusts**

The contract value of participation units owned in the collective trust fund are based on net asset value, as determined by Fidelity Management Trust Company (the Trustee of the Plan), on the last business day of the Plan year. The fair value of the collective trust fund is based on quoted prices of the underlying assets as determined by the Trustee. Collective trusts are classified as Level 2 investments.

### Notes to Financial Statements (continued)

### 4. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

	Assets at Fair Value as of December 31, 2010						
		Level 1		Level 2		Level 3	Total
Mutual funds:							
U.S. equities	\$	1,730,901	\$	_	\$	- \$	1,730,901
International equities		488,466		-		-	488,466
Fixed income		146,827		_		_	146,827
Balanced		747,152		_			747,152
Collective trust*		_		648,276			648,276
	\$	3,113,346	\$	648,276	\$	- \$	3,761,622

<sup>\*</sup> The collective trust fund is invested entirely in the Fidelity Managed Income Portfolio, a commingled pool of fixed income securities, for which all changes in fair value, realized and unrealized, are reflected as adjustments to the interest and dividend earnings of the investment. The fund seeks to preserve principal while earning interest. There are currently no redemption restrictions on these investments. The fair value of the investments in this fund has been estimated using the net asset value per share.

### 5. Party-in-Interest Transactions

Investments are shares of mutual funds and a collective trust fund managed by the Trustee, and therefore represent party-in-interest transactions.

Certain administrative expenses are paid directly by the Company. Total administrative expenses paid by the Plan were \$20,219 for the period from January 1, 2011 through November 7, 2011. The fees and expenses paid by the Plan primarily consist of accounting fees and administrative services provided by the Trustee.

Notes to Financial Statements (continued)

### 6. Income Tax Status

The underlying volume submitter plan has received an advisory letter from the Internal Revenue Service (IRS) dated March 31, 2008, stating that the form of the Plan is qualified under Section 401 of the Internal Revenue Code, and therefore, the related trust is tax exempt. In accordance with Revenue Procedures 2010-6 and 2005-16, the Plan Sponsor has determined that it is eligible to and has chosen to rely on the current IRS volume submitter plan advisory letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor believes the Plan is being operated and terminated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

U.S. generally accepted accounting principles (U.S. GAAP) requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 7, 2011, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. 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 2007.

### 7. Partial Plan and Full Terminations

On June 15, 2006, as a result of the reduction-in-force initiatives implemented by the Company which called for the termination of more than 20% of the total work force, a partial plan termination occurred. In connection therewith, all employees who were active participants in the Plan as of the date of the partial plan termination became fully vested in their employer contributions plus actual earnings thereon.

Between June 15, 2006 and May 1, 2008, the Company failed to properly recognize the partial plan termination. During 2010, the Company corrected the noncompliance and transferred forfeiture amounts and related lost earnings totaling \$1,016,462 to participant accounts. This transfer had no effect on the statement of net assets available for benefits as of December 31, 2010.

### Notes to Financial Statements (continued)

### 7. Partial Plan and Full Terminations (continued)

Due to the wind down of the Company as a result of its filing for bankruptcy in early 2008, the Company decided to terminate the Plan effective the close of business on June 30, 2010. The termination of the Plan was approved by the Board of Directors on May 26, 2010, and by the Bankruptcy Court on June 17, 2010. As a result of the termination, no further contributions were made by active participants and no further employer matching contributions were made by the Company after June 30, 2010. All participants with account balances as of June 30, 2010 were fully vested in such amounts and were subsequently instructed by the Plan as to their distribution options. Such options generally included the rollover of the participant's account balance to another qualified plan (including an Individual Retirement Account) or the distribution of the account balance directly to the participant. The Company and the Plan completed the distribution of the account balances of all of the participants on November 7, 2011 as more fully discussed below.

Although the Plan Administrator attempted to contact all participants with account balances after the termination of the Plan on June 30, 2010, a significant number of participants still had account balances as of December 31, 2010. The Company followed the applicable procedures provided by the Department of Labor and the IRS to assure that all participants were appropriately notified of the Plan termination and of their rights to either receive a lump sum distribution of or rollover their account balances. After the expiration of the applicable period for participant response and action as provided by these procedures, the Company instructed the Plan Trustee to distribute any remaining participant balances to Individual Retirement Accounts (IRAs) set up and maintained for such participants, as also provided in these procedures. As further provided in these procedures, a third party trustee will maintain these IRAs on behalf of the applicable participants. The third party trustee may charge certain administration fees which could significantly reduce or eliminate any IRA balances of the affected participants, especially in those situations where the transferred balances are relatively small. As of November 7, 2011, a total of \$1,813,665 was distributed from 499 participant accounts and transferred to IRAs under these procedures.

1111-1304873

### Notes to Financial Statements (continued)

### 8. Reconciliation of Financial Statements to the Form 5500

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

	Novembe 2011	r 7,	De	2010
Net assets available for benefits per the				
financial statements	\$	_	\$	3,755,156
Less: Amounts allocated to withdrawing participants		_		
Less: Adjustment from fair value to contract value for				
fully benefit-responsive contracts				6,466
Net assets available for benefits per the Form 5500	\$		\$	3,761,622

### Ernst & Young LLP

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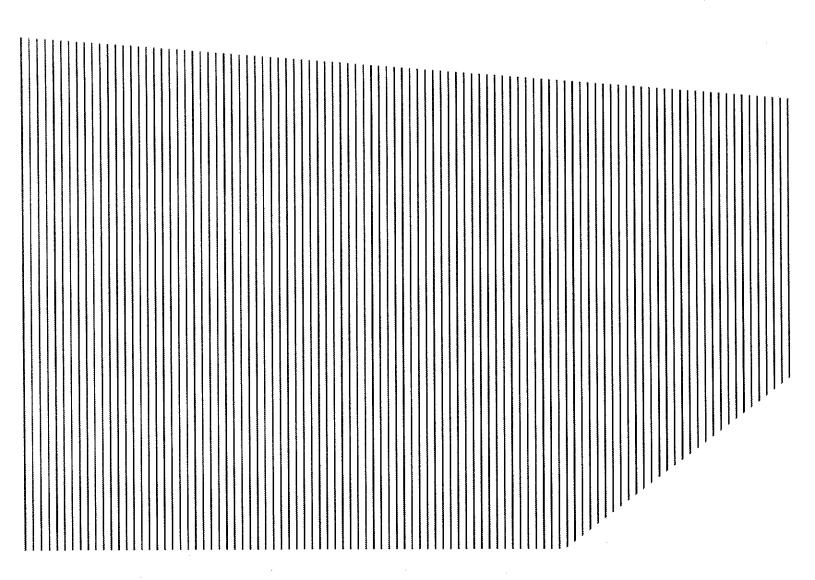
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- IF THERE ARE NON-FIDELITY FUNDS IN THE PLAN AND ALL INFORMATION IS AVAILABLE IN THE ELIGIBLE INDIRECT COMPENSA'TION DISCLOSURE AT THE END OF THIS REPORT, CHECK "YES" AND IN PART I, LINE 1(b) ENTER FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC. - 04-2647786.
- IF ALL INFORMATION IS NOT AVAILABLE, YOU MAY NEED TO CONTACT THE APPLICABLE FUND FAMILY FOR ADDITIONAL INFORMATION AND DISCLOSE THE NAME AND EIN OF THE ENTITY PROVIDING THE DISCLOSURE IN PART I, LINE 1(b).

## PART I, LINE 2 - INFORMATION ON SERVICE PROVIDERS RECEIVING DIRECT FEES

DIRECT COMP PAID BY PLAN Part I, Line 2(d)	\$17,773	\$2,446
RELATIONSHIF TO ER,EE,ORG OR PERSON OF INTEREST Part I, Line 2(c)	RECORDKEEPER	ATTORNEY/LEGAL
SERVICE CODE Part I, Line 2(b)	64 65 37	29
EIN/ADDRESS *1 Part I, Line 2(a)	04-2647786	52-1150358
SERVICE PROVIDER NAME Part I, Line 2(a)	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	CROWELL & MORING LLP

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) Part I, Line 3(e)	0.40%	0.40%	0.40%	0.55%
EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 Part I, Line 3(d)	04-1867445	SEE NOTE *2	04-2526037	04-2526037
NAME OF SOURCE OF INDIRECT COMPENSATION Part I, Line 3(d)	ABF LG CAP VAL INV - STATE STREET BANK & TRUST CO MA	COLUMBIA ACORN USA Z SEE NOTE *2 -COLUMBIA MGT INVESTMENT SERVICES CORP	WFA SM CAP VAL INV - BOSTON FINANCIAL DATA SERVICE, INC	WFA SPL MIDCP VL INV - BOSTON FINANCIAL DATA SERVICE, INC
SERVICE CODE INDIRECT  Part I, Line 3(b) COMPENSTATION COMPENSATION  Part I, Line 2(b) Part I, Line 3(c) Part I, Line 3(d)	0\$	0\$	08	80
SERVICE CODE Part I, Line 3(b) Part I, Line 2(b)	09	09	09	09
SERVICE PROVIDER NAME Part I, Line 3(a)	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.

AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)					
	0.41%	0.39%	%09.0	0.46%	0.46%
SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT
PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.
TICKER	FPURX	FMAGX	FCNTX	FEQIX	FGRIX
NAME OF SOURCE OF INDIRECT COMPENSATION	FID PURITAN - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID MAGELLAN - FIDELTYY MANAGEMENT RESEARCH COMPANY ("FMR")	FID CONTRAFUND - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID EQUITY INC - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID GROWTH & INC - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")
FUND	0004	0021	0022	0023	0027

AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED N FORMULA)	0.32%	0.70%	0.51%	0.63%	0.78%
SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT
PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.
TICKER	FTHRX	FBGRX	FASMX	FLPSX	FWWFX
NAME OF SOURCE OF INDIRECT COMPENSATION	FID INTERMED BOND - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID BLUE CHIP GR - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID ASSET MGR 50% - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID LOW PRICED STK - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID WORLDWIDE - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")
FUND	0032	0312	0314	0316	0318

AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED	•	•	v.	%* <i>?</i>	¢*5	°*5
AMC OF F TO C INDJ (ANJ	0.67%	0.70%	0.35%	0.46%*5	0.47%*5	0.62%*5
AMOUNT, E SERVICES PROVIDED TO CALCUL OR PURPOSE OF INDIRECT C PAYMENT FOR (ANNUALIZ INDIRECT COMPENSATION FORMULA)	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT	SEE NOTE *2	SEE NOTE *2	SEE NOTE *2
PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.
TICKER	FDIVX	FDGFX	FMCSX	FFFAX	FFBX	FFFCX
NAME OF SOURCE OF INDIRECT COMPENSATION	FID DIVERSIFD INTL - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID DIVIDEND GR - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID MID CAP STOCK - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID FREEDOM INCOME - STRATEGIC ADVISERS, INC.	FID FREEDOM 2000 - STRATEGIC ADVISERS, INC.	FID FREEDOM 2010 - STRATEGIC ADVISERS, INC.
FUND	0325	0330	0337	0369	0370	0371

AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED ON FORMULA)	0.69%*5	0.75%*5	0.42%	SEE NOTE *6	0.03%	0.78%*5
AMOUNT, E  SERVICES PROVIDED  OR FORMUI  OR PURPOSE OF  PAYMENT FOR  (ANNUALIZ  INDIRECT COMPENSATION FORMULA)	SEE NOTE *2	SEE NOTE *2	FUND MANAGEMENT	SEE NOTE *6	FUND MANAGEMENT	SEE NOTE *2
PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	SEE NOTE *6	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.
TICKER	FFFDX	FFFEX	FRTXX	SEE NOTE *6	FUSEX	FFFFX
NAME OF SOURCE OF INDIRECT COMPENSATION	FID FREEDOM 2020 - STRATEGIC ADVISERS, INC.	FID FREEDOM 2030 - STRATEGIC ADVISERS, INC.	FID RETIRE MMKT - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID MGD INC PORT	SPTN 500 INDEX INV - FIDELITY MANAGEMENT RESEARCH COMPANY ("FMR")	FID FREEDOM 2040 - STRATEGIC ADVISERS, INC.
FUND	0372	0373	0630	0632	0650	0718

AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED ATION FORMULA)	0.58%*5	0.63%*5	0.73%*5	0.77%*5	0.79%*5	0.80%*5
SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	SEE NOTE *2	SEE NOTE *2	SEE NOTE *2	SEE NOTE *2	SEE NOTE *2	SEE NOTE *2
PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.			
TICKER	FFFVX	FFVFX	FFTWX	FFTHX	FFFGX	FFFHX
NAME OF SOURCE OF INDIRECT COMPENSATION	FID FREEDOM 2005 - STRATEGIC ADVISERS, INC.	FID FREEDOM 2015 - STRATEGIC ADVISERS, INC.	FID FREEDOM 2025 - STRATEGIC ADVISERS, INC.	FID FREEDOM 2035 - STRATEGIC ADVISERS, INC.	FID FREEDOM 2045 - STRATEGIC ADVISERS, INC.	FID FREEDOM 2050 - STRATEGIC ADVISERS, INC.
FUND	1312	1313	1314	1315	1617	1618

AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED IN FORMULA)	0.24%	0.86%	0.75%	0.70%
AMOUNT, E OF FORMUI SERVICES PROVIDED TO CALCUL OR PURPOSE OF INDIRECT C PAYMENT FOR (ANNUALIZ INDIRECT COMPENSATION FORMULA)	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT	FUND MANAGEMENT
PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	AMERICAN BEACON	COLUMBIA	WELLS FARGO ADVANTAGE	WELLS FARGO ADVANTAGE
TICKER	AAGPX	AUSAX	SSMVX	SMCDX
NAME OF SOURCE OF INDIRECT COMPENSATION	ABF LG CAP VAL INV - AMERICAN BEACON ADVISORS, INC.	COLUMBIA ACORN USA Z - COLUMBIA WANGER ASSET MANAGEMENT, L.P.	WFA SM CAP VAL INV - WELLS FARGO FUNDS MANAGEMENT LLC	WFA SPL MIDCP VL INV - WELLS FARGO FUNDS MANAGEMENT LLC
FUND	OFA2	OFAU	OMYJ	OSOA

\*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address vill be displayed. If neither EIN nor Address is available "See Note \*2" will be displayed.

performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of \*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment additional information, the fund's investment manager or annuity provider.

\*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self-Directed Brokerage Investments.

\*4 Net Expense Ratio is displayed.

\*5 Gross Expense Ratio is displayed.

\*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which \$5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide. this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of