# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [X] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
F. GAVINA & SONS, INC. 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 04/01/1985

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

F. GAVINA & SONS, INC.

2700 FRUITLAND AVE
VERNON, CA 90058

**2b** Employer Identification Number (EIN) 95-2922751

**2c** Sponsor's telephone number 323-582-0671

**2d** Business code (see instructions) 311900

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/11/2012 | JOSE GAVINA |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/11/2012 | JOSE GAVINA |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
F. GAVINA & SONS, INC.

2700 FRUITLAND AVE
VERNON, CA 90058

**3b** Administrator's EIN
95-2922751

**3c** Administrator's telephone number
323-582-0671

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 253 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 221 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 28 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 249 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 249 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 221 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2H 2J

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
F. GAVINA & SONS, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
F. GAVINA & SONS, INC.

**D** Employer Identification Number (EIN)
95-2922751

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MERRILL, LYNCH, FENNER & SMITH

225 SOUTH LAKE AVENUE
PASADENA, CA 91101

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 20 | NONE | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
F. GAVINA & SONS, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
F. GAVINA & SONS, INC.

**D** Employer Identification Number (EIN)
95-2922751

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 10734 | 39549 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 791569 | 0 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2697527 | 4592237 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 2666563 | 2111384 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 560925 | 323343 |
| **(B)** Common | 1c(4)(B) | 2590751 | 2726315 |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | 23186 | 13044 |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 2876664 | 2056828 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 12217919 | 11862700 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 12217919 | 11862700 |

## 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) | | |
| **(B)** Participants | 2a(1)(B) | 280770 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 2133 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 282903 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 67349 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 153878 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 1491 | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 222718 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 105549 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 105549 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 3949670 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 4105850 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -156180 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | -113658 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -113658 |
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 341332 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 671226 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 671226 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | 25325 | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 25325 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 696551 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | -355219 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

**(1)** Name: WHITE NELSON DIEHL EVANS LP **(2)** EIN: 33-0686301

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
F. GAVINA & SONS, INC. 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
F. GAVINA & SONS, INC.

**D** Employer Identification Number (EIN)
95-2922751

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 95-4445241

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3** 26

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

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

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If 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, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WHITE NELSON DIEHL EVANS LLP
Certified Public Accountants & Consultants

# INDEPENDENT AUDITORS' REPORT

To the Trustee and Plan Administrator of
F. Gaviña & Sons, Inc. 401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of F. Gaviña & Sons, Inc. 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of F. Gaviña & Sons, Inc. 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, and the changes in its net assets available for benefits for the year ended December 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements as a whole. The supplemental schedule of assets held at end of year referred to as supplemental information, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

White Nelson Diehl Evans LLP
Irvine, California
October 9, 2012



2875 Michelle Drive, Suite 300, Irvine, CA 92606 • Tel: 714.978.1300 • Fax: 714.978.7893

*Offices located in Orange and San Diego Counties*

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2011**

This Form is Open to Public Inspection

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____

**B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. ▶ ☐

**D** Check box if filing under: ☒ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan F. Gavina & Sons, Inc.
401(k) Profit Sharing Plan

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 04/01/1985

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

F. Gavina & Sons, Inc.

2700 Fruitland Ave

Vernon CA 90058

**2b** Employer Identification Number (EIN) 95-2922751

**2c** Sponsor's telephone number (323) 582-0671

**2d** Business code (see instructions) 311900

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| SIGN HERE | Jose A. Gavina | 10/9/12 | Jose Gavina |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Jose A. Gavina | 10/9/12 | Jose Gavina |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2011)
v.012611

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Corporate Bonds: | | | |
| | Accrued Interest | | $ - | $ 25,753 |
| | American Genl Fin | 200,000 shares | 200,000 | 151,436 |
| * | BAC CAP Tr | 350 shares | 8,750 | 7,312 |
| * | Comdty VCCD - BANA | 22,000 shares | 226,380 | 212,175 |
| * | Bank of America | 175,000 shares | 175,000 | 168,609 |
| | Burlington North SF | 200,000 shares | 201,769 | 224,456 |
| | Capital One | 300 shares | 7,500 | 7,596 |
| | Cincy Bell | 50,000 shares | 49,756 | 46,438 |
| | Citigroup Capital | 500 shares | 12,500 | 10,740 |
| | Citigroup Capital | 400 shares | 10,000 | 9,740 |
| | Citizens Utilities | 30,000 shares | 28,506 | 23,250 |
| | Comstock Resources | 15,000 shares | 15,421 | 14,250 |
| | Dean Foods | 47,000 shares | 45,543 | 46,413 |
| | Edison Mission Energy | 25,000 shares | 25,333 | 24,250 |
| | Edison Mission Energy | 55,000 shares | 46,842 | 40,150 |
| | Edison Mission Energy | 15,000 shares | 12,349 | 9,750 |
| | Fifth Third Capital | 500 shares | 12,500 | 12,660 |
| | General Electric | 20,0000 shares | 200,000 | 213,922 |
| | General Motors | 15,000 shares | 15,000 | 14,906 |
| | General Motors | 20,000 shares | 20,000 | 19,896 |
| | General Motors | 400 shares | 10,000 | 8,104 |
| | H&E Equipment Services | 10,000 shares | 10,190 | 10,225 |
| | HSBC Finl | 150,000 shares | 150,001 | 141,942 |
| | HSBC Finl | 50,000 shares | 50,000 | 50,117 |
| | Liberty Media | 40,000 shares | 40,742 | 38,800 |
| | Masco Corp | 8,000 shares | 7,926 | 8,074 |
| | Newmont Mining | 100,000 shares | 102,523 | 110,767 |
| | Nextel Comm | 15,000 shares | 14,625 | 14,925 |
| | Nextel Comm | 45,000 shares | 43,200 | 41,175 |
| | Penn Virginia | 15,000 shares | 15,109 | 13,950 |
| | Rite Aid | 20,000 shares | 19,494 | 19,300 |
| | Saturns-JCP | 600 shares | 15,000 | 14,820 |
| | Shell Intl Finl | 125,000 shares | 127,472 | 145,934 |
| | Sprint Capital | 25,000 shares | 23,131 | 17,844 |
| | Sprint Nextel | 25,000 shares | 24,744 | 20,750 |
| | Supervalu | 50,000 shares | 50,725 | 50,875 |
| | Supervalu | 7,000 shares | 7,048 | 7,228 |
| | Tenneco Packaging | 10,000 shares | 9,919 | 6,750 |
| | Terex Corp | 50,000 shares | 49,381 | 49,000 |
| | USG Corp | 10,000 shares | 9,672 | 7,800 |
| | USG Corp | 24,000 shares | 24,362 | 20,280 |
| | US Steel | 25,000 shares | 24,506 | 24,750 |

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | William Lyons Homes | 15,000 shares | $ 14,700 | $ 4,275 |
| | Total Corporate Bonds | | 2,157,618 | 2,111,384 |
| | Corporate Stocks: | | | |
| | Abbott Labs | 875 Shares | $ 41,517 | $ 49,201 |
| | Abbott Labs | 77 Shares | 4,198 | 4,330 |
| | Accenture | 122 Shares | 6,899 | 6,494 |
| | Acme Packet | 29 Shares | 4,902 | 5,020 |
| | Airgas | 116 Shares | 7,572 | 9,057 |
| | Alcoa | 1,000 Shares | 18,186 | 8,650 |
| | Allergan | 300 Shares | 25,688 | 26,322 |
| | American Express | 100 Shares | 4,902 | 4,717 |
| * | Americas United Bank | 25,000 Shares | 250,000 | 75,000 |
| | Amgen, Inc. | 96 Shares | 5,022 | 6,164 |
| | Anadarko Petroleum | 400 Shares | 31,465 | 30,532 |
| | Anheuser-Busch | 162 Shares | 7,698 | 9,880 |
| | Annaly Cap | 504 Shares | 9,003 | 8,044 |
| | ANSYS Inc | 113 Shares | 5,617 | 6,473 |
| | Apple Computer | 20 Shares | 5,363 | 8,100 |
| | Apple Computer | 39 Shares | 12,998 | 15,795 |
| | Arch Capital | 294 Shares | 9,010 | 10,946 |
| | Arcos Dorados | 80 Shares | 1,759 | 1,642 |
| | Arm Holdings | 59 Shares | 1,795 | 1,633 |
| | ASSA Abloy | 286 Shares | 2,766 | 3,564 |
| | AT&T | 791 Shares | 21,324 | 23,920 |
| | AT&T | 800 Shares | 23,882 | 24,192 |
| | BAC Mitts | 25,000 Shares | 266,676 | 245,498 |
| | Banco Do Brasil | 428 Shares | 6,677 | 5,393 |
| | Bayerische Motoren Werke | 261 Shares | 7,677 | 5,802 |
| | Bershire Hathaway | 100 Shares | 8,850 | 7,630 |
| | BG Group | 27 Shares | 3,072 | 2,889 |
| | BHP Billiton | 65 Shares | 3,927 | 4,591 |
| | Biogen | 75 Shares | 7,586 | 8,254 |
| | Bk of America | 15,000 Shares | 150,000 | 144,450 |
| | Blackrock | 14 Shares | 2,143 | 2,495 |
| | Boeing | 79 Shares | 4,841 | 5,795 |
| | BP PLC | 400 Shares | 22,041 | 17,096 |
| | Bristol Myers Squibb | 1,100 Shares | 56,702 | 38,764 |
| | British Amern Tobaco | 56 Shares | 3,548 | 5,313 |
| | Capital One | 243 Shares | 10,058 | 10,276 |
| | Carmax | 168 Shares | 4,518 | 5,121 |
| | Chevron Corp | 63 Shares | 6,521 | 6,703 |

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Chevron Corp | 118 Shares | $ 11,168 | $ 12,555 |
| | Chipotle Mexican Grill | 13 Shares | 2,645 | 4,391 |
| | Chubb | 139 Shares | 8,708 | 9,622 |
| | Cisco Systems | 186 Shares | 4,273 | 3,363 |
| | Cisco Systems | 1,001 Shares | 19,819 | 18,098 |
| | Cisco Systems | 800 Shares | 17,788 | 14,464 |
| | Citigroup | 454 Shares | 20,845 | 11,945 |
| | City National Corp | 158 Shares | 8,145 | 6,980 |
| | Cliffs Natural Resources | 54 Shares | 5,092 | 3,367 |
| | Coca Cola | 46 Shares | 2,909 | 3,219 |
| | Columbia Bkg Sys | 209 Shares | 4,005 | 4,027 |
| | Comcast | 154 Shares | 2,886 | 3,628 |
| | Comerica | 365 Shares | 9,355 | 9,417 |
| | Conoco Phillips | 213 Shares | 16,316 | 15,521 |
| | Conoco Phillips | 112 Shares | 6,689 | 8,161 |
| | Conoco Phillips | 200 Shares | 15,254 | 14,574 |
| | Cons Edison | 500 Shares | 21,157 | 31,015 |
| | Crown Holdings | 253 Shares | 9,818 | 8,496 |
| | Cummins, Inc. | 41 Shares | 3,961 | 3,609 |
| | CVS Caremark | 132 Shares | 4,789 | 5,383 |
| | CVS Caremark | 500 Shares | 14,778 | 20,390 |
| | Daito TR Construction | 261 Shares | 4,820 | 5,559 |
| | Danone-Spons | 183 Shares | 2,285 | 2,313 |
| | Darden Restaurants | 121 Shares | 5,327 | 5,515 |
| | Deere Co. | 43 Shares | 3,743 | 3,326 |
| | Deere Co. | 150 Shares | 12,903 | 11,603 |
| | Devon Energy | 33 Shares | 2,112 | 2,046 |
| | Devon Energy | 151 Shares | 9,415 | 9,362 |
| | Devon Energy | 250 Shares | 16,697 | 15,500 |
| | Direct TV | 272 Shares | 12,012 | 11,631 |
| | Dollar Tree | 82 Shares | 6,636 | 6,815 |
| | Donnelley | 1,900 Shares | 29,605 | 27,417 |
| | Dover Corp | 29 Shares | 1,481 | 1,683 |
| | Duke Energy | 1,000 Shares | 18,858 | 22,000 |
| | Eli Lilly | 227 Shares | 9,146 | 9,434 |
| | Eli Lilly | 600 Shares | 22,810 | 24,936 |
| | EMC Corp. | 211 Shares | 3,424 | 4,545 |
| | Endo Pharmaceuticals | 248 Shares | 10,195 | 8,563 |
| | Energizer Holdings | 21 Shares | 1,531 | 1,627 |
| | Enterprise Products | 2,150 Shares | 67,775 | 99,717 |
| | Expeitors Int'l | 140 Shares | 6,817 | 5,734 |
| | Exxon Mobil | 40 Shares | 3,263 | 3,390 |
| | Fanuc Ltd | 137 Shares | 2,162 | 3,466 |

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | First Horizon | 495 Shares | $ 4,557 | $ 3,960 |
| | First Niagara | 590 Shares | 8,176 | 5,092 |
| | Foot Locker | 284 Shares | 6,273 | 6,771 |
| | Forest Labs | 190 Shares | 6,833 | 5,749 |
| | Frac First Horizon Natl | 975 Shares | 0.10 | - |
| | Freeport McMoran | 39 Shares | 1,639 | 1,435 |
| | Freeport McMoran | 90 Shares | 2,972 | 3,311 |
| | Fulton Finl | 726 Shares | 7,951 | 7,122 |
| | General Electric | 700 Shares | 19,580 | 12,537 |
| | General Electric | 1,209 Shares | 21,540 | 21,653 |
| | Gilead Sciences | 189 Shares | 8,047 | 7,736 |
| | Gilead Science | 500 Shares | 21,461 | 20,465 |
| | Glaxosmithkline | 160 Shares | 6,238 | 7,301 |
| | Global Payments | 199 Shares | 10,442 | 9,429 |
| | Goldman Sachs | 120 Shares | 17,484 | 10,852 |
| | Google | 6 Shares | 3,579 | 3,875 |
| | Google | 5 Shares | 1,770 | 3,230 |
| | H J Heinz | 350 Shares | 16,886 | 18,914 |
| | Halliburton | 234 Shares | 9,186 | 8,075 |
| | Halliburton | 145 Shares | 4,738 | 5,004 |
| | Hansen Natural Soda | 31 Shares | 2,783 | 2,856 |
| | Hertz Global Holdings | 561 Shares | 6,612 | 6,575 |
| | Hewlett Packard | 82 Shares | 3,503 | 2,112 |
| | Hologic | 574 Shares | 9,176 | 10,051 |
| | Honeywell | 124 Shares | 6,295 | 6,739 |
| | IBM | 17 Shares | 2,066 | 3,126 |
| | Informatica | 94 Shares | 4,370 | 3,471 |
| | Inmarsat | 210 Shares | 1,572 | 1,302 |
| | Intel | 260 Shares | 5,865 | 6,305 |
| | Intel | 1,300 Shares | 27,006 | 31,525 |
| | Intuitive Surgical | 23 Shares | 6,931 | 10,649 |
| | Johnson & Johnson | 107 Shares | 6,289 | 7,017 |
| | Johnson & Johnson | 600 Shares | 38,918 | 39,348 |
| | Jones Lang Lasalle | 44 Shares | 2,486 | 2,695 |
| | JP Morgan Chase | 99 Shares | 3,836 | 3,292 |
| | JP Morgan Chase | 315 Shares | 13,306 | 10,474 |
| | JS Group | 36 Shares | 1,793 | 1,368 |
| | Kasikornbank | 183 Shares | 2,941 | 2,891 |
| | Kinder Morgan Energy | 1,100 Shares | 71,447 | 93,445 |
| | KOC Holding | 176 Shares | 3,197 | 2,619 |
| | Kohl's Corp | 233 Shares | 12,035 | 11,499 |
| | Lam Research | 307 Shares | 13,425 | 11,365 |
| | Liberty Media | 141 Shares | 10,759 | 11,005 |

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | LVMH Moet | 133 Shares | $ 3,009 | $ 3,737 |
| | Marathon Oil | 224 Shares | 6,178 | 6,556 |
| | Market Vectors | 400 Shares | 16,088 | 9,880 |
| | Mastercard | 8 Shares | 2,663 | 2,983 |
| | McCormick Non Voting | 71 Shares | 3,451 | 3,580 |
| | Merck | 436 Shares | 14,241 | 16,437 |
| | Metlife | 195 Shares | 8,147 | 6,080 |
| | Microsoft | 600 Shares | 17,713 | 15,576 |
| | Microsoft | 475 Shares | 12,845 | 12,331 |
| | Mitsubishi | 390 Shares | 6,409 | 5,807 |
| | Mobil Telesys | 95 Shares | 2,004 | 1,395 |
| | Monsanto | 60 Shares | 4,224 | 4,204 |
| | Mr Price Group | 81 Shares | 1,708 | 1,604 |
| | MRV Engenharia | 357 Shares | 6,154 | 4,205 |
| | MS Emergin Mkts | 2,500 Shares | 48,125 | 35,375 |
| | Mylan | 429 Shares | 7,973 | 9,206 |
| | National Oilwell Varco | 148 Shares | 10,581 | 10,063 |
| | National Oilwell Varco | 111 Shares | 6,158 | 7,547 |
| | Nestle Spon | 200 Shares | 9,968 | 11,542 |
| | Nielsen Holdings | 117 Shares | 3,326 | 3,474 |
| | Northrop Grumman | 165 Shares | 9,396 | 9,649 |
| | O'Reilly Automotive | 39 Shares | 2,664 | 3,118 |
| | Occidental Petroleum | 144 Shares | 14,864 | 13,493 |
| | Occidental Petroleum | 134 Shares | 11,762 | 12,556 |
| | Oracle | 350 Shares | 8,392 | 8,978 |
| | Panera Bread | 44 Shares | 4,961 | 6,224 |
| | Pepsico | 300 Shares | 19,535 | 19,905 |
| | Pfizer | 328 Shares | 6,370 | 7,098 |
| | Pfizer | 856 Shares | 15,974 | 18,524 |
| | Philip Morris | 86 Shares | 6,245 | 6,749 |
| | Plains All American Pipline | 600 Shares | 38,803 | 44,070 |
| | PNC Fincl | 197 Shares | 11,830 | 11,361 |
| * | Popular Inc | 50,000 Shares | 162,877 | 69,500 |
| | Precision Castparts | 62 Shares | 7,640 | 10,217 |
| | Priceline | 14 Shares | 6,649 | 6,548 |
| | Prudential | 155 Shares | 3,136 | 3,060 |
| | Qualcomm | 70 Shares | 3,667 | 3,829 |
| | Ralph Lauren | 56 Shares | 5,463 | 7,732 |
| | Red Hat | 109 Shares | 4,678 | 4,501 |
| | Rexam PLC | 109 Shares | 3,302 | 2,970 |
| | Research in Motion | 600 Shares | 11,639 | 8,700 |
| | Reynolds American | 463 Shares | 13,138 | 19,177 |
| | Roper Industries | 80 Shares | 6,100 | 6,950 |

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Ross Stores | 60 Shares | $ 2,430 | $ 2,852 |
| | Ross Stores | 332 Shares | 12,779 | 15,780 |
| | Ross Stores | 144 Shares | 5,081 | 6,844 |
| | Sampo PLC | 113 Shares | 1,475 | 1,393 |
| | Sandisk Corp | 141 Shares | 6,780 | 6,939 |
| | SAP AG | 83 Shares | 4,093 | 4,395 |
| | Sberbank | 486 Shares | 4,801 | 4,831 |
| | Schlumberger | 46 Shares | 3,350 | 3,142 |
| | Sensata Tech | 424 Shares | 10,701 | 11,143 |
| | Southern Company | 257 Shares | 8,906 | 11,897 |
| | Spectra Energy | 215 Shares | 5,823 | 6,611 |
| | Spectra Energy | 500 Shares | 13,555 | 15,375 |
| | Sprint Nextel | 1,000 Shares | 5,614 | 2,340 |
| | Standard Pacific | 4,500 Shares | 15,283 | 14,310 |
| | Sumitomo Mitsu | 878 Shares | 6,453 | 4,838 |
| | Suncor Energy | 65 Shares | 2,795 | 1,874 |
| | Suntrust Bks | 316 Shares | 6,819 | 5,593 |
| | Sysco Corp | 108 Shares | 3,405 | 3,168 |
| | Taiwan S Manufacturing | 302 Shares | 3,086 | 3,899 |
| | Technip | 152 Shares | 3,179 | 3,587 |
| | Telekomunikasi Indonesia | 159 Shares | 5,421 | 4,888 |
| | Telstra Corp | 579 Shares | 8,746 | 9,872 |
| | Tempur Pedic Int'l | 49 Shares | 3,051 | 2,574 |
| | Terex Cp New Del | 500 Shares | 10,616 | 6,755 |
| | Tesla Motors | 83 Shares | 2,502 | 2,370 |
| | Teva Pharmaceuticals | 650 Shares | 33,781 | 26,234 |
| | Time Warner | 237 Shares | 15,404 | 15,066 |
| | TJX Companies | 103 Shares | 4,953 | 6,649 |
| | Total Fina | 850 Shares | 45,587 | 43,444 |
| | Transdigm Group | 19 Shares | 1,669 | 1,818 |
| | Tullow PLC | 322 Shares | 3,254 | 3,460 |
| | Ulta Salon Cosmetics | 118 Shares | 6,473 | 7,661 |
| | Unilever PLC | 100 Shares | 2,830 | 3,352 |
| | United Techs Corp | 98 Shares | 5,356 | 7,163 |
| | UnitedHealth Group | 201 Shares | 6,848 | 10,187 |
| | Universal Health | 128 Shares | 6,926 | 4,974 |
| | Vail Resorts | 78 Shares | 3,502 | 3,304 |
| | Vale SA | 108 Shares | 2,845 | 2,317 |
| | Valeo Sponsored ADR | 183 Shares | 3,943 | 3,620 |
| | Valero Energy | 130 Shares | 2,993 | 2,737 |
| | Varian Medical Systems | 26 Shares | 1,646 | 1,745 |
| | Viacom | 118 Shares | 5,195 | 5,358 |
| | Viacom | 194 Shares | 8,812 | 8,810 |

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Vodafone Group | 459 Shares | $ 12,842 | $ 12,866 |
| | W W Grainger | 10 Shares | 1,742 | 1,872 |
| | Wal Mart Stores | 500 Shares | 26,107 | 29,880 |
| | Wal-mart | 242 Shares | 12,846 | 14,462 |
| | Wellpoint Inc. | 88 Shares | 5,575 | 5,830 |
| | Wells Fargo | 201 Shares | 6,071 | 5,540 |
| | Wells Fargo | 458 Shares | 13,452 | 12,622 |
| | Wendys | 647 Shares | 3,275 | 3,468 |
| | Western Union | 343 Shares | 6,275 | 6,263 |
| | Whiting Petroleum | 99 Shares | 6,468 | 4,622 |
| | Williams Sonoma | 142 Shares | 5,581 | 5,467 |
| | Windstream | 752 Shares | 8,989 | 8,828 |
| | Windstream | 1,000 Shares | 12,519 | 11,740 |
| | WR Berkley | 266 Shares | 8,637 | 9,148 |
| | Wynn Resorts | 78 Shares | 10,616 | 8,618 |
| | Xilinx | 297 Shares | 9,954 | 9,522 |
| | Xstrata PLC-ADR | 1,714 Shares | 6,014 | 5,039 |
| | Xylem | 245 Shares | 7,517 | 6,358 |
| | Yum Brands | 115 Shares | 5,880 | 6,786 |
| | Subtotal | | 3,024,952 | 2,758,982 |
| | Short Call Options: | | | |
| | Abbott Laboratories at 55 | 8 Options | $ (1,616) | $ (2,160) |
| | Allergan at 90 | 3 Options | (668) | (1,020) |
| | Anadarko Petroleum at 87.5 | 4 Options | (1,176) | (1,200) |
| | AT&T Inc at 30 | 8 Options | (542) | (960) |
| | BP PLC ADS at 42.5 | 4 Options | (459) | (468) |
| | Bristol Myers Squibb at 35 | 11 Options | (2,048) | (2,860) |
| | Cisco Sys Inc at 20 | 8 Options | (637) | (680) |
| | Conocophillips at 72.50 | 2 Options | (380) | (320) |
| | Cons Edison Inc Hldg at 60 | 5 Options | (419) | (1,125) |
| | CVS Corp. | 9 Options | (538) | (935) |
| | Eli Lilly | 6 Options | (595) | (1,890) |
| | Enterprise Prod PRTNRS | 21 Options | (1,505) | (3,045) |
| | Gilead Science | 3 Options | (506) | (426) |
| | Intel Corp at 24 | 13 Options | (530) | (988) |
| | Johnson & Johnson | 6 Options | (680) | (732) |
| | Kinder Morgan Energy | 8 Options | (1,620) | (5,960) |
| | Market Vectors Jr Gold | 4 Options | (593) | (160) |
| | Microsoft Corp | 6 Options | (532) | (600) |
| | Pepsico Inc NC at 65 | 3 Options | (538) | (519) |
| | R R Donnelley Sons at 16 | 16 Options | (1,020) | (320) |

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Research In Motion at 21 | 6 Options | $ (330) | $ (384) |
| | Standard Pacific CP at 4 | 45 Options | (1,316) | (900) |
| | Terex CP New Del at 25 | 5 Options | (909) | (325) |
| | Teva Pharmaceuticals at 45 | 6 Options | (475) | (240) |
| | Total Fina Elf SA at 60 | 8 Options | (1,496) | (1,600) |
| | Walmart Stores Inc at 55 | 5 Options | (1,026) | (2,600) |
| | Windstream Corp at 12 | 10 Options | (212) | (250) |
| | Subtotal | | (22,367) | (32,667) |
| | Total Corporate Stocks | | 3,002,585 | 2,726,315 |
| | Preferred Stocks: | | | |
| | Aegon | 600 Shares | $ 15,000 | $ 13,260 |
| | Barclays Bank | 300 Shares | 7,500 | 5,931 |
| | Development Div Rlty Prf | 1,000 Shares | 23,125 | 24,530 |
| | HSBC Holdings | 400 Shares | 10,000 | 9,560 |
| | ING Group NV | 4,000 Shares | 100,000 | 73,720 |
| | ING Group NV | 300 Shares | 7,500 | 5,022 |
| * | ML PFD Capital Trust III | 4,000 Shares | 100,000 | 85,840 |
| | Public Storage 7.0% Pfd | 500 Shares | 12,500 | 13,160 |
| | Royal Bank Scotland Grp | 8,000 Shares | 200,000 | 92,320 |
| | Total Preferred Stocks | | 475,625 | 323,343 |
| | Mortgages Receivable: | | | |
| | Aida Behr - Property As Collateral | Mortgage | $ 13,044 | $ 13,044 |
| | Total Mortgages Receivable | | 13,044 | 13,044 |
| | Money Market Accounts: | | | |
| * | Merrill Lynch | CMA Money Fund | $ 54,377 | $ 54,377 |
| * | Merrill Lynch | CMA Money Fund | 14,719 | 14,719 |
| * | Merrill Lynch | CMA Money Fund | 41,389 | 41,389 |
| * | Merrill Lynch | CMA Money Fund | 2,067,226 | 2,067,226 |
| * | Americas United Bank | Business Money Market | 1,089,177 | 1,089,177 |
| * | Banco Popular | Business Money Market | 184,966 | 184,966 |
| | Total Money Market Accounts | | 3,451,854 | 3,451,854 |
| | Certificates Of Deposit: | | | |
| | American Express Bank | 4.8% MAT 12/10/13 | $ 250,000 | $ 264,190 |
| | HSBC Bank USA | Variable 2/26/15 | 225,000 | 275,355 |

**F. GAVIÑA & SONS, INC.**
**401(k) PROFIT SHARING PLAN**
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**DECEMBER 31, 2011**

FEIN: 95-2922751 PLAN# 002

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Barclays Bk Del Wilmington CTF DEP | Variable 5/27/15 | $ 125,000 | $ 125,350 |
| * | Bank Amer N A Certificate Of | Variable 05/28/10 | 125,000 | 119,825 |
| | Banco Popular North Amer New York ( | Variable 3/31/11 | 100,000 | 100,000 |
| | HSBC Bank USA | Variable 5/28/10 | 125,000 | 134,338 |
| | HSBC Bank USA | Variable 5/28/10 | 125,000 | 121,325 |
| | Total Certificates Of Deposit | | 1,075,000 | 1,140,383 |
| | Mutual Funds (Non-Participant Directed): | | | |
| | Pimco Foreign Bond | 18,922 Shares | $ 215,407 | $ 206,056 |
| | Total Mutual Funds (Non-Participant Directed) | | 215,407 | 206,056 |
| | 401(k) Mutual Funds (Participant Directed): | | | |
| * | American Funds | AMCAP Fund | $ ** | $ 73,290 |
| * | American Funds | American Balanced Fund | ** | 14,489 |
| * | American Funds | American High Income Trust | ** | 17,393 |
| * | American Funds | Capital World Growth And Income Fund | ** | 66,215 |
| * | American Funds | Europacific Growth Fund | ** | 124,869 |
| * | American Funds | SMALL CAP World Fund | ** | 102,104 |
| * | American Funds | The Bond Fund Of America | ** | 461,809 |
| * | American Funds | American Funds Money Market Fund | ** | 164,932 |
| * | American Funds | The Growth Fund Of America | ** | 329,454 |
| * | American Funds | The Investment Company Of America | ** | 52,976 |
| * | American Funds | U.S. Government Securities Fund | ** | 107,632 |
| * | American Funds | Washington Mutual Investors Fund | ** | 335,609 |
| | Total 401(k) Mutual Funds (Participant Directed) | | | 1,850,773 |
| | Total Net Assets Held For Investment | | | $ 11,823,151 |

* Party-In Interest
** Cost information not available as permitted for participant directed accounts