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;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/1979

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

ZEREP MANAGEMENT CORPORATION

17445 E. RAILROAD STREET
CITY OF INDUSTRY, CA 91748

2b Employer Identification Number (EIN) 95-2668942

2c Sponsor's telephone number 626-961-6291

2d Business code (see instructions) 562000

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.	10/15/2012	MANUEL PEREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ZEREP MANAGEMENT CORPORATION

17445 E. RAILROAD STREET
CITY OF INDUSTRY, CA 91748

3b Administrator's EIN
95-2668942

3c Administrator's telephone number
626-961-6291

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**	196
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**	174
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	5
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	180
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	180
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	180
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:
2E 3D 3H

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ZEREP MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
95-2668942

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).. . . . . [X] 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

CITIZENS BUSINESS TRUST
P.O. BOX 2549
RANCHO CUCAMONGA, CA 91729

95-3629339

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

COMERICA BANK
13200 CROSSROADS PARKWAY NORTH
SUITE 100
CITY OF INDUSTRY, CA 91746-4554

38-1998421

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

COMERICA SECURITIES
8850 BOEDEKER STREET MC6505
DALLAS, TX 75225

38-1998421

(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)

CITIZENS TRUST

P.O. BOX 2549
RANCHO CUCAMONGA, CA 91729

95-3629339

(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?
28 33 51		4300	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NATIONAL RETIREMENT SERVICES, INC

5832 BOLSA AVENUE, SUITE 100
HUNTINGTON BEACH, CA 92649

33-0962367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 17 70		9440	Yes [ ] No [X]	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

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(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
ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ZEREP MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
95-2668942

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	-8397	261384
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	159563	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	39882	12491
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)	1821495	1808734
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	533040	430143
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	26791	26187
(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)	577145	389172
(7) Loans (other than to participants)	1c(7)	0	1167296
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	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)	1158880	586399
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	653132	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4961531	4681806
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	63254
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	63254
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4961531	4618552

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)	87194	
(C) Corporate debt instruments	2b(1)(C)	23350	
(D) Loans (other than to participants)	2b(1)(D)	28741	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	11291	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		150576
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	2047	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	160	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2207
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1614915	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1632252	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-17337

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-174080	
(B) Other	2b(5)(B)	12702	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-161378
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		-25932
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	296474	
(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)		296474
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)	10891	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	4300	
(4) Other	2i(4)	5382	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20573
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		317047
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-342979
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: ROGERS, CLEM & COMPANY (2) EIN: 95-2694521

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		500000
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**			
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
ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ZEREP MANAGEMENT CORPORATION

D Employer Identification Number (EIN)
95-2668942

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): 95-6837095

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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):

Rogers, Clem & Company
accountancy corporation

Donald B. Cullen, CPA
Dale E. Duncan, CPA
George R. Applebaum, CPA
Scott M. Biehl, CPA
Andy R. Jones, CPA

1067 PARK VIEW DRIVE • COVINA, CA 91724-3748 • (626) 858-5100 • FAX (626) 332-7012

Independent Auditors' Report

To the Administrator
Zerep Management Corporation
Profit Sharing Plan

We have audited the accompanying statement of net assets available for benefits of the Zerep Management Corporation Profit Sharing Plan (the "Plan") as of December 31, 2011, and the related statement of changes in net assets available for benefits and the supplemental schedule I as of and for the year ended December 31, 2011. These financial statements and schedule I are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit 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 misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides 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 the Zerep Management Corporation Profit Sharing Plan as of December 31, 2011, 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.

Rogers, Clem & Company
accountancy corporation

Donald B. Cullen, CPA
Dale E. Duncan, CPA
George R. Applebaum, CPA
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Andy R. Jones, CPA

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Our audit of the Plan's financial statements as of and for the year ended December 31, 2011, was made for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule 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. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended December 31, 2011, and in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

We have compiled the accompanying Statement of Assets available for benefits of Zerep Management Corporation Profit Sharing Plan as of December 31, 2010, in accordance with issued Statements on Standards for Accounting Review Services by the American Institute of Certified Public Accountants.

A compilation is limited to presenting information that is the representation of management in the form of a financial statement. We have not audited or reviewed the accompanying statement of net assets available for benefits as of December 31, 2010, and accordingly, do not express an opinion or provide any assurance on it.

Rogers, Clem & Company

ROGERS, CLEM & COMPANY

October 11, 2012
Covina, California

ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 and 2010

	2011	Compiled 2010
ASSETS:		
Investments, at fair value:		
U.S. government securities	$1,808,733	$1,821,495
Loan (other than to participants)	1,167,297	-
Real estate	389,172	577,145
Mutual funds	586,399	1,158,880
Corporate bonds	430,143	533,040
Preferred stock	26,187	26,791
Municipal bonds	-	653,132
Total investments	4,407,931	4,770,483
Cash	261,384	-
Employer contributions receivable	-	159,563
Interest receivable	12,491	12,773
Tax refund	-	27,109
Total assets	4,681,806	4,969,928
LIABILITIES:		
Bank overdraft	-	8,397
Due to Plan sponsor	63,254	-
NET ASSETS AVAILABLE FOR BENEFITS	$4,618,552	$4,961,531

See Independent Auditor' Report and the accompanying notes which are an integral part of these financial statements

ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	NON-PARTICIPANT DIRECTED
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income -	
Interest and dividends	$ 152,783
Total additions	152,783
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Net depreciation in fair value of investments	161,378
Net loss on sale of assets	17,337
Benefits paid to participants	296,474
Administrative expenses	20,573
Total deductions	495,762
Net decrease	342,979
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	4,961,531
End of year	$4,618,552

See Independent Auditors' Report and the accompanying notes which are an integral part of these financial statements

ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 and 2010

1. DESCRIPTION OF THE PLAN:

The following description of the Zerep Management Corporation Profit Sharing Plan (the "Plan") provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all employees of the City of Industry Disposal Co., Inc., Vincent's General Services, Inc., and Valley Vista Services (the "Company"). The Plan was initiated on November 1, 1979. All full-time employees who have completed one year of service are eligible. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has been amended and restated on several occasions to comply with current tax law changes.

TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service Dated March 31, 2008 stating that the Prototype Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

1. DESCRIPTION OF THE PLAN: (Continued)

CONTRIBUTIONS

Employer profit sharing contributions are discretionary, to be determined by the employer and are not limited to current or accumulated net profits. Participants may not contribute to the Plan. Employer's contributions for 2011 and 2010 totaled $ 0 and $159,563, respectively. Employment at year end is an eligibility requirement.

Employer contributions of certain highly compensated participants may be limited based on contribution nondiscrimination tests described in Internal Revenue Code Section 401(k) and 401(m).

PARTICIPANT ACCOUNTS

Each participant's account is credited with the allocations of the Company's contributions and Plan earnings. Allocations of current contributions are in the same ratio as the participant's compensation bears to the total of such compensation of all participants. Allocations of earnings are based on each participant's individual investment balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Net assets available for benefits include the accounts of active participants, as well as certain separated, vested and retired participants. These participants share in the earnings of the investments.

INVESTMENT OPTIONS

The Zerep Management & City of Industry Disposal Employee Plan Trust (Master Trust) was established to hold the investment assets of Plans sponsored by Zerep Management Corporation and City of Industry Disposal Co., Inc. and related companies in the combined group (The Company and Plan Sponsor). Investments, and the income therefrom, are allocated to participating Plans based on each Plan's participation in investment options within the Master Trust. Accordingly, the Plan's investment gain for the year ended December 31, 2011 and 2010 includes its allocable share of the Master Trust's interest and dividends and net appreciation in fair value of assets.

1. DESCRIPTION OF THE PLAN: (Continued)

VESTING

Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

FORFEITED ACCOUNTS

Forfeitures may be used to pay administrative expenses or reduce future employer contributions. There were no available forfeitures at December 31, 2011 and 2010.

PAYMENTS OF BENEFITS

Amounts credited to an individual participant's account are distributed at termination of employment, death, disability or attainment of retirement age as a lump sum, in installments or as an annuity. Distributions may be deferred until the participant reaches the age of 70½ if the value of the distribution is not less than $5,000. However, the Plan agreement stipulates that distributions must commence no later than April 1, of the year following the year in which the participant reaches the age of 70½.

In certain hardship situations, as described in the Plan agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to deferred account balances and may not include any interest earned thereon.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting. The Plan's investments are stated at their fair value. Shares of registered investment companies are valued at their quoted market prices, which represent the net asset value of shares held by the Plan at year end. All purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends earned are recorded on the ex-dividend date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

INVESTMENT VALUATION AND INCOME RECOGNITION

The Master Trust was established November 1, 1979, to hold the investment assets of Plans sponsored by Zerep Management and City of Industry Disposal, Inc. Investments, and the income there from, are allocated to participating Plans based on each Plan's participation in investment options within the master trust. Accordingly, the Plan's investment gain for the years ended December 31, 2011 and 2010, includes its allocable share of the master trust's interest and dividends and net appreciation in fair value of mutual funds.

Investments held in the Master Trust, and by the Plan are stated at fair value. Fair value of the funds is determined based on the underlying investments of the related funds as reported by the fund companies based on quoted market prices. Such investments are credited with earnings of the underlying investments and charged for Plan withdrawals and administrative expenses incurred. Purchases and sales of these investments are reflected on the trade dates. Interest income is recorded on the accrual basis. Dividends are recorded when received.

Purchases and sales of these investments are reflected on the trade dates. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

LOAN OTHER THAN TO PARTICIPANTS

In July 2011, the Plan entered into a loan with an entity other than a participant. The loan was for $3,600,000 with interest only at 8% per annum due monthly, secured by real estate. Principal and unpaid interest are due on July 1, 2013.

USE OF ESTIMATES

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

EXPENSES

Certain custodian and administrative expenses are paid by the Plan. Other expenses are paid by the Plan's sponsor. Management fees are operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation (depreciation) in fair market value of investments for such investments.

PAYMENT OF BENEFITS

Benefits are recorded on the accrual method.

SUBSEQUENT EVENTS

Subsequent events were evaluated through October 11, 2012, which is the date the financial statements were available to be issued, no events were found requiring recording or disclosure in the financial statements for the year ended December 31, 2011.

3. ASSETS HELD FOR INVESTMENT PURPOSES:

All investments that represent 5% or more of the fair market value of net Plan assets available for Plan benefits are separately identified.

	December 31, 2011	December 31, 2010
U.S. Government Securities 10/20/37	$ *	$ 329,207
U.S. Government Securities 12/20/37	261,185	*
U.S. Government Securities 02/20/40	345,017	624,844
Dreyfus General Money Market Fund	527,025	*
Goldman Sachs Financial Square MM Admin.	*	1,133,196
Real Estate	389,172	577,145
Loan (other than to participants)	1,167,297	*

* Less than 5% of net Plan assets.

4. INVESTMENT IN MASTER TRUST:

At December 31, 2011 and 2010, the Plan's investment assets were held in a trust account at Zerep Management Corporation and consist of an interest in a Master Trust. The Master Trust also includes the investment assets of the Retirement Plans for the employees of Zerep Management Corporation in the Zerep Management Corporation Money Purchase Pension Plan.

The Master Trust was composed of the following investments at December 31:

	2011	2010
Cash and cash equivalent	$ 826,456	$ (25,904)
U.S. securities	5,718,929	5,619,333
Municipal bonds	-	2,014,920
Corporate bonds	1,360,044	1,644,435
Preferred stock	82,800	82,650
Loan (other than to participants)	3,690,807	-
Real estate	1,230,500	1,780,500
Interest in registered investment companies	1,854,102	3,575,160
Total Investments	$14,763,638	$ 14,691,094

The Plan's interest in the Master Trust as a percentage of net assets of the Master Trust was 31.627% and 32.415% at December 31, 2011 and 2010, respectively.

The net investment income of the Master Trust is summarized as follows for the year ended December 31:

	2011	2010
Net appreciation (depreciation) in fair value of investments	$ (564,644)	$ (8,338)
Interest and dividends	482,712	395,530
Administrative expenses	(54,028)	(54,666)

Investment income and expenses are allocated to the Plan based upon its pro rata share in the net assets of the Master Plan.

5. RELATED PARTY TRANSACTIONS:

During the period ended December 31, 2011 and 2010, there were no related-party transactions, which are prohibited by ERISA and for which there are no statutory or administrative exemptions.

5. RELATED PARTY TRANSACTIONS: (Continued)

The Plan investments at year end include shares of mutual funds managed by Comerica Securities and Citizens Business Bank. Comerica Securities and Citizens Business Bank are the trustees' as defined by the Plan and, therefore these transactions qualify as party-in interest.

6. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). In the event the Plan is terminated, each participant shall have a 100% vested interest in his or her account.

7. FAIR VALUE MEASUREMENTS:

ASC 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements). And the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC under 820-10 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

7. FAIR VALUE MEASUREMENTS: (Continued)

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

Mutual funds - Valued at the net assets value ("NAV") of shares held by the Plan at year end.

Real estate - Valued at fair market value as determined by an independent real estate appraiser.

Loan other than to participants - Valued at face value plus accrued interest.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010.

7. FAIR VALUE MEASUREMENTS: (Continued)

Assets at Fair Value as of December 31, 2011

	Level 1	Level 2	Level 3	Total
Cash	$ 261,384	$ -	$ -	$ 261,384
U.S. Government Securities	1,808,733	-	-	1,808,733
Loan (other than to participants)	-	-	1,167,297	1,167,297
Real Estate	-	-	389,172	389,172
Mutual Funds	586,399	-	-	586,399
Corporate Bonds	430,143	-	-	430,143
Preferred Stock	26,187	-	-	26,187
Total assets at fair value	$3,112,846	$ -	$1,556,469	$4,669,315

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
U.S. Government Securities	$ 1,821,495	$ -	$ -	$ 1,821,495
Real Estate	-	-	577,145	577,145
Mutual Funds	1,158,880	-	-	1,158,880
Corporate Bonds	533,040	-	-	533,040
Municipal Bonds	653,132	-	-	653,132
Preferred Stock	26,791	-	-	26,791
Total assets at fair value	$4,193,338	$ -	$ 577,145	$ 4,770,483

7. FAIR VALUE MEASUREMENTS: (Continued)

Level 3 Assets	Year Ended December 31, 2011	
	Real Estate	Loan (other than to participants)
Balance, beginning of year	$ 577,145	$ -
Realized gains/(losses)	-	-
Interest credited	-	28,720
Unrealized gains/(losses) relating to instruments still held at the reporting date	(187,973)	-
Purchases, sales, issuances and settlements (net)	-	1,138,577
Balance, end of year	$ 389,172	$ 1,167,297

CHANGES IN FAIR VALUE LEVELS

The availability of observable market data is monitored to asses the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2011, there were no significant transfers in or out of levels 1, 2 and 3.

SUPPLEMENTAL INFORMATION

SCHEDULE I

ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN
PLAN NUMBER 002, SPONSOR EIN 95-2668942
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2011

(a) Party In Interest	(b) Identity of issue borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Fed Natl Mtg Assn	Pool #AD0170 5.822% 11/12	$ 12,835	$ 12,422
	Govt Natl Mtg Assn	Pool #173000 10% 7/14	1,377	1,251
	Govt Natl Mtg Assn	Pool #420000 10% 10/15	2,522	2,469
	Govt Natl Mtg Assn	Pool #513000 10% 3/16	1,313	1,210
	Govt Natl Mtg Assn	Pool #263100 7% 8/28	5,255	5,316
	Govt Natl Mtg Assn	Pool #306900 7% 4/31	2,468	2,555
	Govt Natl Mtg Assn	Pool #004324 5.5% 1/24	7,274	7,321
	Govt Natl Mtg Assn	Pool #552710 13% 10/12	3,375	3,238
	Govt Natl Mtg Assn	Pool #6895400 10% 7/13	1,346	1,251
	Govt Natl Mtg Assn	Pool #514431 7% 8/29	75	88
	Govt Natl Mtg Assn	Pool #158394 9% 5/16	2,225	2,171
	Govt Natl Mtg Assn	Pool #158311 9% 6/16	1,480	1,480
	Govt Natl Mtg Assn	Pool #144784 11.5% 11/15	1,759	1,577
	Govt Natl Mtg Assn	Pool #162133 9% 6/16	1,714	1,574
	Govt Natl Mtg Assn	Pool #165614 9% 7/16	2,774	2,715
	Govt Natl Mtg Assn	Pool #338094 9.75% 10/12	987	943
	Govt Natl Mtg Assn	Pool #781312 7% 12/13	928	934
	Govt Natl Mtg Assn	Pool #782530 6% 12/23	6,464	6,471
	Govt Natl Mtg Assn	Pool #704097 6.5% 12/23	1,696	1,702
	Govt Natl Mtg Assn	Ser 2007-52 CL A 4.054% 6/27	3,700	3,677
	Govt Natl Mtg Assn	GNR 2008-77 4.5% 11/36	24,266	24,080
	Fed Natl Mtg Assn	SER 2003-127 CL GA 4.5% 5/33	2,032	2,046
	Federal Home Loan	SER 2764 CL JA 4.5% 3/19	17,854	17,804
	Federal Home Loan	Mortgage Series 3597 CL LH 4.5% 7/39	26,481	26,383
	Govt Natl Mtg Assn	SER 2004-78 CL C 4.658% 4/29	22,520	21,735
	Govt Natl Mtg Assn	SER 2003-34 CL NB 6% 11/32	10,152	9,865
	Govt Natl Mtg Assn	SER 2003-29 CL PD 5.5% 4/33	10,443	11,180
	Govt Natl Mtg Assn	SER 2003-17 CL AB 4.65% 7/31	24,371	24,286
	Govt Natl Mtg Assn	SER 2001-53 CL PM 11/1/01 5.5% 10/31	2,589	2,578
	Govt Natl Mtg Assn	SER 2002-67 CL B 5.5% 3/32	3,380	3,376
	Govt Natl Mtg Assn	SER 2002-66 CL B 4.25% 12/25	3,898	3,997
	Govt Natl Mtg Assn	SER 2008-34 CL PC 4% 9/37	12,396	12,650
	Govt Natl Mtg Assn	SER 2003-86 CL QE 5.5% 10/32	1,259	1,262
	Govt Natl Mtg Assn	SER 2003-100 CL AN 5.25% 2/31	962	941
	Govt Natl Mtg Assn	GNR 2004-42 AG 6% 3/32	12,867	13,043
	Govt Natl Mtg Assn	2004-35 SER 5.5% 5/33	3,677	3,676
	Govt Natl Mtg Assn	SER 2004-69 5% 10/32	11,998	11,883
	Govt Natl Mtg Assn	GNR 2004-47 PC 4.5% 1/34	9,322	9,547
	Govt Natl Mtg Assn	SER 2004-84 CL C 4.602% 11/24	5,301	5,157
	Govt Natl Mtg Assn	SER 2005-30 CL WB 6% 7/33	5,705	5,558
	Govt Natl Mtg Assn	SER 2005-26 CL C 6.5% 3/32	3,485	3,473
	Govt Natl Mtg Assn	SER 2005-63 CL HG 5.75% 11/32	5,393	5,267
	Govt Natl Mtg Assn	SER 2005-56 CL DB 5% 8/33	4,348	4,360

SCHEDULE I

ZEREP MANAGEMENT CORPORATION PROFIT SHARING PLAN
PLAN NUMBER 002, SPONSOR EIN 95-2668942
SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)
DECEMBER 31, 2011

(a) Party In Interest	(b) Identity of issue borrower, lessor, rate or similar party	(c) Description of investment including maturity date, of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Govt Natl Mtg Assn	SER 2005-77 CL DY 5.5% 2/33	25,374	26,069
	Govt Natl Mtg Assn	GNR 2009-45 YA 5% 1/39	952	932
	Govt Natl Mtg Assn	GNR 2009-53 CD 5% 7/39	5,482	5,333
	Govt Natl Mtg Assn	COL MTY SER 2010-10 CL CP 5% 1/40	26,098	25,145
	Govt Natl Mtg Assn	SER 2008-60 CL E DTD 5% 1/38	31,428	32,132
	Govt Natl Mtg Assn	2006-69 CL BE 5.25% 2/33	35,052	33,806
	Govt Natl Mtg Assn	SER 2008-9 CL E DTD 2/08 4.25% 7/37	13,619	13,830
	Govt Natl Mtg Assn	SER-51 CL PG 5% 6/38	14,961	15,693
	Govt Natl Mtg Assn	SER 2010-4 DTD 1/10 3% 8/39	64,588	65,504
	Govt Natl Mtg Assn	SER 2010-43 CL LM 5% 7/39	12,486	12,255
	Govt Natl Mtg Assn	SER 2010-41 DTD 4/10 5% 4/40	6,684	6,409
	Govt Natl Mtg Assn	GTD REMIC 4.5% 10/37	229,087	227,463
	Govt Natl Mtg Assn	GTD REMIC 2009-042 4.5% 12/37	262,385	261,185
	Govt Natl Mtg Assn	GTD REMIC 2009-045 4.5% 2/38	36,928	37,659
	Govt Natl Mtg Assn	GTD REMIC 2010-120 4% 2/40	347,292	345,017
	Govt Natl Mtg Assn	GTD REMIC 2011-032 4% 5/40	152,501	155,679
	Govt Natl Mtg Assn	GTD REMIC 2011-051 4% 8/40	130,887	131,644
	Govt Natl Mtg Assn	GTD REMIC 2011-026 4% 11/40	128,071	128,468
	General Elec Cap	Note 2.8% 1/13	7,898	8,057
	General Elec Cap	SER MTN 4.375% 3/12	33,159	31,794
	Goldman Sachs Grp	Senior Unsecured 6.6% 1/12	34,610	31,669
	Barclays Bk PLC	Note 5.45% 9/12	17,199	16,155
	Wellpoint Health Network	Note 6.375% 1/15/12	39,564	39,605
	General Elec Cap	SER MTN 5.875% 2/15/12	39,603	39,773
	Unitedhealth Grp	Note 4.875% 4/13	32,331	33,045
	Bank of America	Sub Notes 5.42% 3/17	65,070	57,069
	Morgan Stanley Dean Witter	MTN 2.75% 9/17	39,534	35,055
	Goldman Sachs Grp	Note 3.25% 3/12	55,347	51,765
	AT&T	Senior Note 6.375% 2/56	25,085	25,381
	General Elec Cap	Public Inc NT 6.10% 11/32	25,996	27,657
	Georgia Power	Senior Note SER 2008C 8.20% 11/48	26,055	27,388
	Gulf Power CO	Senior Note SER H 5.25% 7/15/33	5,499	5,730
	JPMorgan Chase	Non-Cum PFD SER J 8.625%	26,429	26,187
	Federated	Prime Cash Obligations FD	59,374	59,374
	Dreyfus	General Money Market Fund CL B	527,025	527,025
	J & J Mayfair	Note 8% 7/13 Secured by deed	1,138,577	1,167,296
*	Real Estate	Undeveloped Land-Hawaii	144,289	389,172

* Represents a Party-in-interest.

Attachment to Schedule H, Line 4i

ZEREP MANAGEMENT CORPORATION
PROFIT SHARING PLAN
PLAN NUMBER 002, SPONSOR EIN 95-2668942
ASSETS HELD FOR INVESTMENT
PLAN YEAR ENDING 12/31/11

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
FED NATL MTG ASSN (FNMA)	POOL #AD0170 5.822% 11/12	12,835	12,422
GOVT NATL MTG ASSN (GNMA)	POOL #173000 10% 7/14	1,377	1,251
GOVT NATL MTG ASSN (GNMA)	POOL #420000 10% 10/15	2,522	2,469
GOVT NATL MTG ASSN (GNMA)	POOL #513000 10% 3/16	1,313	1,210
GOVT NATL MTG ASSN (GNMA)	POOL #263100 7% 8/28	5,255	5,316
GOVT NATL MTG ASSN (GNMA)	POOL #306900 7% 4/31	2,468	2,555
GOVT NATL MTG ASSN (GNMA)	POOL #004324 5.5% 1/24	7,274	7,321
GOVT NATL MTG ASSN (GNMA)	POOL #552710 13% 10/12	3,375	3,238
GOVT NATL MTG ASSN (GNMA)	POOL #6895400 10% 7/13	1,346	1,251
GOVT NATL MTG ASSN (GNMA)	POOL #514431 7% 8/29	75	88
GOVT NATL MTG ASSN (GNMA)	POOL #158394 9% 5/16	2,225	2,171
GOVT NATL MTG ASSN (GNMA)	POOL #158311 9% 6/16	1,480	1,480
GOVT NATL MTG ASSN (GNMA)	POOL #144784 11.5% 11/15	1,759	1,577
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GOVT NATL MTG ASSN (GNMA)	POOL #165614 9% 7/16	2,774	2,715
GOVT NATL MTG ASSN (GNMA)	POOL #338094 9.75% 10/12	987	943
GOVT NATL MTG ASSN (GNMA)	POOL #781312 7% 12/13	928	934
GOVT NATL MTG ASSN (GNMA)	POOL #782530 6% 12/23	6,464	6,471
GOVT NATL MTG ASSN (GNMA)	POOL #704097 6.5% 12/23	1,696	1,702
GOVT NATL MTG ASSN (GNMA)	SER 2007-52 CL A 4.054% 6/27	3,700	3,677
GOVT NATL MTG ASSN (GNMA)	GNR 2008-77 4.5% 11/36	24,266	24,080
FED NATL MTG ASSN (FNMA)	SER 2003-127 CL GA 4.5% 5/33	2,032	2,046
FEDERAL HOME LOAN (FREDDIE MAC)	SER 2764 CL JA 4.5% 3/19	17,854	17,804
FEDERAL HOME LOAN (FREDDIE MAC)	MORTGAGE SERIES 3597 CL LH 4.5% 7/39	26,481	26,383
GOVT NATL MTG ASSN (GNMA)	SER 2004-78 CL C 4.658% 4/29	22,520	21,735
GOVT NATL MTG ASSN (GNMA)	SER 2003-34 CL NB 6% 11/32	10,152	9,865
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GOVT NATL MTG ASSN (GNMA)	SER 2002-66 CL B 4.25% 12/25	3,898	3,997
GOVT NATL MTG ASSN (GNMA)	SER 2008-34 CL PC 4% 9/37	12,396	12,650
GOVT NATL MTG ASSN (GNMA)	SER 2003-86 CL QE 5.5% 10/32	1,259	1,262
GOVT NATL MTG ASSN (GNMA)	SER 2003-100 CL AN 5.25% 2/31	962	941
GOVT NATL MTG ASSN (GNMA)	GNR 2004-42 AG 6% 3/32	12,867	13,043
GOVT NATL MTG ASSN (GNMA)	2004-35 SER 5.5% 5/33	3,677	3,676
GOVT NATL MTG ASSN (GNMA)	SER 2004-69 5% 10/32	11,998	11,883
GOVT NATL MTG ASSN (GNMA)	GNR 2004-47 PC 4.5% 1/34	9,322	9,547
GOVT NATL MTG ASSN (GNMA)	SER 2004-84 CL C 4.602% 11/24	5,301	5,157
GOVT NATL MTG ASSN (GNMA)	SER 2005-30 CL WB 6% 7/33	5,705	5,558
GOVT NATL MTG ASSN (GNMA)	SER 2005-26 CL C 6.5% 3/32	3,485	3,473
GOVT NATL MTG ASSN (GNMA)	SER 2005-63 CL HG 5.75% 11/32	5,393	5,267
GOVT NATL MTG ASSN (GNMA)	SER 2005-56 CL DB 5% 8/33	4,348	4,360

Attachment to Schedule H, Line 4i

ZEREP MANAGEMENT CORPORATION
PROFIT SHARING PLAN
PLAN NUMBER 002, SPONSOR EIN 95-2668942
ASSETS HELD FOR INVESTMENT
PLAN YEAR ENDING 12/31/11

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
GOVT NATL MTG ASSN (GNMA)	SER 2005-77 CL DY 5.5% 2/33	25,374	26,069
GOVT NATL MTG ASSN (GNMA)	GNR 2009-45 YA 5% 1/39	952	932
GOVT NATL MTG ASSN (GNMA)	GNR 2009-53 CD 5% 7/39	5,482	5,333
GOVT NATL MTG ASSN (GNMA)	COL MTY SER 2010-10 CL CP 5% 1/40	26,098	25,145
GOVT NATL MTG ASSN (GNMA)	SER 2008-60 CL E DTD 5% 1/38	31,428	32,132
GOVT NATL MTG ASSN (GNMA)	2006-69 CL BE 5.25% 2/33	35,052	33,806
GOVT NATL MTG ASSN (GNMA)	SER 2008-9 CL E DTD 2/08 4.25% 7/37	13,619	13,830
GOVT NATL MTG ASSN (GNMA)	SER-51 CL PG 5% 6/38	14,961	15,693
GOVT NATL MTG ASSN (GNMA)	SER 2010-4 DTD 1/10 3% 8/39	64,588	65,504
GOVT NATL MTG ASSN (GNMA)	SER 2010-43 CL LM 5% 7/39	12,486	12,255
GOVT NATL MTG ASSN (GNMA)	SER 2010-41 DTD 4/10 5% 4/40	6,684	6,409
GOVT NATL MTG ASSN (GNMA)	GTD REMIC 4.5% 10/37	229,087	227,463
GOVT NATL MTG ASSN (GNMA)	GTD REMIC 2009-042 4.5% 12/37	262,385	261,185
GOVT NATL MTG ASSN (GNMA)	GTD REMIC 2009-045 4.5% 2/38	36,928	37,659
GOVT NATL MTG ASSN (GNMA)	GTD REMIC 2010-120 4% 2/40	347,292	345,017
GOVT NATL MTG ASSN (GNMA)	GTD REMIC 2011-032 4% 5/40	152,501	155,679
GOVT NATL MTG ASSN (GNMA)	GTD REMIC 2011-051 4% 8/40	130,887	131,644
GOVT NATL MTG ASSN (GNMA)	GTD REMIC 2011-026 4% 11/40	128,071	128,468
GENERAL ELEC CAP CORP	NOTE 2.8% 1/13	7,898	8,057
GENERAL ELEC CAP CORP	SER MTN 4.375% 3/12	33,159	31,794
GOLDMAN SACHS GROUP	SENIOR UNSECURED 6.6% 1/12	34,610	31,669
BARCLAYS BK PLC	NOTE 5.45% 9/12	17,199	16,155
WELLPOINT HEALTH NETWORK	NOTE 6.375% 1/15/12	39,564	39,605
GENERAL ELEC CAP CORP	SER MTN 5.875% 2/15/12	39,603	39,773
UNITEDHEALTH GROUP	NOTE 4.875% 4/13	32,331	33,045
BANK OF AMERICA	SUB NOTES 5.42% 3/17	65,070	57,069
MORGAN STANLEY DEAN WITTER	MTN 2.75% 9/17	39,534	35,055
GOLDMAN SACHS GROUP	NOTE 3.25% 3/12	55,347	51,765
AT&T	SENIOR NOTE 6.375% 2/56	25,085	25,381
GENERAL ELEC CAP	PUBLIC INC NT 6.10% 11/32	25,996	27,657
GEORGIA POWER	SENIOR NOTE SER 2008C 8.20% 11/48	26,055	27,388
GULF POWER CO	SENIOR NOTE SER H 5.25% 7/15/33	5,499	5,730
JPMORGAN CHASE	NON-CUM PFD SER J 8.625%	26,429	26,187
FEDERATED	PRIME CASH OBLIGATIONS FD	59,374	59,374
DREYFUS	GENERAL MONEY MARKET FUND CL B	527,025	527,025
J & J MAYFAIR	NOTE 8% 7/13 SECURED BY DEED	1,138,577	1,167,296
REAL ESTATE	UNDEVELOPED LAND-HAWAII	144,289	389,172
TOTAL			4,407,932

Attachment to Schedule H, Line 4j

ZEREP MANAGEMENT CORPORATION

PROFIT SHARING PLAN

PLAN NUMBER 002, SPONSOR EIN 95-2668942

SCHEDULE OF REPORTABLE TRANSACTIONS

PLAN YEAR ENDING 12/31/11

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Number of Purchases	Number of Sales	Purchase total	Sales total	Net gain or (loss)
DREYFUS	GENERAL MONEY MARKET FUND CL B	22		1,215,829		
DREYFUS	GENERAL MONEY MARKET FUND CL B		2		688,407	0
GOLDMAN SACHS	GS FINANCIAL SQUARE MONEY MARKET ADMIN S	44		2,158,619		
GOLDMAN SACHS	GS FINANCIAL SQUARE MONEY MARKET ADMIN S		10		1,089,985	0
STATE OF CALIFORNIA	ST RANS SER A-2 3% 6/11		1		633,018	(4,653)
J & J MAYFAIR	NOTE 8% 7/13 SECURED BY DEED	1		1,139,433		