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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

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
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/03/1972

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WYNNE BUILDING CORPORATION

12804 S.W. 122 AVENUE
MIAMI, FL 33186

2b Employer Identification Number (EIN) 59-1294759

2c Sponsor's telephone number 305-235-3175

2d Business code (see instructions) 531110

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.	01/07/2011	JOEL F. WYNNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/07/2011	JOEL F. WYNNE
	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")
WYNNE BUILDING CORPORATION

12804 S.W. 122 AVENUE
MIAMI, FL 33186

3b Administrator's EIN
59-1294759

3c Administrator's telephone number
305-235-3175

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**	451
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**	181
b	Retired or separated participants receiving benefits	**6b**	74
c	Other retired or separated participants entitled to future benefits	**6c**	160
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	415
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	23
f	Total. Add lines **6d** and **6e**	**6f**	438
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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:
1A 1G

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)	X	**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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WYNNE BUILDING CORPORATION

D Employer Identification Number (EIN)
59-1294759

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		8530819
b	Actuarial value	**2b**		9383901
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	93	2428973
b	For terminated vested participants	**3b**	156	990759
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		123606
	(2) Vested benefits	**3c(2)**		4956058
	(3) Total active	**3c(3)**	202	5079664
d	Total	**3d**	451	8499396
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		7.93 %
6	Target normal cost	**6**		378477

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	01/07/2011
Signature of actuary	Date
LAWRENCE F. WILSON	08-02802
Type or print name of actuary	Most recent enrollment number
GABRIEL, ROEDER, SMITH & COMPANY	954-527-1616
Firm name	Telephone number (including area code)
ONE EAST BROWARD BLVD. SUITE 505 FORT LAUDERDALE, FL 33301	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of -19.80 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.06 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	110.40 %
15	Adjusted funding target attainment percentage	15	110.40 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [ ] Yes [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [X] Yes [ ] No

27	If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28	Unpaid minimum required contribution for all prior years	**28**	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	**29**	0
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions).....	**31**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	**34**	0

		Carryover balance	Prefunding balance	Total balance
35	Balances used to offset funding requirement			0

36	Additional cash requirement (item 34 minus item 35).....	**36**	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	**37**	0
38	Interest-adjusted excess contributions for current year (see instructions).....	**38**	0
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1294759

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

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

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

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

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

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

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

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

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

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

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

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

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)

MARCUMRACHLIN, A DIV OF MARCUM LLP

11-1986323

(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 50	NONE	13500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEARNS WEAVER, P.A.

59-2126062

(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?
29 50	NONE	11996	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GABRIEL, ROEDER, SMITH & COMPANY

38-1691268

(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?
11 50	NONE	114989	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 ☐

(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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1294759

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	0	35488
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	164081	153609
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	75958	236703
(2) U.S. Government securities	1c(2)	2477308	904717
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4681232	3081635
(B) All other	1c(3)(B)	0	3747424
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	601689	0
(B) Common	1c(4)(B)	0	1105865
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	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)	1721400	3414861
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	58939	30318

			(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	9780607	12710620
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	155020	8283
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1094768	1437555
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1249788	1445838
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8530819	11264782

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)	332	
	(B) U.S. Government securities	2b(1)(B)	94276	
	(C) Corporate debt instruments	2b(1)(C)	392028	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		486636
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	77370	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	15149	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		92519
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2939185	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2397114	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		542071

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1377399	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1377399
(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)		1151624
c Other income	2c		-342787
d Total income. Add all **income** amounts in column (b) and enter total	2d		3307462
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	418834	
(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)		418834
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)	154493	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	172	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		154665
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		573499
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2733963
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: MARCUMRACHLIN, A DIV OF MARCUM LLP (2) EIN: 11-1986323

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1294759

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): _____ _____

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** 0

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 **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 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(es). 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):

---

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):

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

FINANCIAL STATEMENTS

FOR THE YEARS ENDED MARCH 31, 2010 AND 2009

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

CONTENTS

Independent Auditors' Report 1-2

Financial Statements

Statements of Net Assets Available for Benefits 3
Statements of Changes in Net Assets Available for Benefits 4
Statement of Accumulated Plan Benefits 5
Statement of Changes in Accumulated Plan Benefits 6

Notes to Financial Statements 7-15

Required Supplemental Schedule

Schedule of Assets (Held at End of Year) 16-17

MARCUM
RACHLIN
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Trustee
Wynne Building Corporation Employees' Pension Trust
Miami, Florida

We have audited the accompanying statements of net assets available for benefits of Wynne Building Corporation Employees' Pension Trust as of March 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of April 1, 2009 and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements are the responsibility of the Plan's Trustees. 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 audits 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 Plan'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, information regarding the Plan's net assets available for benefits as of March 31, 2010 and 2009, and the changes therein for the years then ended and its financial status as of April 1, 2009 and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

MARCUMGROUP
MEMBER

MarcumRachlin a Division of Marcum LLP
450 East Las Olas Boulevard ▫ Ninth Floor ▫ Fort Lauderdale, Florida 33301 ▫ **Phone** 954.525.1040 ▫ **Fax** 954.525.2004
marcumrachlin.com

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes 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 Trustees. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Marcum Rachlin

a division of Marcum LLP
Miami, Florida
November 15, 2010

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARCH 31, 2010 AND 2009

	2010	2009
Assets		
Investments, at Fair Value		
Corporate bonds	$ 6,829,059	$ 4,681,232
Government securities	904,717	2,477,308
Mutual funds	3,414,861	1,721,400
Equity securities	1,105,865	601,689
Municipal bonds	30,318	58,939
Total Investments	12,284,820	9,540,568
Interest Receivable	153,609	164,081
Cash	272,191	75,958
Total Assets	12,710,620	9,780,607
Liabilities and Net Assets		
Accounts Payable	8,283	4,020
Due for Securities Purchased	--	151,000
Profit-Sharing Plan - Rollover	1,437,555	1,094,768
Total Liabilities	1,445,838	1,249,788
Net Assets Available for Benefits	$ 11,264,782	$ 8,530,819

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

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED MARCH 31, 2010 AND 2009

	2010	2009
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment income (loss):		
Interest and dividends	$ 579,155	$ 648,462
Net appreciation (depreciation) in fair value of investments	3,071,094	(3,142,003)
Net Investment Gain (Loss)	3,650,249	(2,493,541)
Total Additions	3,650,249	(2,493,541)
DEDUCTIONS		
Deductions from Net Assets Attributed to:		
Benefits paid	418,834	434,575
Administrative expenses	154,665	40,039
Total Deductions	573,499	474,614
Net Increase (Decrease) Attributable to All Plan Assets	3,076,750	(2,968,155)
Less (Earnings) Losses Attributable to Profit-Sharing Plan Assets	(342,787)	323,421
Net Increase (Decrease) in Plan Net Assets	2,733,963	(2,644,734)
Net Assets Available for Benefits		
Beginning	8,530,819	11,175,553
Ending	$ 11,264,782	$ 8,530,819

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

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

STATEMENT OF ACCUMULATED PLAN BENEFITS

(BEGINNING OF YEAR VALUATION - APRIL 1, 2009)

Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits of active participants	$ 4,918,494	
Participants due deferred benefits	980,966	
Vested benefits of inactive participants	2,425,076	
Total Vested		$ 8,324,536
Non-Vested Benefits		118,962
Total Actuarial Present Value of Accumulated Plan Benefits		$ 8,443,498

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

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

(BEGINNING OF YEAR VALUATION - YEAR ENDED APRIL 1, 2009)

Actuarial Present Value of Accumulated Plan Benefits, April 1, 2008		$ 8,049,831
Increase During the Year Attributable to:		
Benefits accumulated	201,304	
Decrease in the discount period	626,938	
Benefits paid	(434,575)	
Net Increase		393,667
Actuarial Present Value of Accumulated Plan Benefits, April 1, 2009		$ 8,443,498

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Wynne Building Employees' Pension Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

GENERAL

The Plan is a defined benefit pension plan covering substantially all employees of Wynne Building Corporation (the Company and the Plan Sponsor) and JAW Holdings, LLC (a controlled entity) who have completed one year of service and attained the age of 21. All employees who begin service, or return to the Company after a break in service, on or after April 1, 2009 are not eligible to participate in the Plan. The Plan was created effective October 23, 1972. The Plan was amended and restated effective September 4, 2007 and most recently amended on June 22, 2009, effective April 1, 2009. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

PENSION BENEFITS

Employees are entitled to pension benefits equal to 1.2% (base benefit percentage) times average monthly compensation (AMC) times each year of participant service up to 15 years plus 1.6% times AMC times each year of participant service in excess of 15 years up to a maximum of 20 years plus a benefit equal to .65% (excess benefit percentage) times AMC in excess of one-twelfth of covered compensation multiplied by the participant's total number of years of participation (up to a maximum of 35 years). The accrued benefit for a participant who terminates employment prior to their normal retirement are changed to be calculated in the same manner as the normal retirement benefit, however, the accrued benefit will be based upon years of participation and the AMC as of the date of termination.

VESTING PROVISIONS

The Plan's vesting provisions are based on a 5 year schedule whereby after 5 years of service, participants become 100% vested in their accrued benefit.

Years of Service	Vested Percentage
Less than 5	0%
5 or more	100%

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the accrual basis of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Net appreciation (depreciation) in fair value of investments includes realized and unrealized gains and losses. Purchases and sales of securities are recorded on the trade-date basis. Dividends are recorded on the ex-dividend date.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded upon distribution.

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable to services rendered by employees. Accumulated plan benefits include benefits expected to be paid to a) retired, disabled or terminated employees or their beneficiaries; b) beneficiaries of employees who have died; and c) present employees or beneficiaries.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary. This amount is the result from applying actuarial assumptions to the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of April 1, 2009 were:

1.	Funding Valuation Interest Rates	
	Funding Target Liability	December 2008 full yield curve
	Effective Interest Rate	7.93%
	PBGC Funding Target	December 2008 full yield curve
2.	Expected Return on Assets	8.00%, compounded annually, capped at the third segment rate for Funding Target Liability purposes.
3.	Accounting Rates	
	FAS 35 Liabilities	8.00%, compounded annually
4.	Mortality (Funding and Accounting)	The RP-2000 Mortality Table with separate rates for males and females and for annuitants and non-annuitants, as prescribed by the IRS, with fully generational mortality improvements projected to each future
5.	Retirement	Later of age 65 or attained age on the valuation date.
6.	Covered Compensation	
	a. National Average Earnings	4.00%

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

7. Changes Since Prior Valuation	The funding valuation and PBGC interest rates have been updated to the December 2008 full yield curve. The prior funding segment rates as of April 2008 were: First Segment Rate (0-5 yrs) - 5.73% Second Segment Rate (5-20) - 5.99% Third Segment Rate (20+) - 6.17% The prior PBGC segment rates as of April 2008 were: First Segment Rate (0-5 yrs) - 4.28% Second Segment Rate (5-20) - 6.38% Third Segment Rate (20+) - 6.99%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

FUNDING POLICY

Contributions from the Company are actuarially determined by the Plan's actuary to cover the Plan's normal cost and prior service costs. On April 1, 2009 and 2008, the Plan was over-funded and was within the funding requirements of ERISA. Therefore, there were no Company contributions required for the years ended March 31, 2010 and 2009.

SUBSEQUENT EVENTS

During 2010, the Plan adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 855 "Subsequent Events," which is effective for annual reporting periods ending after June 15, 2009. Accordingly, the Plan Administrator has evaluated subsequent events to determine if events or transactions occurring through November 15, 2010, which is the date the financial statements were available to be issued, require potential adjustment or disclosure in the financial statements.

NOTE 3 - PROFIT-SHARING PLAN ROLLOVER

Net assets of a terminated profit-sharing plan were merged into the pension plan on April 1, 1984. The profit-sharing plan rollover represents a reduction in total net assets to the participants resulting from the terminated profit-sharing plan. The earnings on the net assets of the terminated profit-sharing plan are segregated from the net assets available for other pension plan benefits.

NOTE 4 - INVESTMENTS

Investments that represent five percent (5%) or more of the Plan's net assets at March 31 are as follows:

	2010	2009
Corporate Bonds:		
Bank America Corporation 6.550% due 2027	$ 679,514	$ 502,468
Citizens Utilities Co 7.875% due 2027	892,470	*
New Jersey Bell Telephone Corporation 7.850% due 2029	630,976	560,176
General Electric Cap Corp. 6.750% due 2032	586,407	*
General Foods Corporation 7.000% due 2011	*	601,225
Government Securities:		
FNMA Pool 6.000% due 2025	*	1,160,533
F.H.L.M.C. CMO's 6.000% due 2035	*	577,896
FNMA CMO's 6.000% due 2035	*	517,773
Mutual Funds:		
Powershares QQQQ	773,835	651,031
Vanguard Emerging Markets - ETF - VWO	743,231	*

*Less than 5%

NOTE 4 – INVESTMENTS (CONTINUED)

RISKS AND UNCERTAINTIES

The Plan invests in securities with contractual cash flows, such as asset backed securities and collateralized mortgage obligations. The value, liquidity and related income of these securities are sensitive to changes in economic conditions including real estate value, delinquencies and defaults, and may adversely be affected by shifts in the market's perception of the issuers and changes in interest rates. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes, could materially affect the amounts reported in the statement of net assets available for benefits.

The Plan, through its investment advisor, monitors the Plan's investment and the risks associated therewith on a regular basis which the Plan believes minimizes these risks.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

NOTE 5 - FAIR VALUE MEASUREMENTS

ASC 820, "Fair Value Measurement 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 guidance establishes three levels of inputs that may be used to measure fair value:

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.

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

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.

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 March 31, 2010 and 2009.

Equity securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices.

Debt Instruments: Debt instruments, which include corporate bonds, government securities and municipal bonds, are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bonds are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

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 March 31, 2010 and 2009.

	As of March 31, 2010			
	Level 1	Level 2	Level 3	Total
Corporate Bonds	$ --	$ 6,829,059	$ --	$ 6,829,059
Government Securities	--	904,717	--	904,717
Mutual Funds	3,414,861	--	--	3,414,861
Equity Securities	1,105,865	--	--	1,105,865
Municipal Bonds	--	30,318	--	30,318
Total Investments at Fair Value	$ 4,520,726	$ 7,764,094	$ --	$ 12,284,820

	As of March 31, 2009			
	Level 1	Level 2	Level 3	Total
Corporate Bonds	$ --	$ 4,681,232	$ --	$ 4,681,232
Government Securities	--	2,477,308	--	2,477,308
Mutual Funds	1,721,400	--	--	1,721,400
Equity Securities	601,689	--	--	601,689
Municipal Bonds	--	58,939	--	58,939
Total Investments at Fair Value	$ 2,323,089	$ 7,217,479	$ --	$ 9,540,568

NOTE 6 - TAX STATUS

The Plan is a qualified plan exempt from income taxes under the Internal Revenue Code. The Plan obtained its latest determination letter on February 16, 1996 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan, which are insured by the Pension Benefit Guaranty Corporation (PBGC), will be allocated, as prescribed by ERISA and its related regulations. Upon termination, each participant's interest shall become fully vested and non-forfeitable. Benefits would be paid to each participant, retired participant and each beneficiary of a deceased participant. Any remaining funds after distributions would revert to the Company net of any taxes. Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

REQUIRED SUPPLEMENTAL SCHEDULE

MARCH 31, 2010

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2010

E.I.N. 59-1294759
PLAN NUMBER 001

(a)	Identity of Issue and Description of Investment (b)(c)	Face Amount	Cost (d)	Current Value (e)
	Municipal Bonds			
	Memphis-Shelby Cnty Tenn			
	6.125%, due 2025	$ 30,000	$ 29,780	$ 30,318
	Total Municipal Bonds		29,780	30,318
	Corporate Bonds			
	Alcoa Inc			
	6.75%, due 2018	200,000	169,500	207,274
	Allstate Life Global Fdg			
	6.42%, due 2016	200,000	182,004	183,524
	Alunimum Co American			
	6.50% to 6.75%, due 2018 to 2028	198,000	163,670	192,168
	Bank of America Corporation			
	6.55% to 6.80%, due 2026 to 2027	677,000	717,644	679,514
	Citizens Communications			
	7.45% to 7.875%, due 2027 to 2035	1,066,000	918,705	892,470
	First Union Instl. Trust I			
	8.04%, due 2026	150,000	141,375	153,483
	Ford Motor Credit			
	6.625% to 7.25%, due 2011 to 2028	354,000	327,125	326,529
	General Motors Acceptance Corp.			
	6.00% and 6.875%, due 2011 and 2012	300,000	260,901	300,676
	General Electric Capital Corporation			
	5.375% to 6.75%, due 2016 to 2032	600,000	472,190	586,407
	Marriott Intl Inc			
	6.375%, due 2017	200,000	190,604	209,482
	Michigal Bell Telephone Co			
	7.85%, due 2022	96,000	105,268	109,666
	NationsBank Capital Trust II Cap Secs.			
	7.830%, due 2026	60,000	57,600	59,250
	NB Capital Trust IV			
	8.25%, due 2027	500,000	488,750	505,000
	New England Telephone			
	7.875%, due 2029	80,000	88,850	87,694
	New Jersey Bell Tel Co.			
	7.85%, due 2029	580,000	638,892	630,976
	New York Tel. Co.			
	0% and 7.00%, due 20 and 2033	514,000	523,539	521,771
	Northern Telecom Ltd.			
	6.875%, due 2023	400,000	405,000	124,000
	Philadelphia Electric			
	7.38%, due 2028	50,000	53,755	46,544
	Principal Life Income Fund			
	6.04%, due 2014	75,000	71,871	70,969
	Public Service Indiana			
	7.25%, due 2028	200,000	220,005	200,643
	Southwestern Bell Telephone			
	7.00% due 2015	50,000	45,474	57,631
	The Dow Chemical Comp			
	7.375% to 8.00%, due 2018 to 2029	400,000	390,011	405,583

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

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) CONTINUED

MARCH 31, 2010

E.I.N. 59-1294759
PLAN NUMBER 001

Identity of Issue and Description of Investment	Face Amount	Cost	Current Value
(a) (b)(c)		(d)	(e)
Corporate Bonds (Continued)			
Valero Energy Corp NTS			
6.625%, due 2037	235,000	209,155	223,499
Westinghouse Elec Corp			
7.875%, due 2023	50,000	49,155	54,306
Total Corporate Bonds		$ 6,891,043	$ 6,829,059
Government Securities			
FNMA Pool			
5.250% to 5.500%, due 2024 to 2028	404,000	380,430	403,287
F.N.R. 93-122 E CMO's			
6.500%, due 2023	20,000	16,640	21,322
GNMA Pool CMO's			
5.50%, due 2034	2,000	1,735	1,988
FNMA CMO's			
4.50% to 6.00%, due 2033 to 2035	472,000	352,883	356,517
F.H.L.M.C. CMO's			
5.00% to 8.00%, due 2022 to 2035	572,000	116,702	121,603
Total Government Securities		868,390	904,717
Mutual Funds			
Eaton Vance Tax Advt Div Incm		131,239	129,440
Evergreen Multi-Sector Fund		62,028	65,625
Fidelity Advisor Leverage		50,307	42,585
Ishares MSCI Brazil		36,919	36,820
Market Vectors Global Agribusiness ETF		86,857	68,417
Morgan Stanley Quality Mun Incm Tr		332,179	367,078
Powershares QQQQ		686,049	773,835
Van Kampen Invt Gr Mun Tr		332,631	363,620
Vanguard Emerging Markets ETF		959,688	743,231
Vanguard Emerging Markets Index Fund		147,016	135,613
Vanguard Index 500 Fund		348,196	354,008
Vanguard Mid-Cap Index Fund		278,337	292,973
Vanguard REIT Index Fund		53,771	41,616
Total Mutual Funds		3,505,217	3,414,861
Equities			
Bank of America		143,447	52,443
Bank of Nova Scotia		458,043	486,144
Citigroup		181,643	48,037
Freeport McMoran Copper & Gold		81,322	59,397
Frontier Commications		22,984	22,320
Southern Copper Corp.		126,442	99,000
Cia Vale Do Rio Doce		207,599	192,947
Royal Bank of Canada		55,848	61,968
Wells Fargo & Co.		121,221	14,409
World Wrestling Entertainment		66,987	69,200
Total Equities		1,465,536	1,105,865
Total Assets Held at End of Year		$ 12,759,966	$ 12,284,820

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

Participants are assumed to retire at the later of age 65 or attained age on the valuation date.

Certain actuarial methods have been changed since the prior year. The estimated 2009 plan administration expenses have now been included in the normal cost for the year, as required by WRERA.

Wynne Building Corporation **EIN: 59-1294759**
Wynne Building Corporation Employees' Pension Trust **PN: 001**
Schedule SB, line 26
Schedule of Active Participants **Plan Year Beginning: 4/1/2009**

	COMPLETED YEARS OF SERVICE										
AGE	00-00	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	TOTAL
15-24	7	1									8
25-29	1	11	1								13
30-34	5	5	2								12
35-39		9	2	3							14
40-44	6	7	8	2							23
45-49	5	14	4	2		4	1				30
50-54	4	12	9	3							28
55-59	3	6	3		1	1	2				16
60-64	3	11	5	2							21
65-69	3	7	6	1	1			1			19
70+	4	6	4	3					1		18
TOTAL	41	89	44	16	2	5	3	1	1		202

	4/1/2008	4/1/2009
Average Age:	49.7 years	50.0 years
Average Service:	4.8 years	5.7 years
Percentage Female:	42.9%	41.6%

Schedule SB, Part V, Statement of Plan Provisions – Page 1 of 3

I. SUMMARY OF PRINCIPAL PLAN PROVISIONS

A. Effective Date

October 23, 1972. Amended and restated effective September 4, 2007. Most recently amended June 22, 2009 effective April 1, 2009.

B. Eligibility Requirements

All employees were eligible to participate on the first day of the plan year coincident with or next following the completion of 1 year of service and attainment of age 21. All employees who first perform an hour of service, either for the first time or following a previous severance from employment, on or after April 1, 2009 are not eligible to participate in the plan.

C. Credited Service

Service will be credited for benefit accrual purposes for each plan year in which 1,000 hours of service are earned. Hours of service will be earned based on actual hours for which an employee is paid or entitled to payment.

D. Vesting Service

Vesting service is the number of plan years in which a participant accrued 1,000 or more vesting service hours.

E. Average Monthly Compensation (AMC)

The participant's average monthly rate of compensation during the highest five consecutive plan years of service. In computing AMC, all cash paid in form of salary, wages, commissions and bonus, etc. is considered.

F. Normal Retirement Date

The first day of the month coincident with or next following the date on which the participant attains age 65 and completes five (5) years of participation.

G. Amount of Normal Retirement Income

The normal retirement income, payable monthly for the lifetime of the participant, to a participant who retires on his normal retirement date, will be the sum of the following:

1. 1.2% of AMC multiplied by the employee's years of participation, up to fifteen (15) years, at his retirement date,

2. 1.6% of AMC, multiplied by the employee's years of participation, in excess of fifteen (15) years but limited to 20 years, at his retirement date and
3. 0.65% of AMC in excess of the integration level multiplied by the employee's years of participation, maximum 35 years, at his retirement date.

No more than 35 years of participation will be used in this calculation. The participant's integration level equals the current plan year covered compensation table.

H. Late Retirement

If a participant continues in active service beyond normal retirement date, they will receive a benefit equal to the greater of:

1. Accrued benefit based upon years of participation and AMC as of late retirement date.
2. Normal retirement benefit actuarially increased to late retirement date.

I. Vested Benefits on Termination of Service

A participant shall be vested in their accrued benefit in accordance with the vesting schedule set forth below:

Years of Vesting Service	Vesting Percentage
Less than 5	0%
5 or more	100%

J. Accrued Benefit

If a participant terminates employment prior to their normal retirement date the accrued benefit will be calculated in the same manner as the normal retirement benefit however the accrued benefit will be based upon years of participation and the AMC as of the date of termination. The accrued benefit will not be less than the accrued benefit as of September 30, 2007 under the prior formula.

K. Disability Benefits

A participant who becomes totally and permanently disabled prior to normal retirement date will be entitled to receive a monthly disability retirement income in the amount of the actuarial equivalent of the participant's accrued benefit as of date of disability.

L. Normal Form of Retirement Income

The normal form of retirement income is monthly payments beginning with the participant's date of normal or late retirement, with final payment due in the month in which death occurs.

M. Optional Forms of Retirement Income

The following optional forms of retirement income may be elected by a participant:

Option 1 — Reduced income payable to the participant for either five (5) or ten (10) years certain and lifetime thereafter.

Option 2 — Modified income payable during the lifetime of the participant with 50%, 75% or 100% of such amount payable during the remaining lifetime, if any, of the participant's designated beneficiary following date of death.

N. Changes From Previous Report

None affecting valuation.

II. SUMMARY OF VALUATION DATA

1. Participant Data: The primary source of participant data for the current valuation is a census of all participants as of April 1, 2009 which was provided by the Company.

   Current and prior participant data, upon review, appeared reasonable and consistent.

2. Asset Data: The asset value as of March 31, 2009 was reported by the Company. The assets have been reviewed for reasonableness and are assumed to be appropriate for valuation purposes.

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods – Page 1 of 4

I. SUMMARY OF ACTUARIAL METHODS

A. Calculation of Funding Liabilities and Costs

Liabilities and contributions shown in this report are calculated using the unit credit actuarial cost method, as prescribed under the Pension Protection Act of 2006.

The objective under this method is to fund each participant's benefits under the Plan as they accrue. An individual's funding target liability is the actuarial present value of the accrued benefits as of the valuation date determined by applying rates from the mortality table and the yield curve of high quality corporate bond rates prescribed by the IRS. The Plan's funding target liability is the sum of the funding target liabilities for all participants in the Plan.

In the first year in which the adjusted plan assets (actuarial value of assets, reduced by any retained credit balances), is less than the funding target, a shortfall amortization base must be established. This base is amortized over a 7-year period using the first six (6) spot rates from the prescribed corporate bond yield curve. New shortfall amortization bases are established each year based on the Plan's funded status each year, and all bases are maintained until either fully amortized or until the adjusted Plan assets exceed the funding target.

B. Description of Asset Valuation Method

The actuarial value of assets is the average over a two-year period (3 annual valuation dates) of the adjusted market value of assets, as prescribed under the Worker, Retiree and Employer Recovery Act of 2008 (H.R. 7327). Prior market values are rolled forward to the valuation date by adjusting for principal transactions and expected earnings not to exceed the third segment rate in effect as of the beginning of each period. For periods prior to 2008, the 3rd segment spot rate for the month preceding the beginning of each period is used. These rates are 6.19% for the plan year ending March 31, 2008 and 6.17% for the plan year ending March 31, 2009.

C. Changes Since the Prior Actuarial Valuation

None.

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods – Page 2 of 4

II. SUMMARY OF ACTUARIAL ASSUMPTIONS

A. ACTUARIAL ASSUMPTIONS

1. Funding Valuation Interest Rates

Funding Target Liability	December 2008 full yield curve
Effective Interest Rate	7.93%
PBGC Funding Target	December 2008 full yield curve

2. Expected Return on Assets — 8.00%, compounded annually, capped at the third segment rate for Funding Target Liability purposes.

3. Accounting Rates

FAS 35 Liabilities	8.00%, compounded annually

4. Mortality (Funding and Accounting) — The RP-2000 Mortality Table with separate rates for males and females and for annuitants and non-annuitants, as prescribed by the IRS, with fully generational mortality improvements projected to each future payment date.

5. Percentage Married — 80%. Wives are assumed to be 3 years younger than their husbands.

6. Salary Increases — Sample rates as follows:

Year	Assumed Wage Inflation	Promotion & Seniority	Total
1	4%	8%	12%
2	4%	7%	11%
3	4%	5%	9%
4	4%	4%	8%
5	4%	3%	7%
6 or more	4%	1%	5%

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods – Page 3 of 4

7. Termination — Sample rates as follows:

Select Period		Ultimate Period	
Year	**Annual Rate**	**Age**	**Annual Rate**
1	18.0%	20	13.4%
2	17.3	25	12.7
3	15.8	30	12.2
4	14.3	35	11.8
5	13.5	40	11.4
		45	11.1
		50	10.7
		55	10.3
		60	9.9
		65	0.0

8. Disability — 1985 Disability Study Class 1

9. Retirement — Later of age 65 or attained age on the valuation date.

10. Covered Compensation
    a. National Average Earnings — 4.00%

11. Changes Since Prior Valuation — The funding valuation and PBGC interest rates have been updated to the December 2008 full yield curve.

The prior funding segment rates as of April 2008 were:

First Segment Rate (0-5 yrs)	5.73%
Second Segment Rate (5-20)	5.99%
Third Segment Rate (20+)	6.17%

The prior PBGC segment rates as of April 2008 were:

First Segment Rate (0-5 yrs)	4.28%
Second Segment Rate (5-20)	6.38%
Third Segment Rate (20+)	6.99%

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods – Page 4 of 4

DEVELOPMENT OF FUNDING VALUE OF ASSETS

	Valuation Date	Market Value On Valuation Date	Net Cash Flow 2007 - 2008	Net Cash Flow 2008 - 2009	Assumed Investment Return	Adjusted Market Value Projected From Prior Valuation Date To 04/01/2009
A.	04/01/2009	$ 8,530,819				$ 8,530,819
B.	04/01/2008	11,175,553		$ (474,614)	$ 675,109	11,376,048
C.	04/01/2007	11,935,399	$ (418,724)	(474,614)	1,401,145	12,443,206

D.	Sum of Adjusted Market Values (A. + B. + C.)	32,350,073
E.	Preliminary Actuarial Value of Assets (D. / 3)	10,783,358
F.	Upper corridor limit: 110% of Market Value	9,383,901
G.	Lower corridor limit: 90% of Market Value	7,677,737
H.	Actuarial Value of Assets (E., but not more than F. nor less than G.)	9,383,901
I.	Difference between market value and actuarial value	(853,082)
J.	Market value rate of return	(19.8%)
K.	Actuarial value rate of return	(16.7%)

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2010

E.I.N. 59-1294759
PLAN NUMBER 001

(a)	Identity of Issue and Description of Investment (b)(c)	Face Amount	Cost (d)	Current Value (e)
	Municipal Bonds			
	Memphis-Shelby Cnty Tenn			
	6.125%, due 2025	$ 30,000	$ 29,780	$ 30,318
	Total Municipal Bonds		29,780	30,318
	Corporate Bonds			
	Alcoa Inc			
	6.75%, due 2018	200,000	169,500	207,274
	Allstate Life Global Fdg			
	6.42%, due 2016	200,000	182,004	183,524
	Alunimum Co American			
	6.50% to 6.75%, due 2018 to 2028	198,000	163,670	192,168
	Bank of America Corporation			
	6.55% to 6.80%, due 2026 to 2027	677,000	717,644	679,514
	Citizens Communications			
	7.45% to 7.875%, due 2027 to 2035	1,066,000	918,705	892,470
	First Union Instl. Trust I			
	8.04%, due 2026	150,000	141,375	153,483
	Ford Motor Credit			
	6.625% to 7.25%, due 2011 to 2028	354,000	327,125	326,529
	General Motors Acceptance Corp.			
	6.00% and 6.875%, due 2011 and 2012	300,000	260,901	300,676
	General Electric Capital Corporation			
	5.375% to 6.75%, due 2016 to 2032	600,000	472,190	586,407
	Marriott Intl Inc			
	6.375%, due 2017	200,000	190,604	209,482
	Michigal Bell Telephone Co			
	7.85%, due 2022	96,000	105,268	109,666
	NationsBank Capital Trust II Cap Secs.			
	7.830%, due 2026	60,000	57,600	59,250
	NB Capital Trust IV			
	8.25%, due 2027	500,000	488,750	505,000
	New England Telephone			
	7.875%, due 2029	80,000	88,850	87,694
	New Jersey Bell Tel Co.			
	7.85%, due 2029	580,000	638,892	630,976
	New York Tel. Co.			
	0% and 7.00%, due 20 and 2033	514,000	523,539	521,771
	Northern Telecom Ltd.			
	6.875%, due 2023	400,000	405,000	124,000
	Philadelphia Electric			
	7.38%, due 2028	50,000	53,755	46,544
	Principal Life Income Fund			
	6.04%, due 2014	75,000	71,871	70,969
	Public Service Indiana			
	7.25%, due 2028	200,000	220,005	200,643
	Southwestern Bell Telephone			
	7.00% due 2015	50,000	45,474	57,631
	The Dow Chemical Comp			
	7.375% to 8.00%, due 2018 to 2029	400,000	390,011	405,583

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

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) CONTINUED

MARCH 31, 2010

E.I.N. 59-1294759
PLAN NUMBER 001

Identity of Issue and Description of Investment	Face Amount	Cost	Current Value
(a) (b)(c)		(d)	(e)
Corporate Bonds (Continued)			
Valero Energy Corp NTS			
6.625%, due 2037	235,000	209,155	223,499
Westinghouse Elec Corp			
7.875%, due 2023	50,000	49,155	54,306
Total Corporate Bonds		$ 6,891,043	$ 6,829,059
Government Securities			
FNMA Pool			
5.250% to 5.500%, due 2024 to 2028	404,000	380,430	403,287
F.N.R. 93-122 E CMO's			
6.500%, due 2023	20,000	16,640	21,322
GNMA Pool CMO's			
5.50%, due 2034	2,000	1,735	1,988
FNMA CMO's			
4.50% to 6.00%, due 2033 to 2035	472,000	352,883	356,517
F.H.L.M.C. CMO's			
5.00% to 8.00%, due 2022 to 2035	572,000	116,702	121,603
Total Government Securities		868,390	904,717
Mutual Funds			
Eaton Vance Tax Advt Div Incm		131,239	129,440
Evergreen Multi-Sector Fund		62,028	65,625
Fidelity Advisor Leverage		50,307	42,585
Ishares MSCI Brazil		36,919	36,820
Market Vectors Global Agribusiness ETF		86,857	68,417
Morgan Stanley Quality Mun Incm Tr		332,179	367,078
Powershares QQQQ		686,049	773,835
Van Kampen Invt Gr Mun Tr		332,631	363,620
Vanguard Emerging Markets ETF		959,688	743,231
Vanguard Emerging Markets Index Fund		147,016	135,613
Vanguard Index 500 Fund		348,196	354,008
Vanguard Mid-Cap Index Fund		278,337	292,973
Vanguard REIT Index Fund		53,771	41,616
Total Mutual Funds		3,505,217	3,414,861
Equities			
Bank of America		143,447	52,443
Bank of Nova Scotia		458,043	486,144
Citigroup		181,643	48,037
Freeport McMoran Copper & Gold		81,322	59,397
Frontier Commications		22,984	22,320
Southern Copper Corp.		126,442	99,000
Cia Vale Do Rio Doce		207,599	192,947
Royal Bank of Canada		55,848	61,968
Wells Fargo & Co.		121,221	14,409
World Wrestling Entertainment		66,987	69,200
Total Equities		1,465,536	1,105,865
Total Assets Held at End of Year		$ 12,759,966	$ 12,284,820

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Wynne Building Corporation Employees' Pension Trust

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Wynne Building Corporation

D Employer Identification Number (EIN)

59-1294759

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 4 Day 1 Year 2009

2 Assets:

a	Market value	2a	8,530,819
b	Actuarial value	2b	9,383,901

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	93	2,428,973
b	For terminated vested participants	3b	156	990,759
c	For active participants:			
	(1) Non-vested benefits	3c(1)		123,606
	(2) Vested benefits	3c(2)		4,956,058
	(3) Total active	3c(3)	202	5,079,664
d	Total	3d	451	8,499,396

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5	Effective interest rate	5	7.93 %
6	Target normal cost	6	378,477

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

L. F. Wilson

Signature of actuary

01/07/2011

Date

LAWRENCE F. WILSON

Type or print name of actuary

08-02802

Most recent enrollment number

GABRIEL, ROEDER, SMITH & COMPANY

Firm name

(954)527-1616

Telephone number (including area code)

ONE EAST BROWARD BLVD.
SUITE 505
FORT LAUDERDALE FL 33301

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of (19.80)%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of 6.06 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	110.40 %
15 Adjusted funding target attainment percentage	15	110.40 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.61 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... [ ] Yes [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 0

38 Interest-adjusted excess contributions for current year (see instructions) **38** 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0