

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>FOUNTAIN CONSTRUCTION COMPANY, INC. PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>11/01/1971</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>FOUNTAIN CONSTRUCTION COMPANY</u> <u>P. O. BOX 10506</u> <u>5655 HIGHWAY 18 SOUTH</u> <u>JACKSON, MS 39209</u> <u>JACKSON, MS 39209</u>	2b Employer Identification Number (EIN) <u>64-0431825</u> 2c Sponsor's telephone number <u>601-373-4162</u> 2d Business code (see instructions) <u>236200</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>08/20/2012</u>	<u>BRAD FOUNTAIN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FOUNTAIN CONSTRUCTION COMPANY P. O. BOX 10506 JACKSON, MS 39209	3b Administrator's EIN 64-0431825 3c Administrator's telephone number 601-373-4162
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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
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5 Total number of participants at the beginning of the plan year	5	118
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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	76
b Retired or separated participants receiving benefits.....	6b	15
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	117
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	117
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	104
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

A Name of plan <u>FOUNTAIN CONSTRUCTION COMPANY, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOUNTAIN CONSTRUCTION COMPANY</u>	D Employer Identification Number (EIN) <u>64-0431825</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

NATIONWIDE

31-4156830

(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 19 28 38 51 52	NONE	34132	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1118	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRUSTMARK NATIONAL BANK

64-0180810

(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?
15 21 37 38 64	NONE	2199	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MAY & COMPANY

64-0900153

(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	NONE	8500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
FOUNTAIN CONSTRUCTION COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN)	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FOUNTAIN CONSTRUCTION COMPANY

D	Employer Identification Number (EIN)
	64-0431825

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FEDERATED CAPITAL PRESERVATION FUND**

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

c EIN-PN 22-2712853-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions) 1794106
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>FOUNTAIN CONSTRUCTION COMPANY, INC. PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOUNTAIN CONSTRUCTION COMPANY</u>		D Employer Identification Number (EIN) <u>64-0431825</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	4505	1658
	(2) Participant contributions	1b(2)	3679	1510
	(3) Other.....	1b(3)	355	448
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	360607	483227
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	33873	60406
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3937740	3182744
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	1616957	1794106

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	5957716	5524099

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5957716	5524099
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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)	101368	
(B) Participants	2a(1)(B)	189654	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		291022
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7452	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1944	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9396
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		-117620
d Total income. Add all income amounts in column (b) and enter total.....	2d		182798

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	616415	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		616415
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		616415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-433617
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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 ☐ No

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

(1) Name: MAY & COMPANY

(2) EIN: 64-0900153

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan FOUNTAIN CONSTRUCTION COMPANY, INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FOUNTAIN CONSTRUCTION COMPANY		D Employer Identification Number (EIN) 64-0431825
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): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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

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

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

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

**FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN**

Financial Statements

and

Supplemental Schedule

December 31, 2011 and 2010

with

Independent Auditors' Report

**FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2011 AND 2010**

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Fountain Construction Company, Inc. Profit-Sharing Plan
Jackson, Mississippi

We were engaged to audit the accompanying statements of net assets available for benefits of Fountain Construction Company, Inc. Profit-Sharing Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental Schedule H, Line 4i – Schedule of Assets Held (At End of Year) as of and for the year ended December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Nationwide Life Insurance Company, the record-keeper of the Plan as agent for Trustmark National Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the agent on behalf of the trustee, as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the plan administrator by the agent for the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and supplemental schedule that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the agent acting on behalf of the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

May & Company

Vicksburg, Mississippi
July 25, 2012

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

110 MONUMENT PLACE • POST OFFICE BOX 821568 • VICKSBURG, MISSISSIPPI 39182-1568 • TELEPHONE (601) 636-4762 • FAX (601) 636-9476
email: info@maycpa.com • website: www.maycpa.com

FINANCIAL STATEMENTS

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ASSETS:		
Investments, at fair value:		
Value of interest in registered investment companies	\$ 3,182,744	\$ 3,937,740
Total investments	<u>3,182,744</u>	<u>3,937,740</u>
Receivables:		
Employer contributions	1,658	4,505
Employee contributions	1,510	3,679
Participant loans	60,406	33,873
Other	<u>448</u>	<u>355</u>
Total receivables	<u>64,022</u>	<u>42,412</u>
Cash in money market accounts	<u>2,277,333</u>	<u>1,977,564</u>
Total assets	<u>5,524,099</u>	<u>5,957,716</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,524,099</u></u>	<u><u>\$ 5,957,716</u></u>

See accompanying notes to financial statements.

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Interest - participant loans	\$ 1,944
Interest - registered investment companies	7,452
Net depreciation in fair value of investments - registered investment companies	<u>(117,620)</u>
Total investment loss	<u>(108,224)</u>
Contributions:	
Employer	101,368
Employee	<u>189,654</u>
Total contributions	<u>291,022</u>
Total additions	<u>182,798</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	<u>616,415</u>
Total deductions	<u>616,415</u>
Net decrease in net assets	(433,617)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>5,957,716</u>
End of year	<u><u>\$ 5,524,099</u></u>

See accompanying notes to financial statements.

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE A. DESCRIPTION OF PLAN

The following description of the Fountain Construction Company, Inc. Profit-Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering full-time employees of the Company meeting the service requirements of the Plan, except employees covered by a collective bargaining agreement. Employees are eligible to participate in the Plan on the next eligibility date after they have completed three months of service. Eligibility dates are the first day of the payroll period coinciding with or next following the date on which the employee meets the eligibility requirements. At December 31, 2011, there were approximately 104 participants with account balances in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, the Company may contribute, without regard to net profits, an amount the Company, in its sole discretion, elects to contribute for the plan year. Participants may contribute 100% of pretax annual compensation, as defined in the Plan, up to an annual dollar limit of \$16,500 in both 2011 and 2010. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions. At its discretion, the Company may make matching contributions on behalf of all participants who make pretax contributions during the plan year. If matching contributions are made by the Company, they will equal the amount of the participant's pre-tax contributions to the Plan for the plan year, but cannot exceed 4% of participant's compensation for the plan year. The Company will notify participants in advance of the plan year if matching contributions will be made for the upcoming plan year. The matching contribution for the year ended December 31, 2011 was \$101,368. In addition, at its discretion, the Company may make profit sharing contributions on behalf of all eligible participants. The total profit sharing contribution for the year ended December 31, 2011 was \$0.

Vesting. Participants are immediately vested in their pretax contributions and Company matching contributions plus actual earnings thereon. Vesting in the Company's profit sharing portion plus the actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant wages or account balances, as defined. Participants direct their

Continued

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2011 AND 2010

NOTE A. DESCRIPTION OF PLAN – CONTINUED

investment options at the time of enrollment by choosing from several portfolios which contain various levels of risk, which allows participants to manage their investments based on their personal risk tolerance. At both December 31, 2011 and 2010, 100% of the Plan's investments were participant directed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The Plan allows participants to purchase life insurance policies as directed by the participant and charged to the participant's account. At both, December 31, 2011 and 2010, there were no life insurance policies. For the years ended December 31, 2011 and 2010, forfeitures used to offset plan expenses were \$4,135 and \$10,138, respectively. The remaining administration expenses not offset by forfeitures were allocated to participant accounts.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or a combination of single sum and annual installments on the dates and in the amounts selected by the participant. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Participant Loans. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at prime plus 1 percent. Once the participant loan is established, that rate of interest will be fixed for the life of the loan. Current rates in effect range from 3.25% to 4.25%. Principal and interest is paid ratably through weekly payroll deductions. Participant loans are valued at the amortized cost of the loans.

NOTE B. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting. The financial statements of the Plan were prepared under the accrual method of accounting.

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

Continued

**FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2011 AND 2010**

NOTE B. SUMMARY OF ACCOUNTING POLICIES - CONTINUED

Payment of Benefits. Benefits are recorded when paid. At December 31, 2011 and December 31, 2010, vested benefits held by the Plan on separated participants were \$1,062,264 and \$865,350, respectively.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. See Note I for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011 are reported in net depreciation in fair value of investments.

Concentration of Credit Risk for Cash Held at Uninsured Institutions. The Plan maintains cash balances in money market funds. Such balances are not insured.

NOTE C. INVESTMENTS – INFORMATION CERTIFIED BY THE RECORDKEEPER AS AGENT ON BEHALF OF TRUSTEE (UNAUDITED)

At December 31, 2011 and 2010, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements and supplemental schedule based on information certified by the agent acting on behalf of the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act.

Each of the following identified investments represents 5% or more of net assets of the Plan at December 31, 2011 and 2010.

FAIR VALUE OF INVESTMENTS

	<u>December 31, 2011</u>
	<u>Fair Value</u>
Money market:	
NW Money Market Account (Level 1 inputs)	\$ 483,227
Federated Capital Preservation Fund (Level 1 inputs)	<u>1,794,106</u>
Total money market	<u>\$ 2,277,333</u>

Continued

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2011 AND 2010

**NOTE C. INVESTMENTS – INFORMATION CERTIFIED BY THE RECORDKEEPER
AS AGENT ON BEHALF OF TRUSTEE (UNAUDITED) – CONTINUED**

Mutual funds:

Templeton Foreign Fund Class A (Level 1 inputs)	\$ 288,215
Invsco Sm Cap Growth Fund Inv (Level 1 inputs)	305,861
Other Funds less than 5% of net assets (Level 1 inputs)	<u>2,588,668</u>

Total investments	<u>\$ 3,182,744</u>
-------------------	---------------------

Interest income from money market accounts	<u>\$ 7,452</u>
--	-----------------

Net appreciation (depreciation) in fair value of investments:	
Mutual funds	<u>\$ (117,620)</u>

Information above is included in the supplemental Schedule H, Schedule of Assets Held (At End of Year).

December 31, 2010

Fair Value

Money market:

NW Money Market Account (Level 1 inputs)	\$ 360,607
Federated Capital Preservation Fund (Level 1 inputs)	<u>1,616,957</u>

Total money market	<u>\$ 1,977,564</u>
--------------------	---------------------

Mutual funds:

Templeton Foreign Fund Class A (Level 1 inputs)	\$ 368,206
Invsco Sm Cap Growth Fund Inv (Level 1 inputs)	327,932
WFAF ST Income Fd IC (Level 1 inputs)	362,794
Other Funds less than 5% of net assets (Level 1 inputs)	<u>2,878,808</u>

Total investments	<u>\$ 3,937,740</u>
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Continued

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2011 AND 2010

NOTE D. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE E. TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008, 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 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.

The Financial Standards Board (FASB) issued FASB ASC 740-10 (formerly FIN 48 "Accounting for Uncertainty in Income Taxes", an interpretation of FASB Statement No. 109), that clarifies the accounting and recognition for income tax positions taken or expected to be taken in the Plan's income tax returns. The Plan adopted the standard in 2009. The Plan's income tax filings are subject to audit by various taxing authorities. The Plan's open audit periods are 2008 – 2010. In evaluating the Plan's tax provisions and accruals, future taxable income, and the reversal of temporary differences, interpretations, and tax planning strategies are considered. The Plan believes their estimates are appropriate based on current facts and circumstances.

NOTE F. RECONCILIATION WITH FORM 5500

The following differences, due to rounding and classification requirements for financial statement purposes, exist between the year ended December 31, 2011 Form 5500 and the audited financial statements.

Interest bearing cash:

Form 5500	\$ 483,227
Financial Statements	\$ 2,277,333

Other general investments:

Form 5500	\$ 1,794,106
Financial Statements	\$ -

Continued

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2011 AND 2010

NOTE F. RECONCILIATION WITH FORM 5500 - CONTINUED

Other income:	
Form 5500	\$ (117,620)
Financial Statements	\$ -
Net depreciation in fair value of investments:	
Form 5500	\$ -
Financial Statements	\$ (117,620)
The following differences, due to rounding and classification requirements for financial statement purposes, exist between the year ended December 31, 2010 Form 5500 and the audited financial statements.	
Interest bearing cash:	
Form 5500	\$ 360,607
Financial Statements	\$ 1,977,564
Other general investments:	
Form 5500	\$ 1,616,957
Financial Statements	\$ -

NOTE G. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. 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 value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H. PLAN AMENDMENTS

The Plan adopted the Trustmark National Bank Prototype Defined Contribution Plan in November of 2009, and this amendment took effect on January 1, 2010. This amendment to the Plan was adopted to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001. The amendment includes a change in the way forfeitures are used by the Plan. As of January 1, 2010, forfeitures are no longer allocated to participants, but used to offset plan expenses. This amendment did not significantly affect the benefits or net assets either individually or in the aggregate of the Plan. There were no amendments to the Plan in the year ended December 31, 2011.

Continued

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2011 AND 2010

NOTE I. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets or liabilities and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets or liabilities, and Level 3 inputs consist of unobservable inputs, and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. During 2011 and 2010, no Level 2 or Level 3 inputs were available to the Plan, and Level 3 inputs are only used when Level 1 or Level 2 inputs were not available. There have been no changes in the methodologies used at December 31, 2011 and 2010.

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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.

Continued

FOUNTAIN CONSTRUCTION COMPANY, INC.
PROFIT-SHARING PLAN
NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2011 AND 2010

NOTE I. FAIR VALUE MEASUREMENTS – CONTINUED

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

The asset 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.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices in an active market. During 2011, all investments were valued using Level 1 inputs.

NOTE J. SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 25, 2012, the date the financial statements were available to be issued.

NOTE K. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide Life Insurance Company. Trustmark National Bank is the trustee as defined by the Plan and Nationwide certifies the investments as an agent of Trustmark National Bank; therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULE

FOUNTAIN CONSTRUCTION COMPANY, INC. PROFIT-SHARING PLAN
DECEMBER 31, 2011
EIN: 64-0431825
Plan #: 001

Schedule H, Line 4i - Schedule of Assets Held (At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Large-Capitalization:				
	Am Cent Growth Fund	Registered Investment Company Am Cent Growth Fund	\$	92,190
	Am Cent Income & Growth	Registered Investment Company Am Cent Income & Growth	\$	67,272
	Europacific Growth Fd	Registered Investment Company Europacific Growth Fd	\$	11,351
	GdmnScs Cap Growth Fd	Registered Investment Company GdmnScs Cap Growth Fd	\$	116,615
	Janus Twenty Fnd	Registered Investment Company Janus Twenty Fnd	\$	97,008
	PerfFdTr LgCap Eqty Fd	Registered Investment Company PerfFdTr LgCap Eqty Fd	\$	5,841
	DodgeCox Stk	Registered Investment Company DodgeCox Stk	\$	13,562
	Invsco VK AM Frnchs A	Registered Investment Company Invsco VK AM Frnchs A	\$	181,461
	Prudntl Jnism Growth A	Registered Investment Company Prudntl Jnism Growth A	\$	13,832
	MFS Val A	Registered Investment Company MFS Val A	\$	13,649
	Pionr Eq Inc A	Registered Investment Company Pionr Eq Inc A	\$	10,726
	WFA LgCap Cor Inv	Registered Investment Company WFA LgCap Cor Inv	\$	180,500
International:				
	GdmnScs Intl Equity Fd A	Registered Investment Company GdmnScs Intl Equity Fd A	\$	4,377
	Temp Foreign Fnd Cls A	Registered Investment Company Temp Foreign Fnd Cls A	\$	288,215
	Opp Global Fnd Cls A	Registered Investment Company Opp Global Fnd Cls A	\$	11,334
	Janus Worldwide S	Registered Investment Company Janus Worldwide S	\$	56,578
	MnSty Epoch Gbl Eq Yld A	Registered Investment Company MnSty Epoch Gbl Eq Yld A	\$	6,869
	Abrden Intl Eq A	Registered Investment Company Abrden Intl Eq A	\$	14,115
	Opp Intl Bd A	Registered Investment Company Opp Intl Bd A	\$	8,704
	Opp Intl Gr A	Registered Investment Company Opp Intl Gr A	\$	10,942
Mid-Capitalization:				
	FidAdv Mid Cap Fund Cls A	Registered Investment Company Fid Adv Mid Cap Fund Cls A	\$	8,060

Continued

FOUNTAIN CONSTRUCTION COMPANY, INC. PROFIT-SHARING PLAN
DECEMBER 31, 2011
EIN: 64-0431825
Plan #: 001

Schedule H, Line 4i - Schedule of Assets Held (At End of Year) - Continued

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mid-Capitalization - Continued:				
	PerfFdTr MidCap Eqty Fd A	Registered Investment Company PerfFdTr MidCap Eqty Fd A	\$	9,068
	WFAF Oppor Fnd	Registered Investment Company WFAF Oppor Fnd	\$	144,823
	Frank MSF MutShrsFnd Cls A	Registered Investment Company Frank MSF MutShrsFnd Cls A	\$	3,097
	Frank SmlMid Cap Grth Fd A	Registered Investment Company Frank SmlMid Cap Grth Fd A	\$	153,323
	AIM Dyn Fnd IC	Registered Investment Company AIM Dyn Fnd IC	\$	255,738
Small-Capitalization:				
*	NW InvDes Aggr SC	Registered Investment Company NW InvDes Aggr SC	\$	81,788
*	NW InvDes Cons SC	Registered Investment Company NW InvDes Cons SC	\$	11,336
*	NW InvDes ModAggr SC	Registered Investment Company NW InvDes ModAggr SC	\$	10,848
*	NW InvDes ModCons SC	Registered Investment Company NW InvDes ModCons SC	\$	20,676
*	NW InvDes Mod SC	Registered Investment Company NW InvDes Mod SC	\$	22,061
	Invsco Sm Cap Growth Fd Inv	Registered Investment Company Invsco Sm Cap Growth Fd Inv	\$	305,861
	Opp Main St Small Cap Fd A	Registered Investment Company Opp Main St Small Cap Fd A	\$	10,489
	Goldman Sacs Strd SmCap Eq A	Registered Investment Company Goldman Sacs Strd SmCap Eq A	\$	49
	Oppenheimer Discovery A	Registered Investment Company Oppenheimer Discovery A	\$	48,140
	JPM SmCap Val A	Registered Investment Company JPM SmCap Val A	\$	9,927
	Turner SmCap Growth Inv	Registered Investment Company Turner SmCap Growth Inv	\$	6,032
Bonds:				
	PerfFdTr ST Govt Inc Fd A	Registered Investment Company PerfFdTr ST Govt Inc Fd A	\$	62,142
	PerfFdTr Int Trm Inc Fd A	Registered Investment Company PerfFdTr Int Trm Inc Fd A	\$	17,241
	WFAF ST Income Fd IC	Registered Investment Company WFAF ST Incom Fd IC	\$	256,442
	LrdAbt Shrt Dur Inc A	Registered Investment Company LrdAbt Shrt Dur Inc A	\$	2,930
	PIMCO Total Return Fnd Cls A	Registered Investment Company PIMCO Total Return Fnd Cls A	\$	54,766

Continued

FOUNTAIN CONSTRUCTION COMPANY, INC. PROFIT-SHARING PLAN
DECEMBER 31, 2011
EIN: 64-0431825
Plan #: 001

Schedule H, Line 4i - Schedule of Assets Held (At End of Year) - Continued

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Bonds - Continued:				
	PIMCO Low Duration Fund A	Registered Investment Company PIMCO Low Duration Fund A	\$	13,347
	PIMCO Real Rtn Inst	Registered Investment Company PIMCO Real Rtn Inst	\$	8,106
	PIMCO Ttl Rtn Inst	Registered Investment Company PIMCO Ttl Rtn Inst	\$	8,850
	AmFds Cap Wld Bd R6	Registered Investment Company AmFds Cap Wld Bd R6	\$	3,675
	Invsco VK Corp Bd A	Registered Investment Company Invsco VK Corp Bd A	\$	112,925
	AmCent Infl Prtct Bd Instl	Registered Investment Company AmCent Infl Prtct Bd Instl	\$	23,993
	LeggM WstrAs CorPlsBd I	Registered Investment Company LeggM WstrAs CorPlsBd I	\$	13,172
	LeggMWstrAsInfInd PlsBdInst	Registered Investment Company LeggMWstrAsInfInd PlsBdInst	\$	18,448
Balanced:				
	Van Kampen Equity & Inc A	Registered Investment Company Van Kampen Equity & Inc A	\$	216,668
	PIMCO Comdty Real Rtn Stra	Registered Investment Company PIMCO Comdty Real Rtn Stra	\$	763
	Amer Balanced Fund R3 Shs	Registered Investment Company Amer Balanced Fund R3 Shs	\$	13,634
	VanKamp Growth & Inc Fd A	Registered Investment Company VanKamp Growth & Inc Fd A	\$	28,883
	DWS RREEF GblRealEst Sec A	Registered Investment Company DWS RREEF GblRealEst Sec A	\$	9,379
	EV Flotng Rt A	Registered Investment Company EV Flotng Rt A	\$	4,461
Diversified Emerging Markets:				
	WFA Emrg Mkt Eq A	Registered Investment Company WFA Emrg Mkt Eq A	\$	6,462
Money Market:				
	Federated Cap Pres Fd	Registered Investment Company Federated Cap Pres Fd	\$	1,794,106
*	NW Money Market	Registered Investment Company NW Money Market	\$	483,227
	Participant Loans	Ranging from 3.25% to 4.25% Maturity Dates: Various	\$ -	\$ 60,406
				<u>\$ 5,520,483</u>

* Indicates Party In Interest

See independent auditors' report.