

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2011</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
<b>A</b> 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>B</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).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> 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)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<p><b>1a</b> Name of plan <u>EGC 401K PLAN</u></p> <hr/> <p><b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>EGC CONSTRUCTION CORPORATION</u></p> <p><u>30 WEST FOURTH STREET</u>                      <u>30 WEST FOURTH STREET</u> <u>NEWPORT, KY 41071</u>                      <u>NEWPORT, KY 41071</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p> <hr/> <p><b>1c</b> Effective date of plan <u>12/27/1978</u></p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>61-0947016</u></p> <hr/> <p><b>2c</b> Sponsor's telephone number <u>859-442-6535</u></p> <hr/> <p><b>2d</b> Business code (see instructions) <u>236200</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2012	TODD J. MEINEKE
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2012	TODD J. MEINEKE
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	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

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") EGC CONSTRUCTION CORPORATION  30 WEST FOURTH STREET NEWPORT, KY 41071	<b>3b</b> Administrator's EIN 61-0947016  <b>3c</b> Administrator's telephone number 859-442-6535
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<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	209
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	184
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	36
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	220
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	220
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	157
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	17
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D

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

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

<b>A</b> Name of plan <u>EGC 401K PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>EGC CONSTRUCTION CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>61-0947016</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

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

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

MCF ADVISORS

20-0566061

(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?
16 26 27 52 70	NONE	50107	Yes <input type="checkbox"/> No <input checked="" 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)

MCCREADY AND KEENE, INC.

35-0500670

(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 37 50 64	NONE	16145	Yes <input type="checkbox"/> No <input checked="" 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"/>

**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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2011**

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

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

**A** Name of plan  
EGC 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500  
EGC CONSTRUCTION CORPORATION

**D** Employer Identification Number (EIN)  
61-0947016

**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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE

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

**c** EIN-PN 13-5581829-526 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 639490

**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)

**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)

**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)

**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

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**c** EIN-PN

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**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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2011</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning <b>01/01/2011</b> and ending <b>12/31/2011</b>	
<b>A</b> Name of plan <b>EGC 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EGC CONSTRUCTION CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>61-0947016</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>a</b> Total noninterest-bearing cash .....	282	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	3011	0
<b>(2)</b> Participant contributions .....	7977	
<b>(3)</b> Other.....	2329	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....		
<b>(2)</b> U.S. Government securities.....		
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> All other.....		
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> Common .....		
<b>(5)</b> Partnership/joint venture interests .....		
<b>(6)</b> Real estate (other than employer real property) .....		
<b>(7)</b> Loans (other than to participants) .....		
<b>(8)</b> Participant loans .....	351748	256461
<b>(9)</b> Value of interest in common/collective trusts.....	561209	639490
<b>(10)</b> Value of interest in pooled separate accounts.....		
<b>(11)</b> Value of interest in master trust investment accounts .....		
<b>(12)</b> Value of interest in 103-12 investment entities .....		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	6389025	6412162
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....		
<b>(15)</b> Other .....		

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	7315581	7308113

**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	7315581	7308113
---	----	---------	---------

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	183203	
(B) Participants .....	2a(1)(B)	463229	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		646432
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	13981	
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		286885
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	286885	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	2b(4)(A)		0
(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)		

	(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	
<b>(B)</b> Other .....	<b>2b(5)(B)</b> -429353	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	-429353
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>	
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>	
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>	
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>	
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>	63063
<b>c</b> Other income.....	<b>2c</b>	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>	581008

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b> 511742	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	
<b>(3)</b> Other .....	<b>2e(3)</b>	
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>	511742
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>	11757
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>	
<b>h</b> Interest expense.....	<b>2h</b>	
<b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....	<b>2i(1)</b> 14870	
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>	
<b>(3)</b> Investment advisory and management fees .....	<b>2i(3)</b> 50107	
<b>(4)</b> Other .....	<b>2i(4)</b>	
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>	64977
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>	588476

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>	-7468
<b>l</b> Transfers of assets:		
<b>(1)</b> To this plan.....	<b>2l(1)</b>	
<b>(2)</b> From this plan .....	<b>2l(2)</b>	

**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: VONLEHMAN & COMPANY

(2) EIN: 31-0905417

**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
<b>4a</b> 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>4b</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	
<b>4c</b> 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	
<b>4d</b> 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	
<b>4e</b> Was this plan covered by a fidelity bond?.....	X		750000
<b>4f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>4g</b> 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	
<b>4h</b> 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	
<b>4i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>4j</b> 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	
<b>4k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>4l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>4m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>4n</b> 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. ....		X	

**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)



<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2011</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

<b>A</b> Name of plan <u>EGC 401K PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>EGC CONSTRUCTION CORPORATION</u>	<b>D</b> Employer Identification Number (EIN)  <u>61-0947016</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 42-1558009

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

**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): \_\_\_\_\_

**EGC 401(k) PLAN**

**December 31, 2011**

*FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS'  
REPORT INCLUDING SUPPLEMENTAL SCHEDULES*



VonLehman & Company Inc. [vlcpa.com](http://vlcpa.com)

4755 Lake Forest Drive, Suite 100 Cincinnati, OH 45242-3836 513.891.5911 F 513.891.5969

250 Grandview Drive, Suite 300 Fort Mitchell, KY 41017-5610 859.331.3300 F 859.331.4358

**EGC 401(k) PLAN  
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## INDEPENDENT AUDITORS' REPORT

To the Trustees of  
EGC 401(k) Plan  
Newport, Kentucky

We were engaged to audit the financial statements of EGC 401(k) Plan as of December 31, 2011 and 2010 and for the years then ended and the supplemental schedules as of and for the years ended December 31, 2011 and 2010, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 3, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

*VonLehman & Company Inc.*

Fort Mitchell, Kentucky  
October 8, 2012

**EGC 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	<b>December 31,</b>	
	<b>2011</b>	<b>2010</b>
<b>ASSETS</b>		
<b>Investments at Fair Value</b>		
Mutual Funds	\$ 6,412,162	\$ 6,403,673
Guaranteed Investment Contract	639,490	575,280
Total Investments at Fair Value	7,051,652	6,978,953
<b>Notes Receivable from Participants</b>	256,461	349,715
Total Assets	7,308,113	7,328,668
<b>LIABILITIES</b>		
Excess Contributions Payable	11,857	10,907
Net Assets Available for Benefits, at Fair Value	7,296,256	7,317,761
Adjustment from Fair Value to Contract Value for Fully Benefit Responsive Investment Contract	(32,414)	(13,086)
<b>Net Assets Available for Benefits</b>	<b>\$ 7,263,842</b>	<b>\$ 7,304,675</b>

See accompanying notes.

**EGC 401(k) PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	<b>Years Ended December 31,</b>	
	<b>2011</b>	<b>2010</b>
<b>Additions to Net Assets Attributed To</b>		
<b>Investment Income</b>		
Interest and Dividends	\$ 286,885	\$ 199,470
Net Appreciation in Fair Value of Investments	-	628,428
	<u>286,885</u>	<u>827,898</u>
<b>Total Investment Income</b>	<u>286,885</u>	<u>827,898</u>
<b>Interest on Note Receivable from Participants</b>	<u>13,981</u>	<u>13,863</u>
<b>Contributions</b>		
Employee	463,229	442,795
Employer	183,203	171,503
	<u>646,432</u>	<u>614,298</u>
<b>Total Contributions</b>	<u>646,432</u>	<u>614,298</u>
<b>Total Additions</b>	<u>947,298</u>	<u>1,456,059</u>
<b>Deductions from Net Assets Attributed to</b>		
Net Depreciation in Fair Value of Investments	398,704	-
Benefits Paid to Participants	524,449	388,499
Administrative Expenses	64,978	49,460
	<u>988,131</u>	<u>437,959</u>
<b>Total Deductions</b>	<u>988,131</u>	<u>437,959</u>
<b>Net (Decrease) Increase</b>	(40,833)	1,018,100
<b>Net Assets Available for Benefits</b>		
<b>Beginning of Plan Year</b>	<u>7,304,675</u>	<u>6,286,575</u>
<b>End of Plan Year</b>	<u><u>\$ 7,263,842</u></u>	<u><u>\$ 7,304,675</u></u>

See accompanying notes.



**EGC 401(k) PLAN  
NOTES TO THE FINANCIAL STATEMENTS**

**NOTE 1 – DESCRIPTION OF PLAN**

The following description of the EGC 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document and the summary plan description for a more complete description of the Plan’s provisions.

**General**

The Plan is a defined contribution plan with a cash or deferred arrangement covering all employees at the Company who are not covered by a collective bargaining agreement of EGC Construction Corporation (the “Company”). Employees are eligible to participate in the Plan once they have completed 90 days of eligible service and have reached age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions**

Each year, participants may contribute up to limits determined by the Internal Revenue Service, as defined in the Plan. Once an employee becomes a participant in the Plan, they will be given an election form which they can complete to indicate the percentage or amount of their compensation they wish to defer. If the form is not completed, the employee will be deemed automatically to have elected 6% of their compensation to be contributed to the Plan. Participants may also contribute amounts representing distributions from certain other retirement plans as described in the Plan document.

Participants direct the investment of their contributions into any combination of several investment options offered by the Plan.

The Company may make matching contributions, as well as a profit sharing contribution to the Plan. These amounts will be determined by the Company’s Board of Directors on an annual basis. For the years ended December 31, 2011 and 2010, the Company made matching contributions equal to 50% of the participant’s deferrals up to the first 6% of the participant’s compensation. There was no profit sharing contribution for 2011 or 2010.

**Participants’ Accounts**

Each participant’s account is credited with (a) employee elective 401(k) deferrals, (b) Plan earnings (including a charge for allocation of administrative expenses), and (c) employer contributions. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Notes Receivable from Participants**

Participants may borrow from their accounts. The note cannot be more than the lesser of \$50,000 or 50% of the participant’s vested account balance. Generally, notes are repayable through payroll deductions over periods up to 60 months. The notes are secured by the balance of the participant’s account and bear interest at a reasonable rate.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

**NOTE 1 – DESCRIPTION OF PLAN (Continued)****Vesting**

Participants are immediately vested in their 401(k) elective deferrals and rollover contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of service as defined in the Plan. Vesting begins upon the completion of the second year of service, and a participant is 100% vested after six years of credited service.

**Forfeitures**

Forfeitures on nonvested account balances will be used to reduce future employer contributions or to pay Plan expenses.

**Payment of Benefits**

On termination of service due to death, disability, retirement or termination of employment from the Company, a participant may elect to receive either a lump sum amount equal to the vested portion of the value of their account or any other form of payment included in the Plan document.

**Administrative Expenses**

A portion of the administrative expenses, which include audit fees, are paid by the Plan's sponsor.

**NOTE 2 – SUMMARY OF ACCOUNTING POLICIES****Basis of Accounting**

The Plan prepares its financial statements in conformity with accounting principles generally accepted in the United States of America customary for savings and security plans.

Investment contracts held by defined contribution plans are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits present fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

**Method of Valuing Investments**

If available, quoted market prices are used to value investments. Securities that have no quoted market price are shown at estimated fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

**Use of Estimates**

The process of preparing financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

**NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)****Net Assets Available for Benefits**

Net assets available for benefits include \$-0- and \$385 at December 31, 2011 and 2010, respectively, allocated to the accounts of persons who, prior to that date, had withdrawn from participating in earnings and operations of the Plan.

**NOTE 3 – INVESTMENTS**

The following table presents the fair values of investments at December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's net assets are separately identified.

**Investments at Fair Value:**

	<u>2011</u>	<u>2010</u>
<b>Mutual Funds</b>		
Vanguard Mid Cap Growth Index Fund	\$ 384,132	\$ 347,992
Pimco Total Return Institutional Fund	808,991	562,232
TIAA-CREF Large Cap Value Index Fund	1,045,311	899,503
Fidelity Spartan US Index Fund	470,084	129,553
TIAA-CREF Large Cap Growth Fund	886,256	807,575
American Beacon Intl Equity Index Fund	395,573	736,424
Schwab Emerging Market Equity Fund	208,923	451,454
DWS US Bond Index Fund	144,319	401,983
Other Mutual Funds (Less than 5%)	<u>2,068,573</u>	<u>2,066,957</u>
Total Mutual Funds	6,412,162	6,403,673
<b>Guaranteed Investment Contract</b>		
MetLife Group Annuity Contract	<u>639,490</u>	<u>575,280</u>
Total Investments at Fair Value	<u>\$ 7,051,652</u>	<u>\$ 6,978,953</u>

During 2011 and 2010, the Plan's investments, including investments bought, sold, as well as held during the years (depreciated) appreciated as follows:

**Net (Depreciation) Appreciation in Fair Value of Investments:**

	<u>Years Ended December 31,</u>	
	<u>2011</u>	<u>2010</u>
Mutual Funds	\$ (401,151)	\$ 617,211
Guaranteed Investment Contract	<u>2,447</u>	<u>11,217</u>
	<u>\$ (398,704)</u>	<u>\$ 628,428</u>

**NOTE 4 – GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan invests in a guaranteed investment contract, the Wilmington Trust and Institutional Services Company Collective Investment Trust for MetLife Group Annuity Contract (the “Fund”) which invests in a variety of benefit responsive investment contracts issued by insurance companies and other financial institutions. The Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guarantee investment contract is presented on the face of the Statements of Net Assets Available for Benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by MetLife, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 and 2010 was \$639,490 and \$575,280, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan’s prohibition or competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan’s ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	<u>2011</u>	<u>2010</u>
Average Yields:		
Based on Actual Earnings	6.45%	5.42%
Based on Interest Rate Credited to Participants	2.96%	3.13%

**NOTE 5 – 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% vested in their accounts.

**NOTE 6 – TAX STATUS**

The Plan is currently operating under a prototype plan document that has been accepted under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. This prototype document received a favorable opinion letter from the Internal Revenue Service, dated March 31, 2008. The Plan has been amended since receiving this opinion letter. A determination letter has not been received specific to the EGC 401(k) Plan. However, the Plan administrator believes 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more than likely would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax years still open under federal statute of limitations remain subject to review and change.

**NOTE 7 – FORFEITURES**

For the years ended December 31, 2011 and 2010, forfeitures of \$24,088 and \$18,760, respectively, were used to pay Plan expenses. No forfeitures were used to offset employer contributions for either year.

**NOTE 8 – LIMITED SCOPE AUDIT**

As of and for the years ended December 31, 2011 and 2010, Charles Schwab Bank, the Plan's custodian, held all of the Plan's assets and was subject to periodic examination by regulatory agencies. The audit did not cover any information on Plan assets or related transactions involving the custodian. Instead, the custodian has prepared and certified a statement as to the completeness and accuracy of information concerning Plan assets and the related transactions.

**NOTE 9 – EXCESS CONTRIBUTIONS**

Benefit distributions of \$524,449 and \$388,499 for the Plan years ended December 31, 2011 and 2010, respectively, include payments of \$11,857 and \$10,907 made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan for the prior year.

**NOTE 10 – RECONCILIATION OF NET ASSETS WITH PARTICIPANTS' ACCOUNTS**

	<u>2011</u>	<u>2010</u>
Balance of Participants' Accounts	\$ 7,274,733	\$ 7,297,520
Unallocated Forfeitures	966	18,062
Distributions Payable	<u>(11,857)</u>	<u>(10,907)</u>
Net Assets Available for Benefits	<u>\$ 7,263,842</u>	<u>\$ 7,304,675</u>

**NOTE 11 – PARTY-IN-INTEREST TRANSACTIONS**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Fees for services and administrative expenses paid by the Plan to the Plan's custodians include \$64,978 and \$49,460 for 2011 and 2010, respectively. There may be additional fees paid with Plan assets included in the Net Appreciation (Depreciation) in Fair Value of Investments line items on the Statements of Changes in Net Assets Available for Benefits.

**NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

The following is a reconciliation of net assets available for benefits at December 31, 2011 and 2010 and participant loan interest and benefits paid to participants for the years ended December 31, 2011 and 2010 to Schedule H of Form 5500.

	December 31,	
	<u>2011</u>	<u>2010</u>
Net Assets Available for Benefits (at Fair Value) per the Audited Financial Statements	\$ 7,296,256	\$ 7,317,761
Plus Excess Contributions Payable	11,857	10,907
Less Adjustment for Fair Value not Included on Form 5500	<u>-</u>	<u>(13,086)</u>
Net Assets Available for Benefits per Schedule H to the Form 5500	<u>\$ 7,308,113</u>	<u>\$ 7,315,582</u>
	Years Ended December 31,	
	<u>2011</u>	<u>2010</u>
Participant Loan Interest per the Audited Financial Statements	\$ 13,981	\$ 13,863
Less Participant Loan Interest Receivable at December 31, 2009	<u>-</u>	<u>(298)</u>
Participant Loan Interest per Schedule H to the Form 5500	<u>\$ 13,981</u>	<u>\$ 13,565</u>

**NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**  
**(Continued)**

	Years Ended December 31,	
	2011	2010
Benefits Paid to Participants per the Audited Financial Statements	\$ 524,449	\$ 388,499
Plus Excess Contributions Payable at December 31, 2009	-	11,746
Less Excess Contributions Payable at December 31, 2010	-	(10,907)
Plus Excess Contributions Payable at December 31, 2010	10,907	-
Less Excess Contributions Payable at December 31, 2011	<u>(11,857)</u>	<u>-</u>
Benefits Paid to Participants per Schedule H to the Form 5500	<u>\$ 523,499</u>	<u>\$ 389,338</u>

The participant loan payment withholdings for the last pay period of December, 2009 were not remitted to the Plan until January, 2010. These payments were included on the 2009 Form 5500 as a receivable. They were not included on the 2009 audited financial statements as a receivable. The participant loan interest associated with this was included in the 2010 audited financial statements.

The 2011 and 2010 audited financial statements include a liability for excess contributions payable. This liability was not included on the 2011 or 2010 Form 5500. The distributions will be included on the 2011 and 2010 Forms 5500, respectively.

**NOTE 13 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). 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 for 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.

**NOTE 13 – FAIR VALUE MEASUREMENTS (Continued)**

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

**LEVEL 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual Funds – valued at the net asset value (NAV) of shares held by the Plan at year end.

Guaranteed Investment Contract –determined by MetLife based on quoted market prices of the underlying investments owned by MetLife

The preceding methods described may provide a fair value calculation 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2011:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Equity/Index Funds	\$ 3,876,288	\$ -	\$ -	\$ 3,876,288
Real Estate Funds	93,343	-	-	93,343
Fixed Income/Bond Funds	1,290,910	-	-	1,290,910
International Funds	<u>1,151,621</u>	<u>-</u>	<u>-</u>	<u>1,151,621</u>
Total Mutual Funds	6,412,162	-	-	6,412,162
Guaranteed Investment Contract	<u>-</u>	<u>639,490</u>	<u>-</u>	<u>639,490</u>
Total Assets at Fair Value	<u>\$ 6,412,162</u>	<u>\$ 639,490</u>	<u>\$ -</u>	<u>\$ 7,051,652</u>



**NOTE 13 – FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Equity/Index Funds	\$ 3,363,066	\$ -	\$ -	\$ 3,363,066
Real Estate Funds	95,036	-	-	95,036
Fixed Income/Bond Funds	1,272,439	-	-	1,272,439
International Funds	<u>1,673,132</u>	<u>-</u>	<u>-</u>	<u>1,673,132</u>
Total Mutual Funds	6,403,673	-	-	6,403,673
Guaranteed Investment Contract	<u>-</u>	<u>575,280</u>	<u>-</u>	<u>575,280</u>
Total Assets at Fair Value	<u>\$ 6,403,673</u>	<u>\$ 575,280</u>	<u>\$ -</u>	<u>\$ 6,978,953</u>

**NOTE 14 – 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE 15 – SUBSEQUENT EVENTS**

The date to which events occurring after December 31, 2011, the date of the most recent statement of net assets available for benefits, have been evaluated for possible adjustment to the financial statements or disclosure October 8, 2012, which is the date on which the financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULES**

**EGC 401(k) PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**DECEMBER 31, 2011**  
**Form 5500, Schedule H, Part IV, 4, i.**  
**EIN: 61-0947016**  
**Plan No. 001**

<u>Identity of Issue</u>	<u>Rate of Interest</u>	<u>Description of Investments</u>	<u>Cost</u>	<u>Current Value</u>
<b>Mutual Funds</b>				
American Growth Fund of America		4,086.675 Shares	\$ 116,348	\$ 117,369
Vanguard Mid Cap Growth Index Fund		16,394.815 Shares	363,344	384,132
Vanguard Small Cap Value Index Fund		3,476.691 Shares	51,305	52,290
Vanguard Small Cap Growth Index Fund		4,935.208 Shares	96,367	106,058
American Europacific Growth Fund		5,917.147 Shares	224,637	207,869
Pimco Total Return Institutional Fund		74,424.188 Shares	814,298	808,991
Invesco Van Kampen Growth & Income Fund		5,380.235 Shares	93,747	99,911
TIAA-CREF Large Cap Value Index Fund		90,659.801 Shares	1,048,217	1,045,311
Fidelity Spartan US Index Fund		10,566.044 Shares	460,842	470,084
TIAA-CREF Large Cap Growth Fund		103,776.734 Shares	926,032	886,256
T Rowe Price Mid Cap Growth Fund		2,781.222 Shares	60,204	58,712
Vanguard Mid Cap Value Index Fund		16,830.377 Shares	329,287	342,331
Columbia Mid Cap Index Fund		23,559.696 Shares	240,656	251,382
Morgan Stanley Mid Cap Growth Fund		205.558 Shares	6,529	6,767
Janus Perkins Small Cap Value Fund		363.611 Shares	8,052	7,403
TIAA-CREF Small Cap Blend Index Fund		3,207.507 Shares	38,799	40,767
JP Morgan Small Cap Growth Fund		671.019 Shares	7,873	7,515
American Beacon Intl Equity Index Fund		47,430.765 Shares	441,379	395,573
Schwab Emerging Market Equity Fund *		25,385.500 Shares	252,911	208,923
Invesco Real Estate Fund		4,079.683 Shares	81,313	93,343
Van Eck Global Hard Assets Fund		629.171 Shares	33,006	27,935
DWS US Bond Index Fund		13,155.756 Shares	139,892	144,319
Sentinel Government Securities Fund		400.675 Shares	4,425	4,311
Metropolitan West High Yield Fund		8,221.195 Shares	85,099	80,732
Oppenheimer Intl Bond Fund		34,365.791 Shares	222,922	213,068
MFS Emerging Markets Debt Fund		6,752.752 Shares	97,873	98,253
American Century Inflation Adj Bond Fund		19,823.953 Shares	231,582	252,557
<b>Total Mutual Funds</b>			6,476,939	6,412,162
<b>Guaranteed Investment Contract</b>				
Collective Investment Trust for MetLife Group Annuity Contract		37,885.429 Shares	593,697	639,490
<b>Participant Loans (Notes Receivable from Participants)</b>	4.75% - 9.75%		-	256,461
			<u>\$ 7,070,636</u>	<u>\$ 7,308,113</u>

\* Party-in-Interest

**EGC 401(k) PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**DECEMBER 31, 2010**  
**Form 5500, Schedule H, Part IV, 4, i.**  
**EIN: 61-0947016**  
**Plan No. 001**

<u>Identity of Issue</u>	<u>Rate of Interest</u>	<u>Description of Investments</u>	<u>Cost</u>	<u>Current Value</u>
<b>Mutual Funds</b>				
American Growth Fund of America		4,685.242 Shares	\$ 132,936	\$ 142,784
Vanguard Mid Cap Growth Index Fund		14,194.803 Shares	298,498	347,992
Vanguard Small Cap Value Index Fund		13,885.204 Shares	200,750	222,821
Van Kampen Small Cap Growth Index Fund		4,934.801 Shares	91,837	108,412
American Europacific Growth Fund		5,566.368 Shares	211,244	230,560
Pimco Total Return Institutional Fund		51,719.095 Shares	567,177	562,232
Invesco Van Kampen Growth & Income Fund		6,534.234 Shares	113,312	125,753
TIAA-CREF Large Cap Value Index Fund		74,058.093 Shares	840,205	899,503
Fidelity Spartan US Index Fund		2,907.742 Shares	120,339	129,553
TIAA-CREF Large Cap Growth Fund		87,397.022 Shares	760,061	807,575
T Rowe Price Mid Cap Growth Fund		2,366.471 Shares	51,019	55,477
Vanguard Mid Cap Value Index Fund		10,860.667 Shares	208,332	226,937
Columbia Mid Cap Index Fund		20,471.089 Shares	206,077	236,217
Morgan Stanley Mid Cap Growth Fund		166.455 Shares	5,088	6,225
Janus Perkins Small Cap Value Fund		282.772 Shares	6,297	6,800
TIAA-CREF Small Cap Blend Index Fund		2,920.677 Shares	35,019	40,333
JP Morgan Small Cap Growth Fund		566.030 Shares	5,272	6,685
American Beacon Intl Equity Index Fund		74,473.768 Shares	692,120	736,424
Schwab Emerging Market Equity Fund *		42,064.596 Shares	422,223	451,454
Invesco Real Estate Fund		4,442.786 Shares	85,215	95,036
Van Eck Global Hard Assets Fund		156.611 Shares	7,034	8,371
DWS US Bond Index Fund		37,852.411 Shares	399,593	401,983
Sentinel Government Securities Fund		359.793 Shares	3,996	3,793
Metropolitan West High Yield Fund		7,290.388 Shares	75,798	78,036
Oppenheimer Intl Bond Fund		25,594.370 Shares	165,366	168,279
MFS Emerging Markets Debt Fund		5,355.552 Shares	77,061	78,045
American Century Inflation Adj Bond Fund		19,171.928 Shares	220,730	226,394
<b>Total Mutual Funds</b>			6,002,599	6,403,673
<b>Guaranteed Investment Contract</b>				
Collective Investment Trust for MetLife Group Annuity Contract		35,827.733 Shares	551,011	575,280
<b>Participant Loans (Notes Receivable from Participants)</b>	4.75% - 9.75%		-	349,715
			<u>\$ 6,553,610</u>	<u>\$ 7,328,668</u>

\* Party-in-Interest

**EGC 401(k) PLAN**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED DECEMBER 31, 2011**  
**Form 5500, Schedule H, Part IV, 4, j.**  
**EIN: 61-0947016**  
**Plan No. 001**

**Transactions or Series of Transactions in Excess of Five Percent of Plan Assets at Beginning of Year**

<b>Description of Party Involved and Asset</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Current Expenses Incurred With Transaction</b>	<b>Cost of Asset</b>	<b>Plan Value of Asset on Transaction Date</b>	<b>Net Gain</b>
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- NONE -

**EGC 401(k) PLAN**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED DECEMBER 31, 2010**  
**Form 5500, Schedule H, Part IV, 4, j.**  
**EIN: 61-0947016**  
**Plan No. 001**

**Transactions or Series of Transactions in Excess of Five Percent of Plan Assets at Beginning of Year**

<b>Description of Party Involved and Asset</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Current Expenses Incurred With Transaction</b>	<b>Cost of Asset</b>	<b>Plan Value of Asset on Transaction Date</b>	<b>Net Gain</b>
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- NONE -

Form 5500                      Schedule H line 4j:

5% Transaction Schedule - Schedule of  
Reportable Transactions

This attachment is included as part of  
the Auditors Opinion.

Form 5500

Schedule H line 3.

Financial Statements used in Formulating the IQPA's opinion

This attachment is included as part of the Auditors Opinion.



Form 5500                      Schedule H line 4i.

Schedule of Assets Held for Investment

This attachment is included as part of the Auditors Opinion.

Form 5500

Schedule H line 4i.

Schedule of Assets Acquired and Disposed of Within Year

This attachment is included as part of the Auditors Opinion.