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 04/01/2011 and ending 03/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/03/1972

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

WYNNE BUILDING CORPORATION

12804 S.W. 122 AVENUE
MIAMI, FL 33186

2b Employer Identification Number (EIN) 59-1294759

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

2d Business code (see instructions) 531110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2013	JOEL F. WYNNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2013	JOEL F. WYNNE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

12804 S.W. 122 AVENUE
MIAMI, FL 33186

3b Administrator's EIN
59-1294759

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	436
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**	136
b	Retired or separated participants receiving benefits	**6b**	90
c	Other retired or separated participants entitled to future benefits	**6c**	182
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	408
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	22
f	Total. Add lines **6d** and **6e**	**6f**	430
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

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

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

A Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1294759

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

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

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2011

2	Assets:			
	a Market value		**2a**	12121038
	b Actuarial value		**2b**	12121038
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	101	4367369
	b For terminated vested participants	**3b**	169	1425529
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		25062
	(2) Vested benefits	**3c(2)**		5749222
	(3) Total active	**3c(3)**	166	5774284
	d Total	**3d**	436	11567182
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	5.81 %
6	Target normal cost		**6**	501680

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	01/11/2013 Date
LAWRENCE F. WILSON Type or print name of actuary	11-02802 Most recent enrollment number
GABRIEL, ROEDER, SMITH & COMPANY Firm name	954-527-1616 Telephone number (including area code)
ONE EAST BROWARD BLVD. SUITE 505 FORT LAUDERDALE, FL 33301 Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 14.50%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.50 % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	104.78 %
15	Adjusted funding target attainment percentage	15	104.78 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/09/2011	60907				
			Totals ► 18(b)	60907	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	58584

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.51%	5.59%	6.38 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	67

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	501680
b Excess assets, if applicable, but not greater than 31a	**31b**	501680

32 Amortization installments:

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

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

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	58584

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	58584
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1294759

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

GABRIEL, ROEDER, SMITH & COMPANY

38-1691268

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	36845	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARCUM LLP

11-1986323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12360	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1294759

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	60406	48332
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	131637	116841
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	81958	13617
(2) U.S. Government securities	1c(2)	301670	272163
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	484285	498333
(B) All other	1c(3)(B)	5987452	5109144
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	4704860	4299611
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2134912	2837062
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	20021	425903

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13907201	13621006
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	226950	7618
i Acquisition indebtedness	1i		
j Other liabilities	1j	1559213	1583153
k Total liabilities (add all amounts in lines 1g through1j)	1k	1786163	1590771
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12121038	12030235

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)	60907	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		60907
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	86	
(B) U.S. Government securities	2b(1)(B)	16173	
(C) Corporate debt instruments	2b(1)(C)	407283	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		423542
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	236870	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14576	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		251446
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1361094	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1372707	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-11613

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	-109026	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-109026
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		156299
c	Other income	2c		-84847
d	Total income. Add all **income** amounts in column (b) and enter total	2d		686708
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	712401	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		712401
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	49850	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	15260	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		65110
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		777511
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		-90803
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MARCUM LLP **(2)** EIN: 11-1986323

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **Amount:**

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

A Name of plan
WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-1294759

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. 3 12

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

FINANCIAL STATEMENTS

March 31, 2012 and 2011

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

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Dohan Salum accountants + Company CPA consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustee
Wynne Building Corporation Employees' Pension Trust

We have audited the accompanying statement of net assets available for benefits of Wynne Building Corporation Employees' Pension Trust (the Plan) as of March 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended and the statement of accumulated plan benefits as of April 1, 2011, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements are the responsibility of the Plan's Trustees. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion. The financial statements of the Plan as of and for the year ended March 31, 2011, were audited by other auditors whose report dated December 6, 2011, expressed an unqualified opinion on those financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of March 31, 2012, and changes therein for the year then ended and its financial status as of April 1, 2011, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of schedule of assets (held at year end) as of March 31, 2012, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The

information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole

Dohan Salum Company CPA

October 6, 2012

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

March 31,	*2012*	*2011*
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Corporate bonds	**$ 5,607,477**	$ 6,471,736
Equity securities	**1,876,241**	2,171,559
Government securities	**272,163**	301,670
Municipal bonds	**425,903**	20,021
Mutual funds	**5,260,432**	4,668,214
Total Investments	**13,442,216**	13,633,200
INTEREST RECEIVABLE	**116,841**	131,637
CASH AND CASH EQUIVALENTS	**61,949**	142,364
TOTAL ASSETS	**$ 13,621,006**	$ 13,907,201
LIABILITIES		
Accounts payable	**7,618**	1,950
Due for securities purchased	**-**	225,000
Profit-sharing plan - rollover	**1,583,153**	1,559,213
TOTAL LIABILITIES	**1,590,771**	1,786,163
NET ASSETS AVAILABLE FOR BENEFITS	**$ 12,030,235**	$ 12,121,038

See accompanying notes.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended May 31,	*2012*	*2011*
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividends	**$ 674,988**	$ 681,281
Net appreciation in fair value of investments	**35,661**	1,072,246
Total investment income	**710,648**	1,753,527
TOTAL ADDITIONS	**710,648**	1,753,527
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	**712,401**	679,150
Administrative expenses	**65,110**	42,216
TOTAL DEDUCTIONS	**777,512**	721,366
NET (DECREASE) INCREASE ATTRIBUTABLE TO ALL PLAN ASSETS	**(66,863)**	1,032,161
LESS EARNINGS ATTRIBUTABLE TO PROFIT-SHARING PLAN ASSETS	**(23,940)**	(175,905)
NET (DECREASE) INCREASE IN PLAN ASSETS	**(90,804)**	856,256
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	**12,121,038**	11,264,782
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	**$ 12,030,234**	$ 12,121,038

See accompanying notes.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

STATEMENT OF ACCUMULATED PLAN BENEFITS

Beginning of Year Valuation - April 1, 2011

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits of active participants	$	4,332,703
Participants due deferred benefits		1,048,987
Vested benefits of inactive participants		3,661,473
TOTAL VESTED		9,043,163
NON-VESTED BENEFITS		18,238
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$	9,061,401

See accompanying notes.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

STATEMENT OFCHANGES IN ACCUMULATED PLAN BENEFITS

Beginning of Year Valuation - Year Ended April 1, 2011

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, APRIL 1, 2010		$ 9,191,709
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits accumulated	$ 52,135	
Decrease in the discount period	708,693	
Change of assumptions	(211,986)	
Benefits paid	(679,150)	
NET DECREASE		(130,308)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, APRIL 1, 2011		$ 9,061,401

See accompanying notes.

NOTE 1. DESCRIPTION OF PLAN

The following description of the Wynne Building Corporation Employees' Pension Trust (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Description of Plan

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

Pension Benefits

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

Vesting

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

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

Benefit Payments

Benefit payments to participants are recorded upon distribution.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold as well as held at year-end.

Use of Estimates

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

Plan Termination

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

Administrative Costs

Personnel and facilities of the Plan sponsor have been used by the Plan for its administrative activities at no cost to the Plan. Additional administrative costs have been incurred by the Plan for other administrative activities performed by the Plan's third party administrator.

Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined the Plan's actuary. This amount is the result from applying actuarial assumptions to the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of April 1, 2011 were:

1. Funding Valuation Interest Rates	
Funding Target Liability	April 2011 Segment Rates
Effective Interest Rate	5.81%
PBGC Funding Target	April 2011 Segment Rates
2. Expected Return on Assets	8.00%, compounded annually, capped at the third segment rate for Funding Target Liability purposes.
3. Accounting Rates	
FAS 35 Liabilities	8.00%, compounded annually

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

4. Mortality (Funding and Accounting)	The RP-2000 Mortality Table with separate rates for males and females and for annuitants and non-annuitants, as prescribed by the IRS, with fully generational mortality improvements projected to each future payment date.
5. Retirement	Later of age 65 or attained age on the Valuation date.
6. Covered Compensation	
a. National Average Earnings	4.00%
7. Changes Since Prior Valuation	The funding valuation and PBGC interest rates have been updated to the April 2011 segment rates. The prior funding valuation interest rates were based on the December 2008 full yield curve. The prior PBGC were based on the December 2008 full yield curve.

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

Funding Policy

Contributions from the Company are actuarially determined by the Plan's actuary to cover the Plan's normal cost and prior service costs. On April 1, 2011 and 2010, the Plan was over-funded and was within the funding requirements of ERISA. Therefore, there were no Company contributions required for the years ended March 31, 2012 and 2011.

Risks and Uncertainties

The Plan invests in securities with contractual cash flows, such as asset backed securities and collateralized mortgage obligations. The value, liquidity and related income of these securities are sensitive to changes in economic conditions including real estate value, delinquencies and defaults, and may adversely be affected by shifts in the market's perception of the issuers and changes in interest rates. The Plan provides for various investment options in common stock, mutual funds and other 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 and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Subsequent Events

The Plan has evaluated subsequent events through October 6, 2012, the date the financial statements were available to be issued.

NOTE 3. PROFIT-SHARING PLAN ROLLOVER

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

NOTE 4. INVESTMENTS

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

	2012	2011
Corporate Bonds:		
Citizens Utilities Co. 7.875% due 2027	$ 904,293	$ 989,392
Bank America Corporation 6.55% due 2027	677,278	677,479
New Jersey Bell Telephone Corporation 7.85% due 2029	689,081	669,413
Mutual Funds:		
Powershares QQQ	1,085,393	922,785
Vanguard Emerging Markets - ETF - VWO	776,507	863,135

NOTE 5. FAIR VALUE MEASUREMENTS

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2012 and 2011.

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

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year-end based on quoted market prices.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2012.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

	As of March 31, 2012			
	Level 1	Level 2	Level 3	Total
Debt Instruments				
Corporate Bonds	$ -	$ 5,607,477	$ -	$ 5,607,477
Government Securities	-	272,163	-	272,163
Municipal Bonds	-	425,903	-	425,903
Total Debt Instruments	-	6,305,543	-	6,305,543
Mutual Funds				
International	1,024,534	-	-	1,024,534
Closed End	-	1,790,523	-	1,790,523
Blend	1,046,539	-	-	1,046,539
Growth	1,398,836	-	-	1,398,836
Total Mutual Funds	3,469,909	1,790,523	-	5,260,432
Equity Securities	1,876,241	-	-	1,876,241
Total Investments at Fair Value	$ 5,346,150	$ 8,096,066	$ -	$ 13,442,216

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

	As of March 31, 2011			
	Level 1	Level 2	Level 3	Total
Debt Instruments				
Corporate Bonds	$ -	$ 6,471,736	$ -	$ 6,471,736
Government Securities	-	301,670	-	301,670
Municipal Bonds	-	20,021	-	20,021
Total Debt Instruments	-	6,793,427	-	6,793,427
Mutual Funds				
International	1,493,910	-	-	1,493,910
Closed End	-	1,131,545	-	1,131,545
Blend	1,092,683	-	-	1,092,683
Growth	922,785	-	-	922,785
Value	27,291	-	-	27,291
Total Mutual Funds	3,536,669	1,131,545	-	4,668,214
Equity Securities	2,171,559	-	-	2,171,559
Total Investments at Fair Value	$ 5,708,228	$ 7,924,972	$ -	$ 13,633,200

NOTE 6. TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor, by a letter dated February 16, 1996, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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 designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of March 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. If the Plan were to incur an income tax liability in the future, interest and penalties would be reported as income taxes. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

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

As of March 31, 2012

PLAN EIN 59-1294759
PLAN NUMBER: 001

(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*
MUNICIPAL BONDS				
	Dallas/Fort Worth Texas Int'l Airport		$ 198,184	$ 216,398
	Hawaii St Dept Budget & Finance		85,549	98,118
	Miami-Dade Cnty FL Avtn		42,380	50,359
	North Carolina HFA	6.125%, due 2025	58,487	61,028
	TOTAL MUNICIPAL BONDS		**384,600**	**425,903**
CORPORATE BONDS				
	Alcoa Inc.	6.75%, due 2018	136,198	150,281
	Allstate Life Global Fdg	6.42%, due 2016	182,004	202,296
	Aluminum Co American	6.50% to 6.75%, due 2018 to 2028	163,670	211,934
	Bank of America Corporation	6.55% to 6.80%, due 2026 to 2027	717,644	677,278
	Citizen Utilities Co.	7.45% to 7.875%, due 2027 to 2035	918,705	904,293
	Dow Chemical Co.	7.375% to 8.00%, due 2018 to 2029	90,006	129,169
	Ford Motors Credit	6.625% to 7.25%, due 2011 to 2028	274,959	333,113
	General Electric Capital Corporation	5.375% to 6.75%, due 2016 to 2032	181,505	219,507
	General Motor Accepetance Corp.	6.00% and 6.875% due 2012	100,901	101,534
	Michigan Bell Telephone Co.	7.85%, due 2022	105,268	124,595
	NationsBank Capital Trust II Cap Secs	7.830%, due 2026	57,600	60,826
	NB Capital Trust IV	8.25%, due 2027	488,750	511,235
	New England Telephone	7.875%, due 2029	88,850	97,725
	New Jersey Bell Tell Co.	7.85%, due 2029	638,892	689,081
	New York Tel. Co.	6.75% and 7.00%, due 2023 and 2033	523,539	542,293
	Northern Telecome, Ltd.	6.875%, due 2023	405,000	234,000
	Philadelphia Electric	7.38%, due 2028	53,755	48,732
	Principal Life Income Fund	6.04%, due2014	71,871	76,529
	Public Service Indiana	7.25%, due 2028	220,005	234,658
	Southwestern Bell Telephone	7.00%, due 2015	45,474	58,398
	TOTAL CORPORATE BONDS		**5,464,596**	**5,607,477**
GOVERNMENT SECURITIES				
	F.N.R. 93-122 E CMO's	6.50%, due 2023	9,639	13,832
	GNMA Pool CMO's	5.50%, due 2034	1,735	2,221
	FNMA CMO's	4.50% to 6.0%, due 2033 to 2035	231,569	241,382
	F.H.L.M.C. CMO's	5.00% to 8.0%, due 2022 to 2035	12,811	14,728
	TOTAL GOVERNMENT SECURITIES		**255,754**	**272,163**

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

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

As of March 31, 2012

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MUTUAL FUNDS				
	Eaton Vance Tax Advt Div Income		385,035	414,904
	WF Advantage Multi-Sect Income		303,625	306,494
	Ishares MSCI Australia		49,925	49,347
	Nuveen Premium Income		119,425	124,890
	Ishares MSCI Canada		24,998	24,514
	Mkt Vct Steel		105,528	84,212
	Market Vectors Global Agribusiness ETF		106,956	99,954
	Morgan Stanley Quality Muni Income Trust		449,884	529,034
	Powershares QQQQ		686,048	1,085,393
	Van Kampen Investment Gr Mun Trust		357,609	415,201
	Vanguard Materials ETF		105,373	98,653
	Vanguard Telecom Services ETF		24,986	25,874
	Vanguard Emerging Markets Index Fund		152,521	145,922
	Vanguard Emerging Markets ETF		959,687	766,507
	Vanguard High Dividend Yield ETF		173,037	188,916
	Vanguard Index 500 Fund		383,841	465,723
	Vanguard Mid-Cap Index Fund		286,607	376,540
	Vanguard REIT Index Fund		57,324	58,354
	TOTAL MUTUAL FUNDS		**4,732,409**	**5,260,432**
EQUITIES				
	Bank of Nova Scotia		458,043	544,653
	Chevron		71,537	85,767
	DTE Energy Co.		20,007	20,305
	Duke Energy - DUK		70,042	80,133
	Freeport McMoran Copper & Gold		126,291	101,643
	Frontier Communications		117,038	63,884
	Kimberly-Clark Corp.		151,454	171,056
	Kraft Foods Inc.		50,140	61,956
	McDonalds Corp - MCD		58,927	63,863
	National Grid PLC		170,281	180,921
	Southern Co - SO		91,737	110,123
	Southern Copper Corp.		221,776	200,547
	Toronto Dominion Bank		72,009	84,950
	World Wrestling Entertainment		198,522	106,440
	TOTAL EQUITIES		**1,877,804**	**1,876,241**
	TOTAL INVESTMENTS		**$ 12,715,163**	**$ 13,442,216**

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WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

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	TOTAL EQUITIES		**1,877,804**	**1,876,241**
	TOTAL INVESTMENTS		**$ 12,715,163**	**$ 13,442,216**

Assumed rates of retirement are as follows:

Age	Annual Rate
65 – 66	40 %
67 – 69	15
70 – 74	25
75 & Over	100

The weight applied at each potential retirement age are as follows:

Age	Weight
65	40.00 %
66	24.00
67	5.40
68	4.59
69	3.90
70	5.53
71	4.15
72	3.11
73	2.33
74	1.75
75	5.25

The weighted average retirement age was calculated by multiplying each potential retirement age by the probability of retirement at that age. The probability of retirement at each potential retirement age was calculated by multiplying the assumed rate of retirement by the probability of survival to that age (where retirement is the only decrement considered).

The non-prescribed actuarial assumptions were reviewed for long-term reasonableness. Our Experience Investigation for the five year period ending March 31, 2011 recommended updating various assumptions. This valuation includes updated rates of salary increase, rates of retirement and rates of withdrawal. See item 12 of the Actuarial Assumptions section for specific changes from the prior year.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST

TABLE 4

ACTIVE PARTICIPANT AGE-SERVICE DISTRIBUTION
APRIL 1, 2011

	COMPLETED YEARS OF SERVICE										
AGE	00-00	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	TOTAL
15-24		4									4
25-29		9	1								10
30-34		5	4	1							10
35-39		7	7		1						15
40-44		6	7	3	2						18
45-49		8	7	6	2	3	2				28
50-54		6	10	1	2						19
55-59			6	5	3			1			15
60-64		5	4	1	1			1			12
65-69		5	5	5							15
70+		8	6	2	3				1		20
TOTAL		63	57	24	14	3	2	2	1		166

	4/1/2010	4/1/2011
Average Age:	50.3 years	50.6 years
Average Service:	6.4 years	6.8 years
Percentage Female:	42.3%	38.6%

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

I. SUMMARY OF PRINCIPAL PLAN PROVISIONS

A. Effective Date

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

B. Eligibility Requirements

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

C. Credited Service

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

D. Vesting Service

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

E. Average Monthly Compensation (AMC)

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

F. Normal Retirement Date

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

G. Amount of Normal Retirement Income

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

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

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

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

H. Late Retirement

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

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

I. Vested Benefits on Termination of Service

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

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

J. Accrued Benefit

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

K. Disability Benefits

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

L. Normal Form of Retirement Income

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

M. Optional Forms of Retirement Income

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

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

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

N. Changes From Previous Report

None.

II. SUMMARY OF VALUATION DATA

1. Participant Data: The primary source of participant data for the current valuation is a census of all participants as of April 1, 2011 which was provided by the Company.

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

2. Asset Data: The asset value as of March 31, 2011 was reported by the Company. The assets have been reviewed for reasonableness and are assumed to be appropriate for valuation purposes.

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods – Page 1 of 3

I. SUMMARY OF ACTUARIAL METHODS

A. Calculation of Funding Liabilities and Costs

Liabilities and contributions shown in this report are calculated using the unit credit actuarial cost method, as prescribed under Internal Revenue Code §430 and ASC 960.

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

In the first year in which the adjusted plan assets (actuarial value of assets, reduced by any retained credit balances), is less than the funding target, a shortfall amortization base must be established. This base is amortized over a 7-year period using the 1st and 2nd funding segment interest rates from the prescribed corporate bond yield curve. New shortfall amortization bases are established each year based on the Plan's funded status each year, and all bases are maintained until either fully amortized or until the adjusted Plan assets exceed the funding target.

B. Description of Asset Valuation Method

The actuarial value of assets is the market value of assets.

C. Changes Since the Prior Actuarial Valuation

None.

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods – Page 2 of 3

II. SUMMARY OF ACTUARIAL ASSUMPTIONS

A. ACTUARIAL ASSUMPTIONS

1. Funding Valuation Interest Rates

Funding Target Liability	April 2011 Segment Rates
- First Segment Rate	2.51%
- Second Segment Rate	5.59%
- Third Segment Rate	6.38%
Effective Interest Rate	5.81%
PBGC Funding Target	April 2011 Segment Rates

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

3. Accounting Rates
   ASC 960 Liabilities — 8.00%, compounded annually

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

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

6. Salary Increases — Sample rates as follows:

Age	Assumed Wage Inflation	Promotion & Seniority	Total
Under 30	3.25%	2.75%	6.0%
30 – 34	3.25%	1.75%	5.0%
35 – 39	3.25%	0.75%	4.0%
40 & Over	3.25%	0.25%	3.5%

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

7. Termination — Sample rates as follows:

Years 1 - 5		Years 6 - 10		Ultimate Period	
Year	Annual Rate	Age	Annual Rate	Age	Annual Rate
1 - 3	25.0%	38 & Under	13.5%	38 & Under	4.5%
4	20.0	40	11.1	40	4.5
5	13.5	45	6.9	45	4.5
		50	6.9	50	7.5
		55	19.5	55	12.5
		60	16.5	60	7.5
		65	0.0	65	0.0

8. Disability — 1985 Disability Study Class 1

9. Retirement — Sample rates as follows:

Age	Annual Rate
65 – 66	40%
67 – 69	15%
70 – 74	25%
75 & Over	100%

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

11. Expected Plan Administrative Expenses — Expected plan administrative expenses for the current plan year are assumed to be equal to the average of the annual administrative expenses during the previous three (3) plan years.

12. Changes Since Prior Valuation

The funding valuation and PBGC interest rates have been updated to the April 2011 segment rates.

The prior funding valuation and PBGC interest rates were based on the April 2010 segment rates.

Salary increase rates were as follows:

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

Termination rates were as follows:

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

Retirement was assumed to be the later of age 65 or attained age on the valuation date.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

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

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

A Name of plan

Wynne Building Corporation Employees' Pension Trust

B Three-digit plan number (PN) ▶ 001

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

Wynne Building Corporation

D Employer Identification Number (EIN)

59-1294759

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

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

Part I Basic Information

1 Enter the valuation date: Month 4 Day 1 Year 2011

2 Assets:

a	Market value	2a	12,121,038
b	Actuarial value	2b	12,121,038

3 Funding target/participant count breakdown:

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	101	4,367,369
b	For terminated vested participants	3b	169	1,425,529
c	For active participants:			
	(1) Non-vested benefits	3c(1)		25,062
	(2) Vested benefits	3c(2)		5,749,222
	(3) Total active	3c(3)	166	5,774,284
d	Total	3d	436	11,567,182

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

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

5	Effective interest rate	5	5.81 %
6	Target normal cost	6	501,680

Statement by Enrolled Actuary

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

SIGN HERE

L. F. Wilson

Signature of actuary

01/11/2013

Date

LAWRENCE F. WILSON

Type or print name of actuary

11-02802

Most recent enrollment number

GABRIEL, ROEDER, SMITH & COMPANY

Firm name

(954) 527-1616

Telephone number (including area code)

ONE EAST BROWARD BLVD.
SUITE 505
FORT LAUDERDALE FL 33301

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 14.50 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.50 % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	104.78 %
15	Adjusted funding target attainment percentage	15	104.78 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/09/2011	60,907				
			Totals • 18(b)	60,907	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	58,584

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.51 %	5.59 %	6.38 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	67

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	501,680
b Excess assets, if applicable, but not greater than 31a	**31b**	501,680

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

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

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	58,584
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	58,584
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	