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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WYNNE BUILDING CORPORATION

12804 S.W. 122 AVENUE
MIAMI, FL 33186

2b Employer Identification Number (EIN)
59-1294759

2c Plan 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.	05/23/2017	JOEL F. WYNNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/23/2017	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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	389
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	109
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	102
b	Retired or separated participants receiving benefits	**6b**	98
c	Other retired or separated participants entitled to future benefits	**6c**	155
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	355
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	381
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**	0
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 Characteristics Codes in the instructions:
1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

▶ **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 2015

2 Assets:

a Market value	**2a**	13562848
b Actuarial value	**2b**	13562848

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	115	4251016	4251016
b For terminated vested participants	165	1642687	1642687
c For active participants	110	6999453	6999453
d Total	390	12893156	12893156

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**	6.33%
6 Target normal cost	**6**	464612

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 — Date: 01/10/2017

LAWRENCE F. WILSON — Type or print name of actuary

14-02802 — 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	75155
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	75155
10	Interest on line 9 using prior year's actual return of 12.82%	0	9635
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.53%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		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	84790

Part III Funding Percentages

14	Funding target attainment percentage	14	104.53 %
15	Adjusted funding target attainment percentage	15	105.19 %
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	103.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required 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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 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:	
4.72 %	6.11 %	6.81 %	☐ 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 subject to 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**: 0

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**: 464612

b Excess assets, if applicable, but not greater than line 31a — **31b**: 464612

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**: 0

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

a Total (excess, if any, of line 37 over line 36) — **38a**: 0

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 an election was made to use PRA 2010 funding relief for this plan:

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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

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

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

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

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	22350	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FUOCO GROUP, LLC

20-8022284

(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	10130	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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

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	63230	26883
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)	73761	73960
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	60688	74734
(2) U.S. Government securities	1c(2)	125328	121110
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	307724	0
(B) All other	1c(3)(B)	3259047	3037960
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	8308964	7828865
(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)		
(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)	2844585	3188681
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	386148	376674

		(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	15429475	14728867
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	1866627	84840
k Total liabilities (add all amounts in lines 1g through1j)	1k	1866627	84840
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13562848	14644027

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29	
(B) U.S. Government securities	2b(1)(B)	7260	
(C) Corporate debt instruments	2b(1)(C)	237740	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	5291	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		250320
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	322652	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	18624	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		341276
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1049134	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	810734	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		238400
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-607621	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-607621

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		62532
c Other income	2c		1696940
d Total income. Add all **income** amounts in column (b) and enter total	2d		1981847
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	751844	
(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)		751844
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)	33782	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	115042	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		148824
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		900668
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1081179
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: FUOCO GROUP, LLC **(2)** EIN: 20-8022284

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	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		

			Yes	No	N/A	Amount
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				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

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** 1

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

WYNNE BUILDING CORPORATION
EMPLOYEES' PENSION TRUST

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

YEARS ENDED MARCH 31, 2016 AND 2015

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2016 AND 2015

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits	5
Statement of Change in Accumulated Plan Benefits	6
Notes to Financial Statements	7-14
Supplementary Information	
Schedule H, Line 4(i) – Schedule of Assets (Held at Year End)	15-16
Schedule H, Line 4(j) – Schedule of Reportable Transactions	17

fuocogroup
Certified Public Accountants Business Advisors

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of Wynne Building Corporation Employees' Pension Trust (the Plan), which comprise the statements of net assets available for benefits as of March 31, 2016 and 2015, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of March 31, 2015, the related statement of changes in accumulated plan benefits for the year ended March 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the plan's preparation and fair presentation of the financial statements in order to design 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. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding Wynne Building Corporation Employees' Pension Trust's net assets available for benefits as of March 31, 2016 and 2015, and changes therein for the years then ended and its financial status as of March 31, 2015, and changes in its financial status for the year then ended, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of March 31, 2016 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's (DOL) 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

Fuoco Group, LLC

South Miami, Florida
December 23, 2016, except for Note 4 as to which the date is April 6, 2017

fuocogroup Follow our lead.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MARCH 31, 2016 AND 2015

	2016	2015
ASSETS		
Investments, at fair value		
Corporate bonds	$ 3,037,960	$ 3,566,771
Equity securities	-	565,736
Government securities	121,110	125,328
Municipal bonds	376,674	386,149
Mutual and exchange traded funds	11,017,546	10,587,813
Total Investments, at Fair Value	14,553,290	15,231,797
Interest receivable	73,960	73,761
Cash and cash equivalents	101,617	123,918
Total Assets	14,728,867	15,429,476
LIABILITIES		
Liabilities		
Profit-sharing plan, rollover	84,840	1,866,628
Total Liabilities	84,840	1,866,628
Net Assets Available for Benefits	$ 14,644,027	$ 13,562,848

See accompanying notes to the financial statements.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED MARCH 31, 2016 AND 2015

	2016	2015
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income		
Interest and dividends	$ 591,568	$ 568,637
Net (depreciation) appreciation in fair value of investments	(306,661)	1,220,710
Total Investment Income	284,907	1,789,347
Total Additions	284,907	1,789,347
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	751,844	752,426
Administrative expenses	148,824	48,498
Total Deductions	900,668	800,924
Net (Decrease) Increase	(615,761)	988,423
LESS EARNINGS ATTRIBUTABLE TO PROFIT-SHARING PLAN ASSETS	-	(202,333)
GAIN FROM EXTINGUISHMENT OF LIABILITY	1,696,940	-
NET INCREASE	1,081,179	786,090
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	13,562,848	12,776,758
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 14,644,027	$ 13,562,848

See accompanying notes to the financial statements.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
STATEMENT OF ACCUMULATED PLAN BENEFITS
BEGINNING OF YEAR VALUATION, MARCH 31, 2015

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits of participants currently receiving payments	$	5,700,944
Participants due deferred benefits		1,301,256
Vested benefits of other participants		3,760,095
Total Vested		10,762,295
NON-VESTED BENEFITS		-
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$	10,762,295

See accompanying notes to the financial statements.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
BEGINNING OF YEAR VALUATION, YEAR ENDED MARCH 31, 2015

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, beginning of year		$ 10,428,787
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits accumulated	$ 281,149	
Increase for interest	804,785	
Benefits paid	(752,426)	
Net Increase		333,508
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, end of year		$ 10,762,295

See accompanying notes to the financial statements.

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 returned 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 effective March 31, 2014. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Company's Board of Trustees. The Board of Trustees has overall responsibility for the operation and administration of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Participant Accounts – Under the Plan provisions, the participants' hypothetical accounts continue to accrue benefits, but entry into the Plan has been frozen after April 1, 2009.

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 March 31, 2015 and 2014, 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, 2016 and 2015.

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 five year schedule whereby after five years of service, participants become 100% vested in their accrued benefit.

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

Death and Disability Benefits – The death benefit provided under this Plan be a death benefit for a vested married participant payable in the form of a Pre-Retirement Survivor Annuity. Such annuity payments shall be equal to the amount which would be payable as a survivor annuity under the qualified joint and survivor annuity provisions of the Plan. 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.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management 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, and changes therein. Actual results could differ from those estimates.

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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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.

Benefit Payments – Benefit payments to participants are recorded upon distribution.

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.

Subsequent Events – The Plan has evaluated subsequent events through December 23, 2016, the date the financial statements were available to be issued.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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 by the Plan's actuary. This amount is the result from applying actuarial assumptions to the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of April 1, 2015 were:

1. Funding Valuation Interest Rates

Funding Target Liability	April 2015 Segment Rates
Effective Interest Rate	6.33%
PBGC Funding Target	April 2015 Segment Rates

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

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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.	Retirement	Later of age 65 or attained age on the valuation date.
6.	Covered Compensation National Average Earnings	4.00%
7.	Changes Since Prior Valuation	The funding valuation and PBGC interest rates have been updated to the April 2015 segment rates. The prior funding valuation and PBGC Interest rates were based on the April 2014 segment rates.

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.

NOTE 4 – PROFIT-SHARING PLAN ROLLOVER

Net assets of a terminated profit-sharing plan were merged into the pension plan on April 1, 1984. In previous years, the profit-sharing plan rollover represented 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. On March 31, 2016, the obligor of the profit-sharing plan released the Plan from its obligation in the amount of $1,781,784 for an amount of $84,840. As per FASB ASC 405-20, the release extinguished the liability, and therefore a gain in the amount of $1,696,940 was recorded in the period of extinguishment.

NOTE 5 – 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 become fully vested and non-forfeitable. Benefits would be paid to each participant, retired participant and each beneficiary of a deceased participant. Any remaining funds after distributions would revert to the Company net of any taxes.

NOTE 5 – PLAN TERMINATION (CONTINUED)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 6 – INVESTMENTS

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

	2016	2015
Corporate Bonds		
Citizen Utilities Co. 7.875% due 2027	$ -	$ 907,595
New Jersey Bell Telephone Corporation 7.85% due 2029	-	779,677
Mutual Funds		
Powershares QQQ	2,277,475	2,143,997
Vanguard 500 Index Fund ETF - VOO	2,605,522	2,753,238
Vanguard High Dividend Yield ETF - VYM	2,945,868	2,845,993
Vanguard 500 Index Fund - VFIAX	899,753	884,210

During the year ended March 31, 2016 and 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by ($306,661) and $1,220,710, respectively, as follows:

	2016	2015
Equity Securities	$ (22,069)	$ 58,258
Government Securities	(539)	(521)
Corporate Bonds	(444,092)	152,176
Municipal Bonds	(4,474)	13,479
Mutual Funds and exchange trade funds	164,513	997,318
	$ (306,661)	$ 1,220,710

NOTE 7 – FAIR VALUE MEASUREMENTS

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

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, 2016 and 2015.

Debt Instruments – Debt instruments which include corporate bonds, municipal bonds, and government securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value 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 or a broker quote if available.

Mutual and exchange traded funds – Valued at the daily closing price as reported by the funds. Mutual funds and exchange traded funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and transact at that price. These funds are deemed to be actively traded..

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

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2016.

	As of March 31, 2016			
	Level 1	Level 2	Level 3	Total
Debt Instruments				
Corporate Bonds	$ -	$ 3,037,960	$ -	$ 3,037,960
Government Securities	-	121,110	-	121,110
Municipal Bonds	-	376,675	-	376,675
Total Debt Instruments	-	3,535,745	-	3,535,745
Mutual and Exchange Traded Funds				
Closed End	-	2,288,927	-	2,288,927
Blend	3,505,275	-	-	3,505,275
Growth	5,223,343	-	-	5,223,343
Total Mutual and Exchange Traded Funds	8,728,618	2,288,927	-	11,017,545
Equity Securities	-	-	-	-
Total Assets at Fair Value	$ 8,728,618	$ 5,824,672	$ -	$ 14,553,290

NOTE 7 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2015.

	As of March 31, 2015			
	Level 1	Level 2	Level 3	Total
Debt Instruments				
Corporate Bonds	$ -	$ 3,566,771	$ -	$ 3,566,771
Government Securities	-	125,328	-	125,328
Municipal Bonds	-	386,149	-	386,149
Total Debt Instruments	-	4,078,248	-	4,078,248
Mutual and Exchange Traded Funds				
Closed End	-	1,960,375	-	1,960,375
Blend	3,637,448	-	-	3,637,448
Growth	4,989,990	-	-	4,989,990
Total Mutual and Exchange Traded Funds	8,627,438	1,960,375	-	10,587,813
Equity Securities	565,736	-	-	565,736
Total Assets at Fair Value	$ 9,193,174	$ 6,038,623	$ -	$ 15,231,797

NOTE 8 – RISKS AND UNCERTAINTIES

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.

NOTE 8 – RISKS AND UNCERTAINTIES (CONTINUED)

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

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

NOTE 9 – 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's tax returns could be subject to examination, generally for three years after the returns are filed.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2016

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				
	California Housing Finance Agency	4.70% to 5.05%, due 2024 to 2036	$ 171,850	$ 176,834
	Hawaii St Dept Budget & Finance	4.60% to 4.65%, due 2026 to 2037	85,549	102,287
	Miami-Dade Cnty FL Avtn	5.00%, due 2040	42,380	52,102
	North Carolina HFA	6.125%, due 2025	43,865	45,452
	Total Municipal Bonds		343,644	376,675
CORPORATE BONDS				
	Aluminum Co American	6.50% to 6.75%, due 2018 to 2028	163,670	201,166
	AT & T Inc.	4.5%, due 2035	95,757	98,732
	Citizens Communications	7.875%, due 2027	368,000	332,672
	Citizen Utilities Co.	7.45% to 7.875%, due 2027 to 2035	810,845	676,703
	Dow Chemical Co.	7.375% to 8.00%, due 2018 to 2029	90,006	128,199
	Ford Motor Credit	6.625% to 7.25%, due 2011 to 2028	176,128	248,837
	Michigan Bell Telephone Co.	7.85%, due 2022	105,268	116,843
	New England Telephone	7.875%, due 2029	88,850	101,150
	New Jersey Bell Telephone Co.	7.85%, due 2029	638,892	701,313
	Northern Telecomm, Ltd.	6.875%, due 2023	405,000	143,120
	Philadelphia Electric Capital Co.	7.38%, due 2028	53,755	59,993
	Public Service Indiana	7.25%, due 2028	220,005	229,232
	Total Corporate Bonds		$ 3,216,176	$ 3,037,960

See accompanying notes to the financial statements.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2016

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
GOVERNMENT SECURITIES				
	GNMA Pool CMO's	5.50%, due 2034	$ 1,735	$ 2,172
	FNMA CMO's	4.50% to 6.0%, due 2033 to 2035	114,110	118,594
	F.H.L.M.C. CMO's	5.00% to 8.0%, due 2022 to 2035	307	344
	Total Government Securities		116,152	121,110
MUTUAL AND EXCHANGE TRADED FUNDS				
	Eaton Vance Tax Advt Div Income			
	Invesco Quality Municipal Income Trust		619,594	682,218
	Invesco Trust for Investment Gowth Municipal Trust		615,313	666,231
	Nuveen Municipal Opportunity Fund (subsequently acquired by Nuveen Dividend Advantage Municipal Income Fund)		155,275	160,241
	Nuveen Premium Income		192,251	196,158
	Powershares QQQ		1,074,647	2,277,475
	Vanguard Index 500 Fund		546,569	899,753
	Vanguard 500 Index Fund ETF		2,273,883	2,605,522
	Vanguard High Dividend Yield ETF		2,521,518	2,945,868
	Blackrock Municipal Income Quality Trust		437,531	470,836
	Blackrock Muniyield Investment Fund		105,033	113,243
	Total Mutual Funds		8,541,614	11,017,545
TOTAL INVESTMENTS			$ 12,217,586	$ 14,553,290

See accompanying notes to the financial statements.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
MARCH 31, 2016

PLAN EIN 59-1294759
PLAN NUMBER: 001

(a)	(b) DESCRIPTION OF ASSETS	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSETS	(h) CURRENT VALUE OF ASSETS ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)

Category (I): Individual Transaction in Excess of 5% of Plan Assets

None

Category (II): Series of Non-Securities Transactions in Excess of 5% of Plan Assets

None

Category (III): Series of Securities Transactions in Excess of 5% of Plan Assets

None

Category (IV): Securities Transactions Related to Individual Transactions in Excess of 5% of Plan Assets

None

See accompanying notes to the financial statements.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

▶ **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 2015		
2	Assets:		
	a Market value	2a	13,562,848
	b Actuarial value	2b	13,562,848

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	115	4,251,016	4,251,016
b For terminated vested participants	165	1,642,687	1,642,687
c For active participants	110	6,999,453	6,999,453
d Total	390	12,893,156	12,893,156

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	6.33 %
6	Target normal cost	6	464,612

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

1/10/2017
Date

LAWRENCE F. WILSON
Type or print name of actuary

14-02802
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	75,155
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	75,155
10	Interest on line 9 using prior year's actual return of 12.82 %	0	9635
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.53%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		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	84790

Part III Funding Percentages

14	Funding target attainment percentage	14	104.53 %
15	Adjusted funding target attainment percentage	15	105.19 %
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	103.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required 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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 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:	☐ N/A, full yield curve used
4.72 %	6.11 %	6.81 %	

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 subject to 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**	0
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**	464,612
b Excess assets, if applicable, but not greater than line 31a	**31b**	464,612

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**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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 an election was made to use PRA 2010 funding relief for this plan:

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**	

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).

Wynne Building Corporation **EIN: 59-1294759**
Wynne Building Corporation Employees' Pension Trust **PN: 001**
Schedule SB, line 26
Schedule of Active Participants **Plan Year Beginning: 4/1/2015**

ACTIVE PARTICIPANT AGE-SERVICE DISTRIBUTION
APRIL 1, 2015

	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											
25-29											
30-34			7	1							8
35-39		1	4	2							7
40-44			6	3	1						10
45-49			8	4	1						13
50-54			8	3	2	2	4	1			20
55-59			10	8	2						20
60-64			2	3	1	1		2			9
65-69			6	3	1						10
70+		1	7	4						1	13
TOTAL		2	58	31	8	3	4	3		1	110

	4/1/2014	4/1/2015
Average Age:	53.6 years	54.0 years
Average Service:	9.9 years	11.0 years
Percentage Female:	35.3%	36.4%

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

I. SUMMARY OF ACTUARIAL METHODS

A. Calculation of Funding Liabilities and Costs

Liabilities and contributions shown in this report are calculated using the unit credit actuarial cost method, as prescribed under 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. Plan administrative expenses (paid out of pension assets), if any, are to be included in the normal cost for the year, as required by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA).

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 4

II. SUMMARY OF ACTUARIAL ASSUMPTIONS

A. ACTUARIAL ASSUMPTIONS

1. Funding Valuation Interest Rates

Applicable Month	April
Funding Target Liability (HATFA rates)	
- First Segment Rate	4.72% (4.99% used in 2014)
- Second Segment Rate	6.11% (6.32% used in 2014)
- Third Segment Rate	6.81% (6.99% used in 2014)
Effective Interest Rate	6.33% (6.53% used in 2014)
Funding Target Liability (without HATFA rates)	
- First Segment Rate	1.26% (1.19% used in 2014)
- Second Segment Rate	4.07% (4.06% used in 2014)
- Third Segment Rate	5.13% (5.11% used in 2014)
Effective Interest Rate	4.47% (4.46% used in 2014)
PBGC Funding Target	
- First Segment Rate	1.38% (1.23% used in 2014)
- Second Segment Rate	3.58% (4.23% used in 2014)
- Third Segment Rate	4.50% (5.31% used in 2014)

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

3. Accounting Rate of Return
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.

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

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%

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%

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

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 2015 segment rates. The prior funding valuation and PBGC interest rates were based on the April 2014 segment rates.

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 effective March 31, 2014.

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, 2015 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, 2015 was reported by the Company. The assets have been reviewed for reasonableness and are assumed to be appropriate for valuation purposes.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2016

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				
	California Housing Finance Agency	4.70% to 5.05%, due 2024 to 2036	$ 171,850	$ 176,834
	Hawaii St Dept Budget & Finance	4.60% to 4.65%, due 2026 to 2037	85,549	102,287
	Miami-Dade Cnty FL Avtn	5.00%, due 2040	42,380	52,102
	North Carolina HFA	6.125%, due 2025	43,865	45,452
	Total Municipal Bonds		343,644	376,675
CORPORATE BONDS				
	Aluminum Co American	6.50% to 6.75%, due 2018 to 2028	163,670	201,166
	AT & T Inc.	4.5%, due 2035	95,757	98,732
	Citizens Communications	7.875%, due 2027	368,000	332,672
	Citizen Utilities Co.	7.45% to 7.875%, due 2027 to 2035	810,845	676,703
	Dow Chemical Co.	7.375% to 8.00%, due 2018 to 2029	90,006	128,199
	Ford Motor Credit	6.625% to 7.25%, due 2011 to 2028	176,128	248,837
	Michigan Bell Telephone Co.	7.85%, due 2022	105,268	116,843
	New England Telephone	7.875%, due 2029	88,850	101,150
	New Jersey Bell Telephone Co.	7.85%, due 2029	638,892	701,313
	Northern Telecomm, Ltd.	6.875%, due 2023	405,000	143,120
	Philadelphia Electric Capital Co.	7.38%, due 2028	53,755	59,993
	Public Service Indiana	7.25%, due 2028	220,005	229,232
	Total Corporate Bonds		$ 3,216,176	$ 3,037,960

See accompanying notes to the financial statements.

WYNNE BUILDING CORPORATION EMPLOYEES' PENSION TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2016

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
GOVERNMENT SECURITIES				
	GNMA Pool CMO's	5.50%, due 2034	$ 1,735	$ 2,172
	FNMA CMO's	4.50% to 6.0%, due 2033 to 2035	114,110	118,594
	F.H.L.M.C. CMO's	5.00% to 8.0%, due 2022 to 2035	307	344
	Total Government Securities		116,152	121,110
MUTUAL AND EXCHANGE TRADED FUNDS				
	Eaton Vance Tax Advt Div Income			
	Invesco Quality Municipal Income Trust		619,594	682,218
	Invesco Trust for Investment Gowth Municipal Trust		615,313	666,231
	Nuveen Municipal Opportunity Fund (subsequently acquired by Nuveen Dividend Advantage Municipal Income Fund)		155,275	160,241
	Nuveen Premium Income		192,251	196,158
	Powershares QQQ		1,074,647	2,277,475
	Vanguard Index 500 Fund		546,569	899,753
	Vanguard 500 Index Fund ETF		2,273,883	2,605,522
	Vanguard High Dividend Yield ETF		2,521,518	2,945,868
	Blackrock Municipal Income Quality Trust		437,531	470,836
	Blackrock Muniyield Investment Fund		105,033	113,243
	Total Mutual Funds		8,541,614	11,017,545
TOTAL INVESTMENTS			$ 12,217,586	$ 14,553,290

See accompanying notes to the financial statements.