

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>W. G. YATES & SONS CONSTRUCTION COMPANY EMPLOYEE TRUST</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>12/31/1972</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>W. G. YATES & SONS CONSTRUCTION CO.</u> <u>P. O. BOX 456</u> <u>PHILADELPHIA, MS 39350</u>	2b Employer Identification Number (EIN) <u>64-0429766</u>	2c Sponsor's telephone number <u>601-656-5411</u>	2d Business code (see instructions) <u>236200</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2011	MARVIN BLANKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") W. G. YATES & SONS CONSTRUCTION CO. W. G. YATES & SONS CONSTRUCTION CO. P. O. BOX 456 PHILADELPHIA, MS 39350	3b Administrator's EIN 64-0429766 3c Administrator's telephone number 601-656-5411
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2015
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 1440
b Retired or separated participants receiving benefits.....	6b 70
c Other retired or separated participants entitled to future benefits.....	6c 342
d Subtotal. Add lines 6a , 6b , and 6c	6d 1852
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 1852
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 943
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 29
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan W. G. YATES & SONS CONSTRUCTION COMPANY EMPLOYEE TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 W. G. YATES & SONS CONSTRUCTION CO.	D Employer Identification Number (EIN) 64-0429766	

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	
UVEST FINANCIAL SERVICES GROUP, INC	200 S. COLLEGE STREET 21ST FLOOR CHARLOTTE, NC 28202

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

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

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

NATIONWIDE

NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
19 28 65	0	94510	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRUSTMARK NATIONAL BANK

248 EAST CAPITOL STREET
SUITE 1006
JACKSON, MS 39201

(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?
26 15	0	18527	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TD AMERITRADE

4211 S. 102ND ST
OMAHA, NE 68127

(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?
28	0	897	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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
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(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan W. G. YATES & SONS CONSTRUCTION COMPANY EMPLOYEE TRUST	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 W. G. YATES & SONS CONSTRUCTION CO.	D Employer Identification Number (EIN) 64-0429766	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL PRESERVATION FUND		
b Name of sponsor of entity listed in (a): FEDERATED INVESTORS		
c EIN-PN 22-2712853-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5161457
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan W. G. YATES & SONS CONSTRUCTION COMPANY EMPLOYEE TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 W. G. YATES & SONS CONSTRUCTION CO.	D Employer Identification Number (EIN) 64-0429766	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19018	13397
(2) Participant contributions	1b(2)	129743	87151
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	5128774	5161457
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	17260558	20534197
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22538093	25796202

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	686	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	686	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22537407	25796202
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	341439	
(B) Participants	2a(1)(B)	2577126	
(C) Others (including rollovers)	2a(1)(C)	223495	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3142060

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		142948
(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)		2416823
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5701831

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2388201	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2388201
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	19051	
(3) Investment advisory and management fees	2i(3)	35784	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		54835
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2443036

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3258795
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: A. T. WILLIAMS, CPA

(2) EIN: 64-0617313

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>W. G. YATES & SONS CONSTRUCTION COMPANY EMPLOYEE TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>W. G. YATES & SONS CONSTRUCTION CO.</u>	D Employer Identification Number (EIN) <u>64-0429766</u>

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	<u>0</u>
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): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
Philadelphia, Mississippi**

**FINANCIAL STATEMENTS
December 31, 2010 and 2009 and
Year Ended December 31, 2010**

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
FINANCIAL STATEMENTS**

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NOTE: SUPPLEMENTAL SCHEDULES REQUIRED BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974
NOT INCLUDED HEREIN ARE DEEMED NOT APPLICABLE TO W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST

• • • • •

A. T. WILLIAMS
CERTIFIED PUBLIC ACCOUNTANT
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CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
MISSISSIPPI SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
W. G. Yates & Sons Construction Company Employee Trust
Philadelphia, Mississippi

I was engaged to audit the accompanying statements of net assets available for benefits of W. G. Yates & Sons Construction Company Employee Trust (the "Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the investment information summarized in Note 1, which was certified by Nationwide Life Insurance Company, FSB, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

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

A. T. Williams

Philadelphia, Mississippi
September 20, 2011

**W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<i>Assets</i>		
Investments at fair value (notes 1, 3 and 4)	\$ 25,695,654	\$ 22,389,332
Receivables:		
Employer's contribution	13,397	19,018
Participants' contributions	<u>87,151</u>	<u>129,743</u>
Total receivables	<u>100,548</u>	<u>148,761</u>
 Total Assets	 25,796,202	 22,538,093
<i>Liabilities</i>		
Excess deferral	<u>-</u>	<u>686</u>
 Net Assets Available for Benefits	 <u>\$ 25,796,202</u>	 <u>\$ 22,537,407</u>

See accompanying notes to the financial statements.

**W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2010**

Additions to net assets attributed to:

Investment Income:

Net appreciation in fair value of investments (note 3)	\$ 2,109,761
Interest and dividends	<u>509,109</u>
	2,618,870
Less investment expenses	<u>94,883</u>
Net investment income	2,523,987

Contributions:

Participants'	2,577,126
Employer's	341,439
Rollover contributions	<u>223,495</u>
	<u>3,142,060</u>

Total Additions	<u>5,666,047</u>
-----------------	------------------

Deductions from, net assets attributed to:

Benefits paid to participants	2,388,201
Administrative expenses	<u>19,051</u>

Total Deductions	<u>2,407,252</u>
------------------	------------------

Net Increase	3,258,795
--------------	-----------

Net assets available for benefits:

Beginning of year	<u>22,537,407</u>
End of Year	<u>\$ 25,796,202</u>

See accompanying notes to the financial statements.

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2010**

Note 1. Description of Plan

The following description of the W. G. Yates & Sons Construction Company Employee Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees of W. G. Yates & Sons Construction Company (the Sponsor), The Yates Companies, Inc., Superior Asphalt, Inc., Merit Electrical, Inc., MEI Electrical, Inc., Kemper County Landfill Company, L.L.C., Yates Engineering Corporation and Edwards Electric Service LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Assets

Trustmark National Bank (Trustmark) is trustee of the Plan. The Nationwide Life Insurance Company (Nationwide) is custodian of the assets of the Plan. The values of plan assets and information about changes in net assets available for benefits have been certified by the custodian in 2010 and 2009, to be complete and accurate.

Deferred Compensation Feature

In 2010, a participant can defer up to the allowed limit (the lesser of 25% of earnings or \$16,500) of his compensation annually. Participants aged 50 and older may make an additional \$5,500 catch-up contribution. The Plan allows the Company to match a percentage, which is determined by the board of directors at their discretion. The Company matched 25% of the participants deferred amount with the match limited to 1% of the participant's compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Eligibility

To be eligible for participation, employees must be 21 years of age and be employed for nine months. The entry date is quarterly on January 1, April 1, July 1, and October 1. Employees must work 500 hours in a year to avoid a break in service.

Contributions

Active participants are eligible to share in and benefit from the profits of the Company in such amounts as the Company determines in its discretion each year. A portion of the Company's profits each year may be placed in the Trust Fund for the benefit of all employees who participate in the Plan. The amount, if any, contributed to the Plan each year is determined by the Company. Except for 401(k) deferrals, participants are not allowed to contribute personal funds to the Plan.

Participant Accounts

Participant's accounts are credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2010**

Note 1. Description of Plan (continued)

Vesting

Participants are immediately vested in their contributions and the earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is fully vested after 5 years of service. A participant's nonvested equity is forfeited upon termination. The non-vested portions of employer matching contributions, which are forfeited, reduce future matching contributions.

Payment of Benefits

The Plan's normal form of benefit is a joint and 50% survivor annuity. Participants may opt for a lump sum payment, installment options, or a life annuity.

Loans to Participants

No loans to participants are allowed under this plan.

Insurance

A fidelity bond insures the Plan for \$1,000,000 for 2010 and 2009.

Investment Options

Employees can direct both employer and employee accounts in over eighty (80) investment options. Participants may change their investment options daily.

Forfeited Accounts

Forfeited nonvested accounts totaled \$45,586 and \$47,214 at December 31, 2010 and 2009, respectively. In 2010, employer contributions were reduced by forfeitures of \$22,009.

Administrative Fees

Administrative fees incurred by the Plan are paid by W. G. Yates & Sons Construction Company, the plan Sponsor. W. G. Yates & Sons Construction Company paid a total of \$24,433 in administrative fees on behalf of the Plan during 2010.

Reclassifications

Certain reclassifications have been made to the prior years' financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported net assets available for benefits or change in net assets available for benefits.

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2010**

Note 2. Summary of Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. 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. See Note C for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The plan has evaluated subsequent events through September 20, 2011, the date the financial statements were available to be issued.

W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2010

Note 3. Investments

The Plan has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for the financial statements. Accordingly, the following investment information was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB ("Nationwide") the custodian of the Plan, and was not subject to any auditing procedures:

	<i>December 31,</i> <u>2010</u>	<i>2009</i> <u>2009</u>
Investments, at fair value		
Money market funds	\$ 528,543	\$ 626,017
Common collective trust	5,161,457	5,128,774
Mutual funds	19,942,094	16,590,485
Corporate common stock	<u>63,560</u>	<u>44,056</u>
	<u>\$ 25,695,654</u>	<u>\$ 22,389,332</u>

The following present investments that represent 5% or more of the Plan's net assets.

	<i>December 31,</i> <u>2010</u>	<i>2009</i> <u>2009</u>
Federated Capital Preservation Fund		
3,801,047.2910 and 3,869,351.432 units, respectively	\$ 5,161,457	\$ 5,128,774
Franklin Mutual Discovery Fund A		
45,870.3492 and 45,291.9327 shares, respectively	1,338,955	1,210,200
Neuberger Berman Genesis Fund Tc		
35,968.4312 and 30,530.2547 shares, respectively	1,713,536	1,198,313
Performance Intermediate Term Inc A		
106,715.1725 and 107,136.4370 shares, respectively	1,154,931	1,132,248

During the plan year ended December 31, 2010, the Plan's investments including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$2,109,761 as follows:

Mutual funds	\$ 2,100,719
Corporate common stock	9,291
Common collective trust	<u>(249)</u>
	<u>\$ 2,109,761</u>

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2010**

Note 4. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end (Level 1).

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1).

Common collective trust: Valued based on the market value of its underlying investments (Level 2).

Money Market funds: Approximate fair values due to their immediate and shorter-term maturities (Level 1).

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST**
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2010

Note 4. Fair Value Measurements *(continued)*

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2010 and 2009:

<i>Assets at Fair Value as of December 31, 2010</i>			
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>
Money market funds	\$ 528,543	\$ 528,543	\$ -
Common/Collective Trust	5,161,457	-	5,161,457
Mutual funds	19,942,094	19,942,094	-
Corporate common stock	<u>63,560</u>	<u>63,560</u>	<u>-</u>
Total	<u>\$ 25,695,654</u>	<u>\$ 20,534,197</u>	<u>\$ 5,161,457</u>

<i>Assets at Fair Value as of December 31, 2009</i>			
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>
Money market funds	\$ 626,017	\$ 626,017	\$ -
Common/Collective Trust	5,128,774	-	5,128,774
Mutual funds	16,590,485	16,590,485	-
Corporate common stock	<u>44,056</u>	<u>44,056</u>	<u>-</u>
Total	<u>\$ 22,389,332</u>	<u>\$ 17,260,558</u>	<u>\$ 5,128,774</u>

Net transfers into level 2 funds were \$5,710 during the 2010 year.

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2010**

Note 5. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Trustmark performs certain recordkeeping functions for the Plan; therefore, the administrative expenses paid to Trustmark are party-in-interest transactions.

Note 6. Concentrations of Credit Risk

Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of cash. The Plan places its cash with a financial institution and at times has deposits in excess of federal insurance limits.

Note 7. Tax Status

The Plan obtained its latest determination letter on November 19, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8. Vested Benefits of Separated Participants

At December 31, 2010, there were four hundred six (406) separated participants with vested benefits totaling \$4,094,213, which were still included in plan assets.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
EIN: 64-0429766 PIN: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Attachment to Schedule H (Form 5500) 2010 - Item 4i

(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
	Common/Collective Trust:			
	Fed Cap Prsrvtn Inst Svc	3,801,047.2910 units	\$ 4,831,363	\$ 5,161,457
	Registered Investment Companies:			
	Abdrn Intl Eq A	9,805.3526 shares	96,932	133,059
	Allber Intl Val K	13,981.7723 shares	156,873	189,872
	Amcent Gr A	9,632.9309 shares	197,379	245,254
	Amcent Infl Adj Bd Inst	1,283.6678 shares	14,808	15,147
	Amcent Infl Prtct Bd Inst	32,744.7019 shares	341,265	345,784
	Amcent Intl Bd A	259.0291 shares	3,448	3,564
	Amfids Cap Wld Bd R3	4,198.5376 shares	82,951	85,608
	Blkrk Lgcap Gr Inv A	2,527.5714 shares	22,518	26,009
	Blkrk Lgcap Val Inv A	8,111.4975 shares	101,220	118,509
	Blkrk Pacfc Inv A	0.4110 shares	7	8
	Blkrk Smcap Gr Eq Inv A	0.1048 shares	2	2
	Blkrk Smmdcap Gr Inv A	111.9268 shares	1,228	1,374
	Col Mult Adv Intl Val A	16.9739 shares	141	104
	De Divrs Inc A	25.2747 shares	158	233
	De Val A	8,437.0370 shares	75,547	86,986
	Drey Mdcap Val A	7,422.7107 shares	177,960	253,708
	Drxnevol All Cap Eq Inv	2,425.7718 shares	43,283	35,513
	Drxnevol Altmatvinvmt Inv	937.4930 shares	16,307	15,422
	Drxnevol Mgd Bd Inv	3,569.2048 shares	55,198	60,105
	Drxnevol Mkt Ldrs Inv	815.4002 shares	11,050	11,489
	Fed Kaufman Smcap A	4,317.2053 shares	81,669	113,068
	Fidadv Levtr Co Stk A	7,756.6407 shares	199,991	266,906
	Fidadv New Insghts A	9,802.1561 shares	153,719	195,651
	Fnkln Bal Sht Invmt A	13,046.7368 shares	552,813	616,197
	Fnkln Smmdcap Gr A	0.4988 shares	45	19
	Fnkln Us Govt Sec A	1,241.7337 shares	8,048	8,394
	Fnklnmsf Mut Gbl Disc A	45,870.3492 shares	1,217,036	1,338,955
	Fnklnmsf Mut Shrs A	244.6400 shares	4,788	5,049
	Fnklnmp Devl Mkt Tr A	311.1131 shares	6,873	7,943
	Fnklnmp Forgn A	56,962.4841 shares	324,338	397,598
	Gdmnscs Lgcap Val A	9,013.1789 shares	94,595	106,265
	Gdmnscs Smcap Val A	225.9565 shares	7,200	8,923
	Gdmnscs Strcd Lgcap Val A	846.1310 shares	7,668	8,521
	Invsco Dynmc Inv	1,195.2211 shares	23,715	26,606
	Invsco Vc Cap Gr A	43,293.8558 shares	470,145	584,034
	Invsco Vc Eq Inc A	81,871.9356 shares	611,656	703,280
	Invsco Vc Gr Inc A	14,701.7229 shares	229,421	282,567
	Jpm Dynmc Smcap Gr A	450.5114 shares	6,409	8,389
	Jpm Mdcap Val A	20,537.7509 shares	383,437	475,038
	Jpm Smcap Val A	4,752.4159 shares	70,326	86,494
	Jns Intech Rsk Mgd Gr S	0.1992 shares	3	3
	Lazard Emrg Mkt Eq Open	238.8143 shares	4,352	5,299
	Leggm Wstras Corplsbd Inst	552.4221 shares	5,489	5,955
	Leggm Wstras Gblhiyldbd A	2,854.8283 shares	18,822	20,469
	Leggmwstrasinfndplsbdinst	19,608.3245 shares	197,960	213,927
	Leggmwstrasnonusoppbdinst	1.9968 shares	19	19
	Loomis Smcap Val Admn	3.8631 shares	81	100
	Mfs Rsrch Bd A	47.1753 shares	401	493
	Mfs Val A	21,124.8463 shares	424,506	481,858

See accompanying notes to financial statements.

W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
EIN: 64-0429766 PIN: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Attachment to Schedule H (Form 5500) 2010 - Item 4i

(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
	Mnsty Epoch Gbl Eqty Yld A	8,376.8527 shares	\$ 109,588	\$ 124,480
	Nw Dest 2015 Inst	9,285.2105 shares	82,119	86,657
	Nw Dest 2020 Inst	3,600.2633 shares	31,635	33,770
	Nw Dest 2030 Inst	730.9989 shares	6,068	6,696
	Nw Dest 2040 Inst	5,979.8786 shares	48,448	52,204
	Nw Dest 2045 Inst	107.4815 shares	861	929
	Nw Dest 2050 Inst	2,753.5625 shares	20,832	23,543
	Nw Inv Dest Aggr Svc	83,777.2632 shares	572,602	717,133
	Nw Inv Dest Cnsv Svc	11,842.9124 shares	110,880	120,798
	Nw Inv Dest Mod Aggr Svc	103,866.0825 shares	834,545	947,259
	Nw Inv Dest Mod Cnsv Svc	26,112.7341 shares	242,406	261,911
	Nw Inv Dest Mod Svc	79,508.1246 shares	673,319	746,581
	Nw Mny Mkt Inst	410,531.6577 units	472,541	472,137
	Neuber Genesis Tr	35,968.4312 shares	1,431,086	1,713,536
	Opp Gbl A	15,819.4788 shares	811,775	955,022
	Opp Gbl Oppr A	109.7547 shares	2,836	3,263
	Opp Intl Bd A	9008.8156 shares	52,578	59,085
	Opp Intl Gr A	8,258.0824 shares	188,377	231,722
	Opp Mn St Smdcap A	2,479.7209 shares	38,262	50,661
	Opp Val A	1.7513 shares	34	38
	Pimco Allnz Nlj Renaissnc A	110.2059 shares	4,749	1,814
	Pimco Real Rtn Inst	9,774.5505 shares	97,114	111,039
	Pimco Tll Rtn Inst	45,544.3386 shares	464,913	494,156
	Pnc Mult Fctr Smdcap Val A	13.4143 shares	161	160
	Pionr Emrg Mkt A	46.8906 shares	1,207	1,446
	Pionr Eq Inc A	3,399.2354 shares	75,252	86,171
	Prfrmnc Intmd Trm Inc A	107,136.4370 shares	1,011,709	1,154,931
	Prfrmnc Lgcap Eq A	109,755.2765 shares	923,114	918,652
	Prfrmnc Mdcap Eq A	79,270.5470 shares	824,273	814,109
	Prfrmnc St Govt Inc A	70,671.8989 shares	662,405	701,065
	Pncpl Lgcap Gr A	320.2581 shares	1,806	2,568
	Pncpl Lgcap Gr Inst	3,126.2711 shares	20,959	25,604
	Prudntl Jnissn 20 20 Focs A	1,037.9825 shares	10,460	16,494
	Rdgwrth Smdcap Gr Stk I	13.0137 shares	187	200
	Rydexsgi S P 500 Pure Gr H	1.1774 shares	154,679	36
	Rydexsgi S P 500 Pureval H	16.8629 shares	1,414	1,412
	Rydexsgi Spmdcap400puregrh	190.4860 shares	5,954	7,431
	Rydexsgigvlnghd1 2xstradv	802.2452 shares	8,485	9,426
	Rydexsgispmddcap400purevalh	145.5881 shares	5,958	4,288
	Rydexsgispsmdcap600puregr H	162.7308 shares	5,244	5,434
	Rydexsgispmddcap600purevalh	104.6993 shares	1,692	1,762
	Rydexgiinvrgvlnghdstratadv	8.6456 shares	1,621	108
	Trowepr Gr Stk R	14,479.5642 shares	345,576	456,685
	Trowepr Mdcap Gr R	19,862.3336 shares	883,933	1,123,612
	Turner Midcap Gr I	41.5105 shares	1,206	1,462
	Turner Smdcap Gr I	62.3944 shares	1,739	2,114
	Vic Sm Co Oppr A	936.8815 shares	23,470	28,163
	Vngrd Smdcap Val Indx Inv	11,394.1851 shares	150,252	182,421
	Wfa Asia Pacfc Inv	851.8947 shares	7,467	8,894
	Wfa Emrg Mkt Eq A	6.8040 shares	134	156
	Wfa Endvr Sel A	4,659.9973 shares	38,887	45,388
	Wr Ivy Smdcap Gr Y	242.9007 shares	2,984	3,835
				<u>25,575,688</u>

See accompanying notes to financial statements.

W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
EIN: 64-0429766 PIN: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Attachment to Schedule H (Form 5500) 2010 - Item 4i

(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
	Self Directed Brokerage Accounts:			
	\$lpo: Western Refini	280.0000 shares	\$ 1,207	\$ 2,962
	Altri Group Inc Com	13.0000 shares	274	320
	American Intl Group	1.0000 shares	58	58
	AT&T Inc Com	11.0000 shares	288	323
	Blackrock Small Cap	886.9100 shares	10,658	10,829
	Centurylink Inc Com	201.5700 shares	7,435	9,306
	Continucare Corporat	800.0000 shares	1,792	3,744
	Dpl Inc Com Was Dayt	101.1800 shares	2,640	2,601
	Duke Energy Holdings	101.3900 shares	1,796	1,806
	Eli Lilly & Co Com	9.0000 shares	309	315
	Gryphon Resources In	3,600.0000 shares	749	292
	Health Care Reit Inc	7.0000 shares	318	333
	Intel Corp Com	36.2600 shares	710	763
	Ishares Barclays Agg	3.0000 shares	325	317
	Ishares Iboxx & Invt	3.0000 shares	326	325
	Ishares Iboxx Hi Yie	4.0000 shares	356	361
	Ishares Msci Eafe Gr	11.0000 shares	482	672
	Ishares Russell 1000	7.0000 shares	220	401
	Ishares Russell 2000	11.0000 shares	795	962
	Ishares Russell Midc	10.0000 shares	429	566
	Ishares Us Pfd Stock	8.0000 shares	319	310
	Johnson & Johnson Co	50.4300 shares	3,115	3,119
	Mabcure Inc Com	2,000.0000 shares	980	880
	Neoprobe Corp Com	3,340.0000 shares	1,692	6,880
	Qrxpharma Ltd Com	593.0000 shares	2,597	4,418
	Sdb Money Market	56,406.3900 units	56,406	56,406
	Seaspan Corp Com	300.0000 shares	3,387	3,726
	Sirius Xm Radio Inc	1,200.0000 shares	1,656	1,956
	United Parcel Servic	50.3300 shares	3,326	3,653
	Verenium Corporation	425.0000 shares	1,360	1,360
				<u>119,966</u>
	Total for all Investments			<u>\$ 25,695,654</u>

See accompanying notes to financial statements.

W. G. YATES AND SONS CONSTRUCTION COMPANY
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(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
	Common/Collective Trust:			
	Fed Cap Prsrvtm Inst Svc	3,801,047.2910 units	\$ 4,831,363	\$ 5,161,457
	Registered Investment Companies:			
	Abnden Intl Eq A	9,805.3528 shares	98,932	133,059
	Aliber Intl Val K	13,981.7723 shares	156,873	189,872
	Amcent Gr A	9,632.9309 shares	197,379	245,254
	Amcent Intl Adj Bd Inst	1,283.6678 shares	14,808	15,147
	Amcent Intl Pritc Bd Inst	32,744.7019 shares	341,265	345,784
	Amcent Intl Bd A	259.0291 shares	3,448	3,564
	Amfda Cap Wld Bd R3	4,198.5376 shares	82,951	85,608
	Blkrk Lgcap Gr Inv A	2,527.5714 shares	22,518	26,009
	Blkrk Lgcap Val Inv A	8,111.4975 shares	101,220	118,509
	Blkrk Pacfc Inv A	0.4110 shares	7	8
	Blkrk Smcap Gr Eq Inv A	0.1048 shares	2	2
	Blkrk Smmcap Gr Inv A	111.9268 shares	1,228	1,374
	Col Mult Adv Intl Val A	16.9739 shares	141	104
	De Divrs Inc A	25.2747 shares	158	233
	De Val A	8,437.0370 shares	75,547	86,986
	Drey Mdcap Val A	7,422.7107 shares	177,960	253,708
	Drxnevol All Cap Eq Inv	2,425.7718 shares	43,283	35,513
	Drxnevol Altrmativnmt Inv	937.4930 shares	16,307	15,422
	Drxnevol Mgd Bd Inv	3,569.2048 shares	55,198	60,105
	Drxnevol Mkt Ldrs Inv	815.4002 shares	11,050	11,489
	Fed Kaufman Smcap A	4,317.2053 shares	81,669	113,068
	Fidadv Levtr Co Stk A	7,756.6407 shares	199,991	266,906
	Fidadv New Insghts A	9,802.1561 shares	153,719	195,651
	Fnkln Bal Sht Invmt A	13,046.7368 shares	552,813	616,197
	Fnkln Smmcap Gr A	0.4988 shares	45	19
	Fnkln Us Govt Sec A	1,241.7337 shares	8,048	8,394
	Fnklnmsf Mut Gbl Disc A	45,870.3492 shares	1,217,036	1,338,955
	Fnklnmsf Mut Shrs A	244.6400 shares	4,788	5,049
	Fnklnmp Devl Mkt Tr A	311.1131 shares	6,873	7,943
	Fnklnmp Forgn A	56,962.4841 shares	324,338	397,598
	Gdmnses Lgcap Val A	9,013.1789 shares	94,595	106,265
	Gdmnses Smcap Val A	225.9565 shares	7,200	8,923
	Gdmnses Strcd Lgcap Val A	846.1310 shares	7,668	8,521
	Invsco Dynmc Inv	1,195.2211 shares	23,715	26,606
	Invsco Vc Cap Gr A	43,293.8558 shares	470,145	584,034
	Invsco Vc Eq Inc A	81,871.9356 shares	611,656	703,280
	Invsco Vc Gr Inc A	14,701.7229 shares	229,421	282,567
	Jpm Dynmc Smcap Gr A	450.5114 shares	6,409	8,389
	Jpm Mdcap Val A	20,537.7509 shares	383,437	475,038
	Jpm Smcap Val A	4,752.4159 shares	70,326	86,494
	Jns Intech Rsk Mgd Gr S	0.1992 shares	3	3
	Lazard Emrg Mkt Eq Open	238.8143 shares	4,352	5,299
	Leggm Wstras Corplsbd Inst	552.4221 shares	5,489	5,955
	Leggm Wstras Gblhiylbdb A	2,854.8283 shares	18,822	20,469
	Leggmwstrasinfindplsbdinst	19,608.3245 shares	197,980	213,927
	Leggmwstrasnonusopprbdinst	1.9968 shares	19	19
	Loomis Smcap Val Admn	3.8631 shares	81	100
	Mfs Rsrch Bd A	47.1753 shares	401	493
	Mfs Val A	21,124.8463 shares	424,506	481,858

See accompanying notes to financial statements.

**W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST**
EIN: 64-0429766 PIN: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Attachment to Schedule H (Form 5500) 2010 - Item 4i

(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
	Mnsty Epoch Gbl Eq Yld A	8,376.8527 shares	\$ 109,588	\$ 124,480
	Nw Dest 2015 Inst	9,285.2105 shares	82,119	86,657
	Nw Dest 2020 Inst	3,600.2633 shares	31,635	33,770
	Nw Dest 2030 Inst	730.9989 shares	6,068	6,696
	Nw Dest 2040 Inst	5,979.8786 shares	48,448	52,204
	Nw Dest 2045 Inst	107.4815 shares	861	929
	Nw Dest 2050 Inst	2,753.5625 shares	20,832	23,543
	Nw Inv Dest Aggr Svc	83,777.2632 shares	572,602	717,133
	Nw Inv Dest Cnsv Svc	11,842.9124 shares	110,880	120,798
	Nw Inv Dest Mod Aggr Svc	103,866.0825 shares	834,545	947,259
	Nw Inv Dest Mod Cnsv Svc	26,112.7341 shares	242,406	261,911
	Nw Inv Dest Mod Svc	79,508.1246 shares	673,319	746,581
	Nw Mny Mkt Inst	410,531.6577 units	472,541	472,137
	Neuber Genesis Tr	35,988.4312 shares	1,431,086	1,713,536
	Opp Gbl A	15,819.4788 shares	811,775	955,022
	Opp Gbl Oppr A	109.7547 shares	2,836	3,263
	Opp Intl Bd A	9008.8156 shares	52,578	59,085
	Opp Intl Gr A	8,258.0824 shares	188,377	231,722
	Opp Mn St Smmcap A	2,479.7209 shares	38,262	50,661
	Opp Val A	1.7513 shares	34	38
	Pimco Allnz Nj Renaissnc A	110.2059 shares	4,749	1,814
	Pimco Real Rtn Inst	9,774.5505 shares	97,114	111,039
	Pimco Tll Rtn Inst	45,544.3386 shares	464,913	494,156
	Pnc Mult Fctr Smcap Val A	13.4143 shares	161	160
	Pionr Emrg Mkt A	46.8906 shares	1,207	1,446
	Pionr Eq Inc A	3,399.2354 shares	75,252	86,171
	Prfrmnc Intmd Trm Inc A	107,136.4370 shares	1,011,709	1,154,931
	Prfrmnc Lgcap Eq A	109,755.2765 shares	923,114	918,652
	Prfrmnc Mdcap Eq A	79,270.5470 shares	824,273	814,109
	Prfrmnc St Govt Inc A	70,671.8989 shares	662,405	701,065
	Pncpl Lgcap Gr A	320.2581 shares	1,806	2,568
	Pncpl Lgcap Gr Inst	3,126.2711 shares	20,959	25,604
	Prudntl Jnlsn 20 20 Focs A	1,037.9825 shares	10,460	16,494
	Rdgwrth Smcap Gr Slk I	13.0137 shares	187	200
	Rydxsgl S P 500 Pure Gr H	1.1774 shares	154,679	36
	Rydxsgl S P 500 Pureval H	16.8629 shares	1,414	1,412
	Rydxsgl Spmdcap400puregrh	190.4860 shares	5,954	7,431
	Rydxsglvgvngbd1 2xstradv	802.2452 shares	8,485	9,426
	Rydxsglspmdcap400purevalh	145.5881 shares	5,958	4,288
	Rydxsglspmdcap600puregr H	162.7308 shares	5,244	5,434
	Rydxsglspmdcap600purevalh	104.6993 shares	1,692	1,762
	Rydxglinvrgvngbdstratadv	8.6456 shares	1,621	108
	Trowepr Gr Slk R	14,479.5642 shares	345,576	456,685
	Trowepr Mdcap Gr R	19,862.3336 shares	883,933	1,123,612
	Turner Midcap Gr I	41.5105 shares	1,206	1,462
	Turner Smcap Gr I	62.3944 shares	1,739	2,114
	Vic Sm Co Oppr A	936.8815 shares	23,470	28,163
	Vngrd Smcap Val Indx Inv	11,394.1851 shares	150,262	182,421
	Wfa Asia Pacfc Inv	851.8947 shares	7,467	8,894
	Wfa Emrg Mkt Eq A	6.8040 shares	134	156
	Wfa Endvr Sel A	4,659.9973 shares	38,887	45,388
	Wr Ivy Smcap Gr Y	242.9007 shares	2,984	3,835
				<u>25,575,688</u>

See accompanying notes to financial statements.

**W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST**
EIN: 64-0429766 PIN: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Attachment to Schedule H (Form 5500) 2010 - Item 4i

(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
	Self Directed Brokerage Accounts:			
	\$ipo: Western Refini	280.0000 shares	\$ 1,207	\$ 2,962
	Altri Group Inc Com	13.0000 shares	274	320
	American Intl Group	1.0000 shares	58	58
	AT&T Inc Com	11.0000 shares	288	323
	Blackrock Small Cap	866.9100 shares	10,658	10,829
	Centurylink Inc Com	201.5700 shares	7,435	9,306
	Continucare Corporat	800.0000 shares	1,792	3,744
	Dpl Inc Com Was Dayt	101.1800 shares	2,640	2,601
	Duke Energy Holdings	101.3900 shares	1,796	1,806
	Eli Lilly & Co Com	9.0000 shares	309	315
	Gryphon Resources In	3,600.0000 shares	749	292
	Health Care Reit Inc	7.0000 shares	318	333
	Intel Corp Com	36.2600 shares	710	763
	Ishares Barclays Agg	3.0000 shares	325	317
	Ishares Iboxx & Invt	3.0000 shares	326	325
	Ishares Iboxx Hi Yie	4.0000 shares	356	361
	Ishares Msci Eafe Gr	11.0000 shares	482	672
	Ishares Russell 1000	7.0000 shares	220	401
	Ishares Russell 2000	11.0000 shares	795	962
	Ishares Russell Midc	10.0000 shares	429	566
	Ishares Us Pfd Stock	8.0000 shares	319	310
	Johnson & Johnson Co	50.4300 shares	3,115	3,119
	Mabcure Inc Com	2,000.0000 shares	980	880
	Neoprobe Corp Com	3,340.0000 shares	1,692	6,880
	Qrxpharma Ltd Com	593.0000 shares	2,597	4,418
	Sdb Money Market	56,406.3900 units	56,406	56,406
	Seaspan Corp Com	300.0000 shares	3,387	3,726
	Sirius Xm Radio Inc	1,200.0000 shares	1,656	1,956
	United Parcel Servic	50.3300 shares	3,326	3,653
	Verenium Corporation	425.0000 shares	1,360	1,380
				<u>119,966</u>
	Total for all Investments			<u>\$ 25,695,654</u>

See accompanying notes to financial statements.