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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] 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
S Y B CONSTRUCTION CO., INC 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1997

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

S Y B CONSTRUCTION COMPANY, INC

421 COMPTON
IRVING, TX 75061

2b Employer Identification Number (EIN) 75-2053952

2c Sponsor's telephone number 972-399-1066

2d Business code (see instructions) 237100

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.	10/09/2013	SHIRLEY BENNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2013	SHIRLEY BENNETT
	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. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	126
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**	112
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	4
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	116
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	67
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:
2E 2J 2K 3D 2F 2G 2T 3H

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan S Y B CONSTRUCTION CO., INC 401(K) PLAN AND TRUST	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 S Y B CONSTRUCTION COMPANY, INC	**D** Employer Identification Number (EIN) 75-2053952

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ASCENSUS

11-3665754

(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?
37 99 15 60 50	RECORDKEEPER	1240	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

WELLS FARGO ADVISORS

34-1542819

(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?
99 50	NONE	5082	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
ASCENSUS	15 60	0

(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.
STATE FARM LIFEPATH RET. FUND R2 37-0902469	32 BASIS POINTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
STATE FARM LIFEPATH 2040 FUND R2 37-0902469	32 BASIS POINTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
STATE FARM LIFEPATH 2050 FUND R2 37-0902469	32 BASIS POINTS

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
ASCENSUS	15 60	0

(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.
STATE FARM LIFEPATH 2020 FUND R2 37-0902469	32 BASIS POINTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
STATE FARM LIFEPATH 2030 FUND R2 37-0902469	32 BASIS POINTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
STATE FARM BOND FUND R2 37-0902469	32 BASIS POINTS

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
ASCENSUS	15 60	0

(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.
STATE FARM SMALL CAP INDEX FUND R2 37-0902469	32 BASIS POINTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
STATE FARM EQUITY FUND R2 37-0902469	32 BASIS POINTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(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.
STATE FARM INTERNATIONAL EQUITY FUN 37-0902469	32 BASIS POINTS

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

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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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
S Y B CONSTRUCTION CO., INC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S Y B CONSTRUCTION COMPANY, INC

D Employer Identification Number (EIN)
75-2053952

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	112	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	1431	8942
(3) Other	1b(3)	376	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7871	285
(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)	0	30660
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	726106	685180
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	735896	725067
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	54	
k Total liabilities (add all amounts in lines 1g through1j)	1k	54	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	735842	725067

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)		
(B) Participants	2a(1)(B)	91317	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		91317
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	285	
(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)	160	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		445
(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)	7159	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7159
(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
(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

		(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)		25110
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		124031
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125414	
(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)		125414
f Corrective distributions (see instructions)	2f		2580
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)	6812	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6812
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		134806
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-10775
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) [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: SMITH, JACKSON, BOYER AND BOVARD PL **(2)** EIN: 75-2911056

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	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	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		400000
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	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

Part V Trust Information (optional)

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

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
S Y B CONSTRUCTION CO., INC 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
S Y B CONSTRUCTION COMPANY, INC

D Employer Identification Number (EIN)
75-2053952

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): 45-0404698 75-2053952

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 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):

SYB CONSTRUCTION CO., INC. 401(k) PLAN AND TRUST

Financial Statements

December 31, 2012 and 2011

SYB CONSTRUCTION CO., INC. 401(k) PLAN AND TRUST

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SMITH, JACKSON, BOYER & BOVARD
A Professional Limited Liability Company
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
SYB Construction Co., Inc. 401(k) Plan and Trust

Report on the Financial Statements

We have audited the accompanying financial statements of SYB Construction Co., Inc. 401(k) Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditors' 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 of 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 auditors' 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, the net assets available for benefits of SYB Construction Co., Inc. 401(k) Plan and Trust as of December 31, 2012 and 2011, and the changes in its net assets available for benefits for the year ended December 31, 2012, in accordance with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITORS' REPORT (Continued)

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of delinquent participant contributions, assets held for investment purposes at end of year, and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Smith, Jackson, Boyer & Bovard

SMITH, JACKSON, BOYER & BOVARD
A Professional Limited Liability Company

Dallas, Texas
October 02, 2013

SYB Construction Co., Inc. 401(k) Plan and Trust
Statements of Net Assets Available For Benefits
December 31, 2012 and 2011

	2012	2011
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	$ 285	$ 13,277
Mutual funds	685,180	720,812
	685,465	734,089
Receivables:		
Note receivable from participant	30,660	-
Participant contributions	8,942	1,807
	39,602	1,807
Total assets	725,067	735,896
LIABILITIES		
Excess contributions payable	2,232	2,580
Other liabilities	-	54
Total liabilities	2,232	2,634
NET ASSETS AVAILABLE FOR BENEFITS	$ 722,835	$ 733,262

The accompanying notes are an integral part of the financial statements.

SYB Construction Co., Inc. 401(k) Plan and Trust
Statement of Changes in Net Assets Available For Benefits
Year Ended December 31, 2012

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions:		
Participants	$	93,124
Investment income:		
Interest and dividend income		23,216
Net realized gains (losses)		17,710
Net unrealized gains (losses)		(13,786)
		27,140
TOTAL ADDITIONS		120,264
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		123,923
Corrective distributions		2,232
Administrative expenses		4,536
TOTAL DEDUCTIONS		130,691
NET DECREASE		(10,427)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		733,262
End of year	$	722,835

The accompanying notes are an integral part of the financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the SYB Construction Co., Inc. 401(k) Plan and 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

SYB Construction Co., Inc. 401(k) Plan and Trust was established on October 1, 2007. The Plan is a defined contribution plan covering all employees of SYB Construction Company, Inc. (the "Company") and its affiliated entity B&B Erosion Control LLC ("Affiliated Entity"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as well as all applicable provisions of the federal income tax laws. The Plan is under the administration of a trustee and a plan administrator who are appointed by the Company.

Effective August 1, 2012, Frontier Trust Company ("Trustee" and "Frontier") agreed to serve as the new trustee and custodian of the plan replacing Wells Fargo. Ascensus, Inc. ("Ascensus"), Frontier's parent company, agreed to serve as the new third party administrator and recordkeeper replacing Sanford, Baumeister & Frazier, PLLC. The Company also adopted a new restated prototype plan. The restatement amended the eligibility requirements to eliminate age and service requirements, to allow Roth contributions to the Plan, to allow eligible participants to borrow from the Plan, and to allow participants to direct the investment of their contributions into various investment options offered by the Plan.

Effective January 1, 2013, the Company amended the restated prototype plan to allow the Plan to operate as a safe harbor 401(k) plan. The Plan will become exempt from certain compliance testing requirements in 2013 because of safe harbor matching contributions made by the Company.

The Company may, but is not required to, pay all of the fees and administrative expenses. Those fees or expenses not paid by the Company are paid from the Plan's funds.

Eligibility and Enrollment

On the date of hire, an employee is immediately eligible to participate in the Plan. There are no age or service requirements that must be satisfied by the employee. Prior to August 1, 2012, the employee was required to be 21 years of age.

Contributions

Participants may make tax-deferred contributions and Roth contributions to the Plan. Contributions are subject to certain regulatory limitations of the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company can make discretionary matching contributions and profit sharing contributions, but is not required to do so. The Company did not make any discretionary matching contributions or profit sharing contributions to the Plan in 2012 and 2011.

Effective January 1, 2013, the Company will begin making safe harbor matching contributions based on the amount the participant chooses to contribute. The Company will match 100% of the first 3% of compensation subject to tax-deferred and Roth contributions and 50% of the next 4% to 5% of compensation.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution, if any, and Plan earnings, and charged with an allocation of any administrative expenses not paid by the Company. 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.

Investment Options

Effective August 1, 2012, a participant may direct the contributions made to the Plan to any one or more of the investment funds provided by the custodian of the Plan's assets. A participant may at any time change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service under the 401(k) provisions of the Plan, and the participant is 100% vested after six years of credited service.

Effective January 1, 2013, vesting in the Company's safe harbor matching contribution and earnings thereon are 100% vested and nonforfeitable at all times.

Payment of Benefits

On termination of service, a participant has the option of receiving a distribution equal to the value of his or her vested account as specified in the Plan. If a terminated participant has a balance of $1,000 or greater in the Plan, the terminated participant may defer distribution of his or her vested account.

Forfeited Accounts

At December 31, 2011, the forfeited nonvested account totaled $491. The forfeited nonvested account is used to reduce future administrative expenses. During 2012, the Plan used $491 of forfeited nonvested accounts to offset administrative expenses.

Participant Loans

Effective August 1, 2012, the Plan was restated to allow participants to borrow from their vested account balances. The minimum amount of any loan is $1,000. The loan cannot exceed the lower of $50,000 or 50% of their vested account balance. The loan, in the form of promissory note, is secured by the balances in the participant's account, and bear

interest at reasonable rates, which are commensurate with local prevailing rates as determined by the custodian. Only one loan may be outstanding at any one time. Principal and interest on note receivable from participant are repaid through payroll deductions over a term not to exceed five years.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan prepared its financial statements on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Accordingly, contributions and investment income are recognized when earned rather than when received, and corrective distributions and administrative expenses are recognized when incurred rather than when paid.

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. These estimates and assumptions affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of investment income and expenses during the reporting period. Significant accounting estimates reflected in the Plan's financial statements include the determination of the fair value of investments. Actual results could differ from those estimates.

Contributions

Participant contributions are accrued in the period in which they are deducted from the participants' pay. Rollover contributions are recorded when received.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded when earned. Realized gains and losses on investments are based on the specific identification method. Unrealized gains and losses are recorded for the change in fair value of investments.

Note Receivable From Participant

Note receivable from participant is measured at its unpaid balance plus an accrued but unpaid interest. A delinquent participant loan is reclassified as a distribution based on the terms of the Plan document. The Plan recognizes interest income from the note receivable as earned.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - INVESTMENTS

The following presents investments at December 31, 2012 and 2011, which represent 5% or more of the Plan's net assets.

	2012	2011
State Farm LifePath 2020 Fund R2	$ 184,156	$ -
State Farm LifePath 2030 Fund R2	197,498	-
State Farm LifePath 2040 Fund R2	55,806	-
State Farm LifePath Retirement Fund R2	232,847	-
BlackRock Global Allocation Instl	-	109,501
Dodge & Cox Income	-	42,754
Oakmark Equity & Income	-	46,183
Janus Flexible Bond Class I	-	70,820
Artio Total Return Bond	-	49,659
Metropolitan West Total Return Bond	-	70,539
Oppenheimer International Bond	-	42,624
Pimco Diversified Income Instl	-	66,120
Pimco All Assets Instl	-	110,701
Pioneer Global High Yield	-	44,974
Thornburg Investment Income Builder	-	39,008

Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting standards establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. During 2012 and 2011, the Plan used Level 1 inputs only. Level 2 and level 3 inputs have not been used. The categorization of an investment within the hierarchy is based on the pricing transparency of the investment and does not necessarily correspond to the Plan's perceived risk of that investment.

Level 1 Fair Value measurements - The fair values of cash deposits and mutual funds are based on the closing price reported in active markets where the individual securities are traded.

The following table sets forth the Plan's asset investments, within the level 1 fair value measurement hierarchy, at fair values as of December 31, 2012 and 2011:

Level 1 Fair Value Measurements	**2012**	**2011**
Cash and cash equivalents	$ 285	$ 13,277
Mutual funds	685,180	720,812
	$ 685,465	$ 734,089

Reportable Transactions

The purchase and sale of securities in a single transaction or aggregated in a series of transactions that exceeded 5% of plan assets have been presented in the supplemental information accompanying the financial statements. However, there were no loans in default or uncollectable, non-exempt transactions with parties-in-interest or any other prohibited transaction which would require supplemental presentation under Department of Labor regulations.

NOTE 4 – CORRECTIVE DISTRIBUTIONS

Excess deferral contributions received from certain active participants of $2,232 for the year ended December 31, 2012, and $2,580 for the year ended December 31, 2011, have been corrected by distributing to the participants these excess deferral contributions in the following year as required to satisfy the relevant nondiscrimination provisions of the Plan. These corrective distributions have been accrued and presented in the statements of net assets available for benefits under excess contributions payable.

NOTE 5 – DELINQUENT CONTRIBUTIONS

For the year ended December 31, 2012, the Company failed to deposit certain participant contributions ("Delinquent Contributions") totaling $43,445 to the Plan within the time frames required by Department of Labor's regulations. The Company has self-corrected these violations by depositing the Delinquent Contributions to the Plan. Lost earnings related to the Delinquent Contributions will be deposited to the Plan in 2013 and allocated to participants' account.

For the year ended December 31, 2011, the Company failed to deposit certain participant contributions totaling $32,425 to the Plan within the time frames required by Department of Labor's regulations. The Company has self-corrected these violations by depositing the Delinquent Contributions to the Plan. Lost earnings related to the Delinquent Contributions were deposited to the Plan in 2012 and allocated to participants' account.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 - FEDERAL INCOME TAX STATUS

The Plan is a defined contribution prototype plan ("Prototype Plan") and has not been submitted to the Internal Revenue Service ("IRS") for a determination as to whether it meets the qualification requirements of IRS Code Section 401(a). The IRS issued an opinion letter dated March 31, 2008, stating that the Prototype Plan was designed in accordance with applicable Internal Revenue Code requirements as of that date. The Prototype Plan and the related adoption agreement have been amended and restated since receiving the opinion letter. However, the plan administrator, trustee and third party administrator believe that the Plan is designed and is being operated within the terms of the Prototype Plan and the related adoption agreement, and is in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the financial statements.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are cash deposits held in the accounts of the Trustee. Therefore, these cash deposit accounts qualify as party-in-interest transactions.

During 2012, the Plan paid investment advisory fees of $3,895 to Wells Fargo and paid service fees of $641 to third party administrators.

During 2012, the Company paid various Plan administration expenses of $18,403 on behalf of the Plan.

Officers and employees of the Company performed certain administrative functions for the Plan during 2012 and 2011. However, the officers or employees did not receive any compensation from the Plan.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FROM 5500

The following is a reconciliation of net assets available for benefits appearing in the accompanying financial statements to Form 5500:

	2012	2011
Net assets per financial statements	$ 722,835	$ 733,262
Accrual of 2012 excess contributions	2,232	-
Accrual of 2011 excess contributions	-	2,580
Net assets per Form 5500	$ 725,067	$ 735,842

The following is a reconciliation of additions and deductions categories appearing in the accompanying statement of changes in net assets available for benefits to Form 5500:

	Contributions	Investment income	Benefits paid	Corrective Distributions	Administrative expenses
Balance per financial statements	$ 93,124	$ 27,140	$ 123,923	$ 2,232	$ 4,536
Accrual of 2012 excess contributions	-	-	-	(2,232)	-
Accrual of 2011 excess contributions	-	-	-	2,580	-
Reclassification of 2012 expenses	-	3,767	1,491	-	2,276
Reclassification of 2011 contributions	(1,807)	1,807			
Balance per Form 5500	$ 91,317	$ 32,714	$ 125,414	$ 2,580	$ 6,812

NOTE 11 - SUBSEQUENT EVENTS

Effective January 1, 2013, the Company amended the restated prototype plan to allow the Plan to operate as a safe harbor 401(k) plan. The Plan will become exempt from certain compliance testing requirements in 2013 because of safe harbor matching contributions made by the Company.

The Plan has evaluated all subsequent events and transactions through October 02, 2013, the date the financial statements were available for issue. The Plan has determined that there are no other subsequent events that require recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

SYB Construction Co., Inc. 401(k) Plan and Trust
Form 5500 - Schedule H - Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2012

EIN: 75-2053952
PN: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 1,273	$ -	$ 1,273	$ -	$ -
1,257	-	1,257	-	-
1,254	-	1,254	-	-
2,517	-	2,517	-	-
3,232	-	3,232	-	-
2,624	-	2,624	-	-
2,438	-	2,438	-	-
2,497	-	2,497	-	-
2,538	-	2,538	-	-
2,548	-	2,548	-	-
2,490	-	2,490	-	-
2,645	-	2,645	-	-
2,497	-	2,497	-	-
2,530	-	2,530	-	-
2,223	-	2,223	-	-
2,520	-	2,520	-	-
3,839	-	3,839	-	-
2,523	-	2,523	-	-
$ 43,445	$ -	$ 43,445	$ -	$ -

See independent auditors' report.

SYB Construction Co., Inc. 401(k) Plan and Trust
Form 5500 - Schedule H - Line 4i
Schedule of Assets Held For Investment Purposes at End of Year
December 31, 2012

EIN: 75-2053952
PN: 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Participant Directed			
*	Frontier deposit account	Cash noninterest bearing	$ -	$ 285
	State Farm Bond Fund R2	Mutual fund, intermediate term bond fund	-	2,409
	State Farm Equity Fund R2	Mutual fund, large blend stock fund	-	5,997
	State Farm LifePath 2020 Fund R2	Mutual fund, target date allocation fund	-	184,156
	State Farm LifePath 2030 Fund R2	Mutual fund, target date allocation fund	-	197,498
	State Farm LifePath 2040 Fund R2	Mutual fund, target date allocation fund	-	55,806
	State Farm LifePath 2050 Fund R2	Mutual fund, target date allocation fund	-	2,800
	State Farm Small Cap Index Fund R2	Mutual fund, small blend fund	-	1,789
	State Farm International Equity Fund R2	Mutual fund, foreign large growth fund	-	1,878
	State Farm LifePath Retirement Fund R2	Mutual fund, retirement income allocation fund	-	232,847
*	Note receivable from participant	Interest rate of 4.25% and matures on November 10, 2017	-	30,660
		Total Assets	$ -	$ 716,125

* - represents a "party-in-interest" to the Plan

See independent auditors' report.

SYB Construction Co., Inc. 401(k) Plan and Trust
Form 5500 - Schedule H - Line 4j
Schedule of Reportable Transactions
December 31, 2012

EIN: 75-2053952
PN: 001

(a) Identity of Party Involved	(b) Description of Asset (including interest rate and maturity in case of loan)				(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Wells Fargo	Series Sales	3,706.495	shares of mutual fund	Artio Total Return Bond	$ -	$ 13.68	$ -	$ -	$ 51,466	$ 50,714	$ (752)
Wells Fargo	Series Sales	6,003.331	shares of mutual fund	Blackrock Global Allocation	-	18.56	-	-	111,366	111,443	77
Wells Fargo	Series Sales	3,246.565	shares of mutual fund	Dodge & Cox Income Fund	-	13.66	-	-	42,900	44,357	1,457
Wells Fargo	Series Sales	1,707.313	shares of mutual fund	Harris Associates Invt Tr	-	27.86	-	-	43,417	47,566	4,149
Wells Fargo	Series Sales	6,818.280	shares of mutual fund	Janus Flexible Bond Fund Class I	-	10.83	-	-	72,534	73,836	1,302
Wells Fargo	Series Sales	6,925.475	shares of mutual fund	Metropolitan West Funds	-	10.65	-	-	72,371	73,774	1,403
Wells Fargo	Series Sales	6,971.239	shares of mutual fund	Oppenheimer International Bond Fund	-	6.21	-	-	43,646	43,281	(365)
Wells Fargo	Series Sales	9,683.903	shares of mutual fund	Pimco All Assets Fund	-	11.81	-	-	110,321	114,329	4,008
Wells Fargo	Series Sales	5,979.306	shares of mutual fund	Pimco Funds Pacific Investment	-	11.68	-	-	65,099	69,849	4,750
Wells Fargo	Series Sales	4,997.565	shares of mutual fund	Pioneer Global High	-	9.50	-	-	45,746	47,469	1,723
Wells Fargo	Series Sales	2,186.263	shares of mutual fund	Thornburg Investment Tr	-	17.17	-	-	37,388	38,857	1,469
				Total			$ -	$ -	$ 696,254	$ 715,475	$ 19,221

See independent auditors' report.

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name S Y B CONSTRUCTION CO., INC 401(K) PLAN AND TRUST **EIN:** 75-2053952
Plan Sponsor's Name S Y B CONSTRUCTION COMPANY, INC **PN:** 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
	State Farm	State Farm Equity Fund R2	0	5,997
	State Farm	State Farm International Equity Fund R2	0	1,878
	State Farm	State Farm Small Cap Index Fund R2	0	1,789
	State Farm	State Farm Bond Fund R2	0	2,409
	State Farm	State Farm LifePath Retirement Fund - R2	0	232,847
	State Farm	State Farm LifePath 2020 Fund R2	0	184,156
	State Farm	State Farm LifePath 2030 Fund R2	0	197,498

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name S Y B CONSTRUCTION COMPANY, INC 401(K) PLAN AND TRUST **EIN:** 75-2053952
Plan Sponsor's Name S Y B CONSTRUCTION COMPANY, INC **PN:** 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
	State Farm	State Farm LifePath 2040 Fund R2	0	55,806
	State Farm	State Farm LifePath 2050 Fund R2	0	2,800
	Participant's Loan Account	Various Rates and Maturities	0	30,660
	Frontier Trust Company	Contribution Account	0	285