

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 <u>01/01/2012</u> and ending <u>12/31/2012</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; include room or suite number (employer, if for a single-employer plan) <u>W. G. YATES & SONS CONSTRUCTION CO.</u> <u>P. O. BOX 456</u> <u># 1 GULLY AVENUE</u> <u>PHILADELPHIA, MS 39350</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2013</u>	<u>MARVIN BLANKS</u>
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2012)
v. 120126

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address 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 1791
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	1360
b Retired or separated participants receiving benefits.....	6b	74
c Other retired or separated participants entitled to future benefits.....	6c	309
d Subtotal. Add lines 6a , 6b , and 6c	6d	1743
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1743
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	872
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	20
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 2G 2J 2K 2T 3D 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) <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
		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 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	40209	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2692	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	21351	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)

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	890	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"/>

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
W. G. YATES & SONS CONSTRUCTION COMPANY EMPLOYEE TRUST

B Three-digit plan number (PN)	001
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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) 5012862
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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
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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
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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)**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="font-size: 24pt; font-weight: bold;">2012</div> This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	10269	29383
	(2) Participant contributions	1b(2)	70027	65831
	(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)	5319670	5012862
	(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)	20295919	22699134
	(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	25695885	27807210

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25695885	27807210
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	311405	
(B) Participants	2a(1)(B)	2188658	
(C) Others (including rollovers)	2a(1)(C)	7530	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2507593
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
(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)		2584947
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5092540

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2509077	
(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)		2509077
f Corrective distributions (see instructions)	2f		173467
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	22469	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	86237	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		108706
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2791250

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2301290
l Transfers of assets:			
(1) To this plan.....	2l(1)		50787
(2) From this plan	2l(2)		240752

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 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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		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)

JESCO/BLAINE 401(K) PLAN JESCO/BLAINE 401(K) PLAN

5b(2) EIN(s)	5b(3) PN(s)
64-0893270	001

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

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
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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 (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?	<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 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?.....	<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. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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) 2012
v. 120126

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): _____

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

**FINANCIAL STATEMENTS
December 31, 2012 and 2011 and
Year Ended December 31, 2012**

**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
322 BYRD AVENUE, P.O. BOX 606
PHILADELPHIA, MISSISSIPPI 39350

601-656-2742
FAX 656-2760

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
MISSISSIPPI SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the W. G. Yates and Sons Construction Company Employee Trust

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of the W. G. Yates and Sons Construction Company Employee 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.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting my audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 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, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

Other Matter

I was engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and I do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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
October 14, 2013

**W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011**

	<u>2012</u>	<u>2011</u>
Assets		
Investments, at fair value (Notes 1, 3 and 4)	<u>\$ 27,711,996</u>	<u>\$ 25,615,589</u>
Receivables		
Employer's contribution	29,383	10,269
Participants' contributions	<u>65,831</u>	<u>70,027</u>
Total receivables	<u>95,214</u>	<u>80,296</u>
Net Assets Available for Benefits	<u>\$ 27,807,210</u>	<u>\$ 25,695,885</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, 2012

Additions to net assets attributed to:

Investment Income	
Net appreciation in fair value of investments (Note 3)	\$ 1,826,705
Interest and dividends	<u>758,242</u>
	2,584,947
Less investment expenses	<u>(86,237)</u>
	2,498,710
Contributions	
Participants'	2,188,658
Employer's	311,405
Rollover contributions	7,530
Transfers from other plans	<u>50,787</u>
	<u>2,558,380</u>
Total Additions	<u>5,057,090</u>

Deductions from, net assets attributed to:

Benefits paid to participants	2,509,077
Corrective distributions	173,467
Administrative expenses	22,469
Transfers to other plans	<u>240,752</u>
Total Deductions	<u>2,945,765</u>
Net Increase	2,111,325

Net assets available for benefits:

Beginning of year	<u>25,695,885</u>
End of Year	<u>\$ 27,807,210</u>

See accompanying notes to the financial statements.

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2012**

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., Yates Engineering Corporation, Edwards Electric Service LLC, Yates Constructors LLC and American Industrial Construction, 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 2012 and 2011, to be complete and accurate.

Deferred Compensation Feature

In 2012, a participant can defer up to the allowed limit (the lesser of 25% of earnings or \$17,000) 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.

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2012**

Note 1. Description of Plan (continued)

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.

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 2012 and 2011.

Investment Options

Employees can direct both employer and employee accounts in more than one hundred thirty (130) investment options. Participants may change their investment options daily.

Forfeited Accounts

Forfeited nonvested accounts totaled \$146 and \$24,038 at December 31, 2012 and 2011, respectively. In 2012, forfeitures of \$37,310 were used to reduce employer contributions and offset plan expenses.

Administrative Fees

Some 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 \$50,597 in administrative fees on behalf of the Plan during 2012.

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2012**

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 3 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.

Date of Management's Review

Subsequent events were evaluated through October 14, 2013, 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, 2012**

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, 2012</i>	<i>December 31, 2011</i>
Investments, at fair value		
Money market funds	\$ 364,841	\$ 457,770
Common collective trust	5,012,862	5,319,670
Mutual funds	22,243,265	19,768,067
Corporate common stock	91,028	70,082
	<u>\$ 27,711,996</u>	<u>\$ 25,615,589</u>

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

	<i>December 31, 2012</i>	<i>December 31, 2011</i>
Federated Capital Preservation Fund		
3,598,028.4466 and 3,860,435.6496 units, respectively	\$ 5,012,862	\$ 5,319,670
Franklin Mutual Discovery Fund A		
52,713.0165 and 50,497.1457 shares, respectively	1,490,197	1,370,493
Neuberger Berman Genesis Fund Tc		
31,756.2730 and 39,079.4378 shares, respectively	1,609,408	1,883,629
Performance Intermediate Term Inc A		
109,325.4363 shares	-	1,218,979

During the plan year ended December 31, 2012, 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 \$1,826,705 as follows:

Common collective trust	\$ (54)
Corporate common stock	16,415
Mutual funds	<u>1,810,344</u>
	<u>\$ 1,826,705</u>

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2012**

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 measurement) 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, 2012 and 2011.

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, 2012

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, 2012:

<i>Assets at Fair Value as of December 31, 2012</i>			
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>
Money market funds	\$ 364,841	\$ 364,841	\$ -
Common/Collective Trust	5,012,862	-	5,012,862
Mutual funds	22,243,265	22,243,265	-
Corporate common stock	91,028	91,028	-
	<u> </u>	<u> </u>	<u> </u>
Total	<u>\$ 27,711,996</u>	<u>\$ 22,699,134</u>	<u>\$ 5,012,862</u>

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

<i>Assets at Fair Value as of December 31, 2011</i>			
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>
Money market funds	\$ 457,770	\$ 457,770	\$ -
Common/Collective Trust	5,319,670	-	5,319,670
Mutual funds	19,768,067	19,768,067	-
Corporate common stock	70,082	70,082	-
	<u> </u>	<u> </u>	<u> </u>
Total	<u>\$ 25,615,589</u>	<u>\$ 20,295,919</u>	<u>\$ 5,319,670</u>

Net transfers into Level 2 funds were \$34,588 and \$577,804 during the 2012 and the 2011-year, respectively.

**W. G. YATES & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2012**

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, 2012, there were nine hundred ninety four (994) separated participants with vested benefits totaling \$4,969,063, 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 & SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
NOTES TO FINANCIAL STATEMENTS
Year Ended December 31, 2012**

Note 10. Plan Amendments

The Plan was amended as follows:

- Effective January 1, 2012 – The employees of Yates Constructors LLC were allowed to move to the Jesco/Blaine Plan.
- Effective July 1, 2012 – the Plan amended the method of disposition of forfeitures to the following order:
 1. Restoration of participants' forfeitures.
 2. Reduce employer matching contributions.
 3. Offset plan expenses.

Note 11. Transfer To and From Other Plans

Certain employee classifications were transferred to or from the Plan to the Jesco/Blaine Plan in accordance with an amendment to the plan document.

Note 12. Plan Termination

Although it has not expressed any intent to do so, the company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their employer contributions.

Note 13. Subsequent Events

The plan was amended effective April 1, 2013 to eliminate joint and survivor annuity provisions.

The plan was amended effective June 1, 2013 to recognize prior service with Bilfinger Industrial Services for eligibility, allocation accrual and vesting purposes.

W. G. YATES AND SONS CONSTRUCTION COMPANY

EMPLOYEE TRUST

Employer Identification Number 64-0429766

Plan Number: 001

Schedule H, line 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2012

(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 Prsrtn Inst Svc	3598028.4466 units	\$ 4,817,437	\$ 5,012,862
	Registered Investment Companies:			
	Abrden Gbl Eq A	16999.6270 shares	197,098	212,835
	Abrden Intl Eq A	1147.1030 shares	14,940	16,381
	Allber Intl Val K	693.2485 shares	9,029	7,979
	Alinz Nfj Mdcap Val A	113.2822 shares	4,746	2,059
	Amcent Gr A	1020.1026 shares	23,829	26,931
	Amcent Infl Adj Bd Inst	1374.9681 shares	14,787	18,122
	Amcent Infl Prtct Bd Inst	20739.6642 shares	200,002	220,048
	Amcent Intl Bd A	267.1056 shares	3,443	3,892
	Amfds Cap Wld Bd R3	211.5040 shares	4,118	4,478
	Amfds Cap Wld Bd R6	3363.3118 shares	67,487	71,336
	Blkrk Lgcap Gr Inv A	1579.1270 shares	15,181	16,730
	Blkrk Lgcap Val Inv A	377.3369 shares	5,449	5,856
	Blkrk Pacfc Inv A	.4478 shares	7	8
	Blkrk Smcap Gr Eq Inv A	2.5500 shares	2	3
	Col Mult Adv Intl Val A	17.9510 shares	141	99
	De Divrs Inc A	28.2193 shares	157	264
	De Val A	827.5795 shares	9,005	10,295
	Dfa Us Lg Co	18350.7922 shares	187,594	205,895
	Dws Rreel Gblrealst Seca	17591.0321 shares	123,121	142,311
	Drey Oppr Mdcap Val A	4864.9798 shares	107,133	155,485
	Drxnevol All Cap Eq Inv	2921.5980 shares	49,327	38,653
	Drxnevol Altnatvinvmt Inv	1212.8615 shares	20,282	19,964
	Drxnevol Mgd Bd Inv	3314.1692 shares	50,890	58,926
	Drxnevol Mkt Ldrs Inv	1134.0358 shares	14,881	15,185
	Ev Flotng Rt A	6675.7032 shares	59,010	62,952
	Fed Cap App A	52635.4860 shares	1,046,770	1,021,128
	Fed Kaufman Smcap A	6164.3153 shares	129,992	145,786
	Fed Mdcap Gr Strat A	20648.5716 shares	746,399	744,381
	Fed Til Rtn Bd A	98987.0469 shares	1,122,488	1,131,422
	Fed Us Govtsec 1 3 Yr Svc	57492.4649 shares	616,125	615,169
	Fidadv Levtr Co Stk A	6327.8217 shares	211,741	248,747
	Fidadv New Insghts A	9248.1525 shares	175,291	210,395
	Fnkln Bal Sht Invmt A	14207.4061 shares	462,900	598,274
	Fnkln Smmdcap Gr A	.5762 shares	45	20
	Fnkln Us Govt Sec A	1334.4118 shares	8,038	9,074
	Fnklnmsf Mut Gbl Disc A	52713.0165 shares	1,267,697	1,490,197
	Fnklnmsf Mut Shrs A	254.2730 shares	4,781	5,673
	Fnklnmp Devl Mkt Tr A	319.2520 shares	6,865	7,538
	Fnklnmp Forgn A	52883.3988 shares	306,751	363,309
	Gdmnscs Lgcap Val A	429.2584 shares	5,204	5,434
	Gdmnscs Satellite Strat A	103.6667 shares	831	852
	Gdmnscs Smcap Val A	216.7100 shares	6,421	9,169
	Gdmnscs Strcd Lgcap Val A	871.3466 shares	7,658	10,082
	Harbor Intl Inst	2836.7289 shares	158,342	176,218
	Invsco Am Frnchs A	37462.6301 shares	473,242	473,153
	Invsco Dynmc Inv	1334.3138 shares	25,934	30,863
	Invsco Eq Inc A	83011.9834 shares	609,688	762,880
	Invsco Gr Inc A	11547.4277 shares	206,195	241,803
	Jpm Dynmc Smcap Gr A	319.1070 shares	4,500	6,143
	Jpm Mdcap Val A	27873.3094 shares	564,688	767,910
	Jpm Smcap Val A	8434.7751 shares	150,446	173,588
	Jns Intech Rsk Mgd Gr S	.2012 shares	3	3

See accompanying notes to financial statements.

W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST
Employer Identification Number 64-0429766
Plan Number: 001
Schedule H, line 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2012

(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
	Lazard Emrg Mkt Eq Open	230 9711 shares	\$ 3,820	\$ 4,626
	Leggm Wstras Corplsbnd Inst	10293 7738 shares	110,614	120,128
	Leggm Wstras Gblhlylbd A	2473.4745 shares	14,856	18,131
	Leggm Wstras Gblfovd I	2 2318 shares	19	21
	Leggmwstrasinfndplsbndinst	14892.1868 shares	156,702	182,131
	Loomis Smcap Val Admn	3 8717 shares	81	113
	Mfs Rsrch Bd A	50 5329 shares	400	561
	Mfs Val A	10118 7632 shares	209,870	256,511
	Mnsty Epoch Gbl Eq Yld A	1191.2005 shares	17,427	19,440
	Nw Dest 2020 Inst	23 4381 shares	209	214
	Nw Inv Dest Aggr Svc	86854 5585 shares	645,800	789,508
	Nw Inv Dest Cnsrv Svc	13890 7096 shares	127,051	144,047
	Nw Inv Dest Mod Aggr Svc	109283 5255 shares	841,003	1,057,865
	Nw Inv Dest Mod Cnsrv Svc	23031 7690 shares	212,481	239,530
	Nw Inv Dest Mod Svc	86488 4240 shares	717,869	860,560
	Nw Mdcap Mkt Indx Inst	7466 5839 shares	99,093	110,505
	Nw Mny Mkt Inst	317772.7643 units	364,882	364,841
	Nw Rtrml Inc Inst	26 7175 shares	246	256
	Neuber Genesis Tr	31756 2730 shares	1,286,679	1,609,408
	Neuber Hi Inc A	3342 5200 shares	29,527	31,654
	Opp Gbl A	14662 5777 shares	707,832	945,736
	Opp Gbl Oppr A	111 3063 shares	2,833	3,256
	Opp Intl Bd A	17328 4651 shares	106,682	114,021
	Opp Intl Gr A	9707 8030 shares	262,969	299,777
	Opp Mn St Smmdcap A	1046 4091 shares	22,030	24,047
	Opp Val A	1 7930 shares	34	41
	Pimco Comdtyrealrtstrat A	5071 1060 shares	36,679	33,064
	Pimco Real Rtn Inst	10250 2927 shares	106,751	125,771
	Pimco Til Rtn Inst	88526 4593 shares	917,486	995,037
	Pnc Mult Fctr Smcap Val A	13 8087 shares	161	172
	Pionr Emrg Mkt A	17 1379 shares	427	420
	Pionr Eq Inc A	5914 3499 shares	147,260	165,484
	Prncpl Lgcap Gr A	121 2427 shares	704	1,069
	Prncpl Lgcap Gr Inst	23446 5665 shares	195,056	211,722
	Prudntl Jnism 20 20 Focs A	1303 7682 shares	14,341	20,808
	Prudntl Jnism Gr A	11189 7982 shares	219,958	233,643
	Prudntl Til Rtn Bd A	6753 9790 shares	93,911	99,148
	Rdgwrth Smcap Gr Stk I	15 0151 shares	187	229
	Rydexsgi S P 500 Pure Gr H	1 1830 shares	154,679	41
	Rydexsgi S P 500 Pureval H	16 8342 shares	1,412	1,659
	Rydexsgi Spmdcap400puregrh	189 8884 shares	5,946	8,564
	Rydexsgigvngbd1 2xstradv	829 8603 shares	8,475	13,842
	Rydexsgispmdcap400purevalh	145 1325 shares	5,952	4,577
	Rydexsgispmdcap600puregr H	162 2202 shares	5,238	6,187
	Rydexsgispmdcap600purevalh	104 3725 shares	1,690	1,858
	Rydxsgiinvrgvngbdstratadv	8 6188 shares	1,621	70
	Trowepr Gr Stk	23310 3732 shares	817,010	880,666
	Trowepr Gr Stk R	188 3644 shares	6,730	6,928
	Trowepr Mdcap Gr R	17213 3542 shares	798,969	935,546
	Turner Mdcap Gr Inv	42 0517 shares	1,204	1,415
	Turner Smcap Gr Inv	2962 4692 shares	103,471	99,687
	Vic Sm Co Oppr A	1395 1642 shares	36,298	45,064
	Vngrd 500 Indx Sgnl	502 9528 shares	52,033	54,580
	Vngrd Smcap Indx Sgnl	1884 4917 shares	62,837	65,806

See accompanying notes to financial statements.

W. G. YATES AND SONS CONSTRUCTION COMPANY

EMPLOYEE TRUST

Employer Identification Number 64-0429766

Plan Number 001

Schedule H, line 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2012

(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
	Vngrd Smcap Val Indx Inv	887.2437 shares	\$ 13,824	\$ 15,438
	Vngrd Trgt Rtrmt 2010	62.1551 shares	1,491	1,500
	Vngrd Trgt Rtrmt 2015	10725.7473 shares	140,295	143,511
	Vngrd Trgt Rtrmt 2020	7274.2352 shares	168,912	173,345
	Vngrd Trgt Rtrmt 2025	2427.8947 shares	31,883	32,995
	Vngrd Trgt Rtrmt 2030	1254.8926 shares	29,013	29,339
	Vngrd Trgt Rtrmt 2035	2149.8644 shares	29,993	30,292
	Vngrd Trgt Rtrmt 2040	3906.7553 shares	97,403	90,559
	Vngrd Trgt Rtrmt 2045	1023.5217 shares	20,090	14,892
	Vngrd Trgt Rtrmt 2050	1922.3223 shares	43,452	44,386
	Vngrd Trgt Rtrmt 2055	1155.6112 shares	27,203	28,659
	Vngrd Trgt Rtrmt 2060	32.7239 shares	687	714
	Vngrd Trgt Rtrmt Inc.	655.0812 shares	7,714	7,985
	Vngrd Ttl Bd Mkt Indx Sgnl	8020.2625 shares	85,597	88,945
	Wfa Asia Pacfc Inv	790.2845 shares	6,623	8,219
	Wfa Emrg Mkt Eq A	5289.4314 shares	113,730	114,252
	Wfa Endvr Sel A	273.9215 shares	2,798	3,002
	Wr Ivy Smcap Gr Y	256.7426 shares	2,980	4,190
				<u>27,620,968</u>
	Self Directed Brokerage Accounts:			
	American Capital Ltd	250.0000 shares	1,957	3,005
	At&T Inc Com	30.0000 shares	1,024	1,011
	Bank of America Corp	1,885.0000 shares	11,085	21,885
	General Electric Co	40.0000 shares	780	840
	Hewlett Packard Co	70.0000 shares	988	997
	Mcdonalds Corp Com	12.1000 shares	1,111	1,068
	Merck & Co Inc Com	21.0000 shares	831	860
	Mustang Alliances In	1789.0000 shares	1,965	20
	Portage Resources In	7,141.0000 shares	2,328	17
	Proctor Gamble Co	14.0000 shares	940	950
	Sdb Money Market	56930.7100 shares	56,931	56,931
	Sunesis Pharmaceutical	583.0000 shares	328	2,449
	Verizon Communication	23.0000 shares	984	995
				<u>91,028</u>
	Total for all Investments			<u>\$ 27,711,996</u>

See accompanying notes to financial statements.

**W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST**
Employer Identification Number 64-0429766
Plan Number: 001
Schedule H, line 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2012

(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	3598028.4466 units	\$ 4,817,437	\$ 5,012,862
	Registered Investment Companies:			
	Abdrn Gbl Eq A	16999.6270 shares	197,098	212,835
	Abdrn Intl Eq A	1147.1030 shares	14,940	16,381
	Alber Intl Val K	693.2485 shares	9,029	7,979
	Allnz Nfj Mdcap Val A	113.2822 shares	4,746	2,059
	Amcent Gr A	1020.1026 shares	23,829	26,931
	Amcent Intl Adj Bd Inst	1374.9881 shares	14,787	18,122
	Amcent Intl Prtct Bd Inst	20739.6642 shares	200,002	220,048
	Amcent Intl Bd A	267.1056 shares	3,443	3,892
	Amfcs Cap Wld Bd R3	211.5040 shares	4,118	4,478
	Amfcs Cap Wld Bd R6	3363.3118 shares	67,487	71,336
	Blkrk Lgcap Gr Inv A	1579.1270 shares	15,181	16,730
	Blkrk Lgcap Val Inv A	377.3369 shares	5,449	5,856
	Blkrk Pacfc Inv A	.4478 shares	7	8
	Blkrk Smcap Gr Eq Inv A	2.5500 shares	2	3
	Col Mult Adv Intl Val A	17.9510 shares	141	99
	De Divrs Inc A	28.2193 shares	157	264
	De Val A	827.5795 shares	9,005	10,295
	Dfa Us Lg Co	18350.7822 shares	187,594	205,895
	Dws Rreel Gblrealst Seca	17591.0321 shares	123,121	142,311
	Drey Oppr Mdcap Val A	4864.9798 shares	107,133	155,485
	Drxnevol All Cap Eq Inv	2921.5980 shares	49,327	38,653
	Drxnevol Altrnatinvmt Inv	1212.8815 shares	20,282	19,964
	Drxnevol Mgd Bd Inv	3314.1692 shares	50,890	58,926
	Drxnevol Mkt Ldrs Inv	1134.0358 shares	14,881	15,185
	Ev Flotng Rt A	6675.7032 shares	59,010	62,952
	Fed Cap App A	52635.4860 shares	1,046,770	1,021,128
	Fed Kaufman Smcap A	6164.3153 shares	129,992	145,786
	Fed Mdcap Gr Strat A	20848.5716 shares	746,399	744,381
	Fed Til Rln Bd A	98987.0469 shares	1,122,488	1,131,422
	Fed Us Govtsec 1 3 Yr Svc	57492.4649 shares	616,125	615,169
	Fidadv Levr Co Stk A	6327.8217 shares	211,741	248,747
	Fidadv New Insghts A	9248.1525 shares	175,291	210,395
	Fnkln Bal Sht Invmt A	14207.4061 shares	462,900	598,274
	Fnkln Smmdcap Gr A	.5762 shares	46	20
	Fnkln Us Govt Sec A	1334.4118 shares	8,038	9,074
	Fnklnmsf Mut Gbl Disc A	52713.0165 shares	1,267,697	1,490,197
	Fnklnmsf Mut Shrs A	254.2730 shares	4,781	5,673
	FnklnImp Devl Mkt Tr A	319.2520 shares	6,865	7,538
	Frnkntmp Forgn A	52883.3988 shares	306,751	363,309
	Gdmnscs Lgcap Val A	429.2584 shares	5,204	5,434
	Gdmnscs Satellite Strat A	103.6667 shares	831	852
	Gdmnscs Smcap Val A	216.7100 shares	6,421	9,169
	Gdmnscs Strcd Lgcap Val A	871.3466 shares	7,658	10,082
	Harbor Intl Inst	2836.7289 shares	158,342	176,218
	Invsco Am Frnchs A	37462.6301 shares	473,242	473,153
	Invsco Dynmc Inv	1334.3138 shares	25,934	30,863
	Invsco Eq Inc A	83011.9834 shares	609,688	762,880
	Invsco Gr Inc A	11547.4277 shares	206,195	241,803
	Jpm Dynmc Smcap Gr A	319.1070 shares	4,500	6,143
	Jpm Mdcap Val A	27873.3094 shares	564,688	767,910
	Jpm Smcap Val A	8434.7751 shares	150,446	173,588
	Jns Intech Rsk Mgd Gr S	.2012 shares	3	3

See accompanying notes to financial statements.

W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST

Employer Identification Number 64-0429766

Plan Number: 001

Schedule H, line 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2012

(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
	Lazard Emrg Mkt Eq Open	230.9711 shares	\$ 3,820	\$ 4,626
	Leggm Wstras Corplsbd Inst	10293.7738 shares	110,614	120,128
	Leggm Wstras Gblhiydbd A	2473.4745 shares	14,856	18,131
	Leggm Wstras Gblfovbd I	2.2318 shares	19	21
	Leggmwstrasinfndplsbdinst	14892.1868 shares	156,702	182,131
	Loomis Smcap Val Admn	3.8717 shares	81	113
	Mfs Rerch Bd A	50.5329 shares	400	561
	Mfs Val A	10118.7632 shares	209,870	256,511
	Mnsty Epoch Gbl Eq Yld A	1191.2005 shares	17,427	19,440
	Nw Dest 2020 Inst	23.4381 shares	209	214
	Nw Inv Dest Aggr Svc	86854.5585 shares	645,800	789,508
	Nw Inv Dest Cnsrv Svc	13890.7096 shares	127,051	144,047
	Nw Inv Dest Mod Aggr Svc	109283.5255 shares	841,003	1,057,865
	Nw Inv Dest Mod Cnsrv Svc	23031.7690 shares	212,481	239,530
	Nw Inv Dest Mod Svc	86488.4240 shares	717,869	860,560
	Nw Mdcap Mkt Indx Inst	7466.5839 shares	99,093	110,505
	Nw Mny Mkt Inst	317772.7643 units	364,882	364,841
	Nw Rlmt Inc Inst	26.7175 shares	246	256
	Neuber Genesis Tr	31756.2730 shares	1,286,679	1,609,408
	Neuber Hi Inc A	3342.5200 shares	29,527	31,654
	Opp Gbl A	14682.5777 shares	707,832	945,736
	Opp Gbl Oppr A	111.3083 shares	2,833	3,256
	Opp Intl Bd A	17328.4651 shares	106,682	114,021
	Opp Intl Gr A	9707.8030 shares	262,969	299,777
	Opp Mn St Smmdcap A	1046.4091 shares	22,030	24,047
	Opp Val A	1.7930 shares	34	41
	Pimco Comdtyrealtrnstrat A	5071.1060 shares	36,679	33,064
	Pimco Real Rtn Inst	10250.2927 shares	106,751	125,771
	Pimco Til Rtn Inst	88526.4593 shares	917,486	995,037
	Pnc Mult Fctr Smcap Val A	13.8087 shares	161	172
	Pionr Emrg Mkt A	17.1379 shares	427	420
	Pionr Eq Inc A	5914.3499 shares	147,260	165,484
	Prncpl Lgcap Gr A	121.2427 shares	704	1,069
	Prncpl Lgcap Gr Inst	23446.5665 shares	195,056	211,722
	Prudntl Jnism 20 20 Focs A	1303.7682 shares	14,341	20,808
	Prudntl Jnism Gr A	11189.7982 shares	219,958	233,643
	Prudntl Til Rtn Bd A	6753.9790 shares	93,911	99,148
	Rdgwrth Smcap Gr Slk I	15.0151 shares	187	229
	Rydexsgi S P 500 Pure Gr H	1.1830 shares	154,679	41
	Rydexsgi S P 500 Pureval H	16.8342 shares	1,412	1,659
	Rydexsgi Spmdcap400puregrh	189.8884 shares	5,946	8,564
	Rydexsgigvngbd1 2xslraadv	829.8603 shares	8,475	13,842
	Rydexsgispmdcap400purevalh	145.1325 shares	5,952	4,577
	Rydexsgispmdcap600puregr H	162.2202 shares	5,238	6,187
	Rydexsgispmdcap600purevalh	104.3725 shares	1,690	1,858
	Rydxsgiinvrgvngbdstratadv	8.6188 shares	1,621	70
	Trowepr Gr Slk	23310.3732 shares	817,010	880,666
	Trowepr Gr Slk R	188.3644 shares	6,730	6,928
	Trowepr Mdcap Gr R	17213.3542 shares	798,969	935,546
	Turner Mdcap Gr Inv	42.0517 shares	1,204	1,415
	Turner Smcap Gr Inv	2982.4892 shares	103,471	99,687
	Vic Sm Co Oppr A	1395.1642 shares	36,298	45,064
	Vngrd 500 Indx Sgnl	502.9528 shares	52,033	54,560
	Vngrd Smcap Indx Sgnl	1884.4917 shares	62,837	65,806

See accompanying notes to financial statements.

**W. G. YATES AND SONS CONSTRUCTION COMPANY
EMPLOYEE TRUST**

Employer Identification Number 64-0429766

Plan Number: 001

Schedule H, line 4(i)

Schedule of Assets (Held at End of Year)

December 31, 2012

(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
	Vngrd Smcap Val Indx Inv	887.2437 shares	\$ 13,824	\$ 15,438
	Vngrd Trgt Rlrmt 2010	62.1551 shares	1,491	1,500
	Vngrd Trgt Rlrmt 2015	10725.7473 shares	140,295	143,511
	Vngrd Trgt Rlrmt 2020	7274.2352 shares	168,912	173,345
	Vngrd Trgt Rlrmt 2025	2427.6947 shares	31,883	32,995
	Vngrd Trgt Rlrmt 2030	1254.8926 shares	29,013	29,339
	Vngrd Trgt Rlrmt 2035	2149.8644 shares	29,993	30,292
	Vngrd Trgt Rlrmt 2040	3906.7553 shares	97,403	90,559
	Vngrd Trgt Rlrmt 2045	1023.5217 shares	20,090	14,892
	Vngrd Trgt Rlrmt 2050	1922.3223 shares	43,452	44,386
	Vngrd Trgt Rlrmt 2055	1155.6112 shares	27,203	28,659
	Vngrd Trgt Rlrmt 2060	32.7239 shares	687	714
	Vngrd Trgt Rlrmt Inc.	655.0812 shares	7,714	7,985
	Vngrd Til Bd Mkt Indx Sgnl	8020.2625 shares	85,597	88,945
	Wfa Asia Pacfc Inv	790.2845 shares	6,623	8,219
	Wfa Emrg Mkt Eq A	5289.4314 shares	113,730	114,252
	Wfa Endvr Sel A	273.9215 shares	2,798	3,002
	Wr Ivy Smcap Gr Y	256.7426 shares	2,980	4,190
				<u>27,620,968</u>
	Self Directed Brokerage Accounts:			
	American Capital Ltd	250.0000 shares	1,957	3,005
	At&T Inc Com	30.0000 shares	1,024	1,011
	Bank of America Corp	1,885.0000 shares	11,085	21,885
	General Electric Co	40.0000 shares	780	840
	Hewlett Packard Co	70.0000 shares	988	997
	Mcdonalds Corp Com	12.1000 shares	1,111	1,068
	Merck & Co Inc. Com	21.0000 shares	831	860
	Mustang Alliances In	1789.0000 shares	1,965	20
	Portage Resources In	7,141.0000 shares	2,328	17
	Proctor Gamble Co	14.0000 shares	940	950
	Sdb Money Market	56930.7100 shares	56,931	56,931
	Sunesis Pharmaceutical	583.0000 shares	328	2,449
	Verizon Communication	23.0000 shares	984	995
				<u>91,028</u>
	Total for all investments			<u>\$ 27,711,996</u>

See accompanying notes to financial statements.