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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] 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 Plan 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.	10/05/2015	SHIRLEY Y BENNETT
	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)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	131
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	122
a(2) Total number of active participants at the end of the plan year	**6a(2)**	128
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	145
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	145
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	78
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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).. . . . . [X] 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

STATE FARM INVESTMENT MANAGEMENT CO
3 STATE FARM PLAZA
BLOOMINGTON, IL 61791

(b) Enter name and EIN or address of person who provided you disclosure 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?
15 37 50 99	NONE	1590	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7218	1912
(2) Participant contributions	1b(2)	10011	2537
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	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)	101022	101295
(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)	876277	1122398
(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	994813	1228142
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	994813	1228142

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)	99420	
	(B) Participants	2a(1)(B)	129609	
	(C) Others (including rollovers)	2a(1)(C)	9693	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		238722
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)	4153	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4153
	(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)	11178	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11178
	(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)		31948
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		286001
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51082	
(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)		51082
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1590	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1590
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		52672
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		233329
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SMITH, JACKSON, BOYER AND BOVARD **(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		73138
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			

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

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

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

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

Part V Trust Information (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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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, 2014 and 2013

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 were engaged to audit 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, 2014 and 2013, the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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, we were 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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

INDEPENDENT AUDITORS' REPORT (Continued)

Other Matters—Report on Supplemental Schedules

The supplemental schedules of delinquent participant contributions and assets held for investment purposes at end of year are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our 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.

Smith, Jackson, Boyer & Bovard

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

Dallas, Texas
September 15, 2015

SYB Construction Co., Inc. 401(k) Plan and Trust
Statements of Net Assets Available For Benefits
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	$ -	$ 285
Mutual funds	1,122,398	876,277
	1,122,398	876,562
Receivables:		
Notes receivable from participants	101,295	101,022
Participant contributions	2,537	10,011
Employer contributions	1,912	7,218
Lost earnings contributions	1,865	-
	107,609	118,251
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,230,007	$ 994,813

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, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions:		
Participant contributions	$	129,609
Participant rollover contributions		9,693
Employer contributions		99,420
Lost earnings contributions		1,865
		240,587
Investment income:		
Interest and dividend income		15,331
Net realized and unrealized gains (losses)		31,948
		47,279
TOTAL ADDITIONS		287,866
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		51,082
Administrative expenses		1,590
TOTAL DEDUCTIONS		52,672
NET INCREASE		235,194
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		994,813
End of year	$	1,230,007

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 became exempt from certain compliance testing requirements in 2014 and 2013 because of safe harbor matching contributions made by the Company.

Effective March 27, 2015, the Company adopted a new plan document that amends and restates the Plan. The new plan document eliminates the safe harbor provisions and provides for discretionary matching and profit sharing contributions by the Company subject to certain vesting requirements. In addition, the Company has elected not to make any discretionary matching or profit sharing contributions during 2015. The Plan will also be subject to certain compliance testing requirements as a result of eliminating the safe harbor provisions.

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.

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

The Company can make discretionary profit sharing contributions, but is not required to do so. The Company did not make any discretionary profit sharing contributions to the Plan in 2014 and 2013.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution 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 profit sharing 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.

At December 31, 2014, the Plan had nine terminated participant accounts with balances less than $1,000 which aggregated $2,400. According to the Plan document, participant accounts with balances less than $1,000 must be distributed when employment is terminated. Management will take corrective action in 2015 to distribute these terminated participant account balances.

Forfeited Accounts

At December 31, 2014, the forfeited nonvested accounts totaled $133. The forfeited nonvested accounts will be used to reduce future administrative expenses or Company contributions into the Plan. During 2014, the Plan did not use any forfeited nonvested accounts to offset administrative expenses or Company contributions into the Plan.

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 Trustee. Only one loan may be outstanding at any one time. Principal and interest on notes receivable from participants 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 and the calculation of lost earnings on delinquent contributions. Actual results could differ from those estimates.

Contributions

Participant contributions and related Company safe harbor matching contributions are accrued in the period in which the participant contributions 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.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid balance plus 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 notes receivable as earned.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - INVESTMENTS

The following presents investments at December 31, 2014 and 2013, which represent 5% or more of the Plan's net assets.

	2014	2013
State Farm LifePath 2020 Fund R2	$ 313,538	$ 229,070
State Farm LifePath 2030 Fund R2	287,097	234,933
State Farm LifePath 2040 Fund R2	166,137	104,422
State Farm LifePath Retirement Fund R2	319,191	273,433

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 2014 and 2013, 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, 2014 and 2013:

Level 1 Fair Value Measurements	**2014**	**2013**
Cash and cash equivalents	$ -	$ 285
Mutual funds:		
Intermediate term bond fund	-	3,164
Large blend stock fund	-	10,468
Target date allocation funds	803,207	582,981
Small blend index fund	-	3,302
Foreign large growth fund	-	2,929
Retirement income allocation fund	319,191	273,433
	$1,122,398	$ 876,562

NOTE 4 – DELINQUENT EMPLOYEE CONTRIBUTIONS AND LOAN REPAYMENTS

For the years ended December 31, 2014, 2013 and 2012, the Company failed to deposit certain employee contributions and participant loan repayments ("Delinquent Contributions") to the Plan within the time frames required under the provisions of ERISA. The Company has self-corrected these violations by depositing the Delinquent Contributions to the Plan. Lost earnings related to these Delinquent Contributions will be deposited and allocated to participants' accounts in 2015. Lost earnings were calculated and recorded in the accompanying financial statements in the amount of $1,865.

The following table presents by year the delinquent contributions amount and lost earnings amount:

	2014	**2013**	**2012**
Delinquent contributions	$ 73,138	$ 58,133	$ 24,321
Lost earnings	$ 888	$ 901	$ 76

NOTE 5 - 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 6 - 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by the IRS.

On February 2, 2015, the IRS commenced an audit of the Plan's tax return filed on Form 5500 for the year end December 31, 2013. On June 18, 2015, the Company was notified by the IRS that the Plan's tax return was accepted as filed and no change was necessary in the information reported in the 2013 Form 5500. The Company and plan management believe the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 7 – RISKS AND UNCERTAINTIES

Investments

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.

U.S. Department of Labor Investigation

On September 1, 2015, the U.S. Department of Labor ("DOL") concluded its compliance investigation of the Plan covering the period from January 1, 2012, through June 23, 2015. The investigation found that the Company had violated several provisions of ERISA. The investigation disclosed that the Company failed to timely remit $167,495 in employee contributions and participant loan repayments deducted from employees' salaries from May 17, 2012, through May 15, 2015. The Company's failure to timely remit employee

contributions and participant loan repayments violates the provisions of ERISA. In addition, the investigation did not find any evidence that the Company had compensated the Plan for the lost investment opportunities associated with the delinquent employee contributions and participant loan repayments ("Lost Earnings"). Pursuant to the provisions of ERISA, the Company must deposit Lost Earnings into the Plan. Furthermore, the investigation found that the Company failed to distribute participant accounts with balances less than $1,000 when employment is terminated in accordance with the Plan document. At June 23, 2015, the Plan had eleven terminated participant accounts with balances less than $1,000.

The Company has corrected the violation of Delinquent Contributions by depositing the Delinquent Contributions into the Plan. Lost Earnings totaling $1,889 through June 23, 2015, related to these Delinquent Contributions will be deposited into the Plan and allocated to participants' accounts in 2015. In addition, Management will take corrective action in 2015 to distribute all terminated participants accounts with balances less than $1,000.

NOTE 8 - 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 2014, the Plan paid service and administrative fees of $1,590 to the Trustee.

It is the philosophy of the Company to absorb certain expenses such as audit fees and other administrative functions so as not to decrease the Plan assets. Any fee or expense paid, directly or indirectly, by the Company is not considered a contribution to the Plan, provided the fee or the expense relates to the ordinary and necessary administration of the Plan. During 2014, the Company paid various Plan administration expenses of $11,718 on behalf of the Plan.

Officers and employees of the Company performed certain administrative functions for the Plan during 2014 and 2013. However, the officers or employees did not receive any compensation from the Plan.

NOTE 9 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

For the year ended December 31, 2014 and 2013, the Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the auditors to not perform any auditing procedures with respect to the information certified by the trustee of the Plan in 2014 and 2013, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule.

The following information was obtained from data that has been prepared and certified to as complete and accurate by the trustee of the Plan, as of December 31, 2014 and 2013, and for the year ended December 31, 2014:

	2014	2013
Investments, at fair value:		
Cash and cash equivalents	$ -	$ 285
Mutual funds	1,122,398	876,277
	$1,122,398	$ 876,562
Investment income	$ 47,279	

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits appearing in the accompanying financial statements to Form 5500 at December 31, 2014:

	2014
Net assets per financial statements	$1,230,007
Unfunded lost earnings accrued for delinquent contributions	(1,865)
Net assets per Form 5500	$1,228,142

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 for the year ended December 31, 2014:

	2014
Contribution additions per financial statements	$ 240,587
Less: Amount accrued for unfunded lost earnings	(1,865)
Contribution additions per Form 5500	$ 238,722

NOTE 11 - SUBSEQUENT EVENTS

The Plan evaluates events occurring subsequent to the end of the year to determine whether they require recognition, disclosure or both in the financial statements. Events that provide additional evidence about conditions that existed at the balance sheet date are recognized in the financial statements during the current period presented. Nonrecognized subsequent events are events that provide evidence about conditions that arose after the balance sheet date but are not recognized in the financial statements. Both types of

subsequent events require disclosure in the financial statements if nondisclosure of such events causes the financial statements to be misleading. The Plan has evaluated subsequent events through September 15, 2015. The financial statements were available for distribution on September 15, 2015.

On February 2, 2015, the IRS commenced an audit of the Plan's tax return filed on Form 5500 for the year end December 31, 2013. On June 18, 2015, the Company was notified by the IRS that the Plan's tax return was accepted as filed and no change was necessary in the information reported in the 2013 Form 5500.

Effective March 27, 2015, the Company adopted a new plan document that amends and restates the Plan. The new plan document eliminates the safe harbor provisions and provides for discretionary matching and profit sharing contributions by the Company which are subject to certain vesting requirements. In addition, the Company has elected not to make any discretionary matching or profit sharing contributions during 2015. The Plan will also be subject to certain compliance testing requirements as a result of eliminating the safe harbor provisions.

On September 1, 2015, the U.S. Department of Labor ("DOL") concluded its compliance investigation of the Plan covering the period from January 1, 2012, through June 23, 2015. The investigation found that the Company had violated several provisions of ERISA. See Note 7 for discussion of the DOL findings and corrective action taken by the Company.

SUPPLEMENTAL INFORMATION

SYB Construction Co., Inc. 401(k) Plan and Trust
Form 5500 - Schedule H - Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2014

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	
$ 2,501	$ -	$ 2,501	$ -	$ -
2,789	-	2,789	-	-
2,742	-	2,742	-	-
2,688	-	2,688	-	-
2,809	-	2,809	-	-
2,828	-	2,828	-	-
3,176	-	3,176	-	-
3,096	-	3,096	-	-
3,115	-	3,115	-	-
3,470	-	3,470	-	-
3,093	-	3,093	-	-
3,375	-	3,375	-	-
3,092	-	3,092	-	-
3,094	-	3,094	-	-
3,013	-	3,013	-	-
3,041	-	3,041	-	-
3,225	-	3,225	-	-
3,117	-	3,117	-	-
3,090	-	3,090	-	-
3,378	-	3,378	-	-
3,170	-	3,170	-	-
3,165	-	3,165	-	-
2,910	-	2,910	-	-
3,161	-	3,161	-	-
1,865	-	-	1,865	-
$ 75,003	$ -	$ 73,138	$ 1,865	$ -

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, 2014

EIN: 75-2053952
PN: 001

	(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost **	(e) Current Value
		Participant Directed			
		State Farm LifePath 2020 Fund R2	Mutual fund, target date allocation fund	$ -	$ 313,538
		State Farm LifePath 2030 Fund R2	Mutual fund, target date allocation fund	-	287,097
		State Farm LifePath 2040 Fund R2	Mutual fund, target date allocation fund	-	166,137
		State Farm LifePath 2050 Fund R2	Mutual fund, target date allocation fund	-	36,435
		State Farm LifePath Retirement Fund R2	Mutual fund, retirement income allocation fund	-	319,191
*		Notes receivable from participants	Interest rate of 4.25%, maturing through June 21, 2019, collateralized by participant accounts	-	101,295
			Total Assets	$ -	$ 1,223,693

* - represents a "party-in-interest" to the Plan
** - Historical cost is not required as all investments are participant directed

See independent auditors' report.

Attachment to 2014 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 LifePath Retirement Fund - R2	0	319,191
	State Farm	State Farm LifePath 2020 Fund R2	0	313,538
	State Farm	State Farm LifePath 2030 Fund R2	0	287,097
	State Farm	State Farm LifePath 2040 Fund R2	0	166,137
	State Farm	State Farm LifePath 2050 Fund R2	0	36,435
	Participant's Loan Account	Various Rates and Maturities	0	101,295