Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HILLCREST CONTRACTING, INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1988

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HILLCREST CONTRACTING, INC.

PO BOX 1898
CORONA, CA 92878-1898

2b Employer Identification Number (EIN) 33-0084251

2c Sponsor's telephone number 951-273-9600

2d Business code (see instructions) 237310

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.	10/06/2010	E.G. LINDHOLM
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HILLCREST CONTRACTING, INC.

PO BOX 1898
CORONA, CA 92878-1898

3b Administrator's EIN
33-0084251

3c Administrator's telephone number
951-273-9600

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**	304
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**	105
b	Retired or separated participants receiving benefits	**6b**	20
c	Other retired or separated participants entitled to future benefits	**6c**	71
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	196
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	196
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	187
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2D 2F 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HILLCREST CONTRACTING, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
HILLCREST CONTRACTING, INC.

D Employer Identification Number (EIN)
33-0084251

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-54-AD81	199	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
34065	8516

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NORTHWESTERN MUTUAL INV. SRVCS
720 EAST WISCONSIN AVE.
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33208	0	NA	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CALIFORNIA INVESTMENT ANN
4640 ADMIRALTY WAY, 9TH FLOOR
MARINA DEL REY, CA 90292

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	8516	BROKER FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WALNUT STREET SECURITIES INC.
485 E. US HIGHWAY 1 SOUTH
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
857	0	BROKER FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	82978
5	Current value of plan's interest under this contract in separate accounts at year end	5	3246128

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	129141
c	Additions: (1) Contributions deposited during the year	7c(1)	26375		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	238		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	3931		
	▶ LOAN REPAYMENT PRINCIPAL				
	(6) Total additions			7c(6)	30544
d	Total of balance and additions (add **b** and **c(6)**)			7d	159685
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	76508		
	(2) Administration charge made by carrier	7e(2)	172		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	27		
	▶ FORFEITURE				
	(5) Total deductions			7e(5)	76707
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	82978

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HILLCREST CONTRACTING, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HILLCREST CONTRACTING, INC.

D Employer Identification Number (EIN)
33-0084251

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BENEFIT PLANNING, INC.

4640 ADMIRALTY WAY, 9TH FLOOR
MARINA DEL REY, CA 90292

95-3794697

(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?
50	TPA	54836	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
51	RECORDKEEPER	46384	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHWESTERN MUTUAL INV SERV LLC

720 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	INVESTMENT MANAGER	0	Yes [X] No [ ]	Yes [X] No [ ]	33208	Yes [ ] No [X]

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

BENEFIT PLANNING INC

4640 ADMIRALTY WAY 9TH FLOOR
MARINA DEL REY, CA 90292

95-2700755

(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?
50	TPA	0	Yes [X] No [ ]	Yes [X] No [ ]	8516	Yes [ ] No [X]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
52	INVESTMENT MANAGER	0	Yes [X] No [ ]	Yes [X] No [ ]	5461	Yes [ ] No [X]

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

WALNUT STREET SECURITIES, INC.

300 DAVIDSON AVE 3RD FL EAST
SOMERSET, NJ 08873

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	AFFILIATE OF PLAN	0	Yes [X] No [ ]	Yes [X] No [ ]	857	Yes [ ] No [X]

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HILLCREST CONTRACTING, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HILLCREST CONTRACTING, INC.

D Employer Identification Number (EIN)
33-0084251

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)	35648	27554
(2) Participant contributions	1b(2)		
(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)	122444	75173
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4044018	3246128
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	129141	82978
(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	4331251	3431833
	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	4331251	3431833

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)	366500	
	(B) Participants	2a(1)(B)	50710	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		417210
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)	6259	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6259
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		385810
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		809279
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1645344	
(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)		1645344
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)	63353	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		63353
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1708697
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-899418
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] 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: ANTHONY & ASSOCIATES, INC. (2) EIN: 33-0146112

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
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	
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)

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HILLCREST CONTRACTING, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HILLCREST CONTRACTING, INC.

D Employer Identification Number (EIN)
33-0084251

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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 **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 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(es). 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

ANTHONY & ASSOCIATES
Certified Public Accountants
2650 E. Imperial Highway, Suite 300
Brea, California 92821

A. LEE ANTHONY, C.P.A.
WILLIAM R. SIKES, C.P.A.
KARI M. GRIPPI, C.P.A.

Telephone (714) 961-1661
Fax (714) 961-8607

The Trustees of
Hillcrest Contracting, Inc.
401(k) Profit Sharing Plan
P.O. Box 1898
Corona, CA 91718

INDEPENDENT AUDITOR'S REPORT

We were engaged to audit the accompanying statements of net assets available for benefits of the Hillcrest Contracting, Inc., 401(k) Profit Sharing Plan, as of December 31, 2009 and December 31, 2008, and the related statements of changes in net assets available for plan benefits for the years then ended, and the supplemental schedules as of and for the years ended December 31, 2009 and December 31, 2008, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Life Insurance 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, 2009 and December 31, 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in 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 generally accepted auditing standards 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.

Anthony & Associates

May 26, 2010

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY FINANCIAL INFORMATION

YEARS ENDED DECEMBER 31, 2009
AND DECEMBER 31, 2008

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HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

ASSETS

	December 31, 2009	December 31, 2008
INVESTMENTS AT CONTRACT VALUE (Notes 3 and 4):		
Nationwide Life Insurance Company, Contract #GAP-54-AD81	$ 3,329,106	$ 4,173,159
Total Investments	3,329,106	4,173,159
RECEIVABLE:		
Employer's Contribution	27,554	35,648
Participant Loans	75,173	122,444
Total Other Assets	102,727	158,092
Total Assets	3,431,833	4,331,251

LIABILITIES

LIABILITIES	- - -	- - -
Net Assets Available for Plan Benefits	$ 3,431,833	$ 4,331,251

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	For the Years Ended December 31, 2009	2008
ADDITIONS (DEDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 322,457	$ (1,087,312)
Interest Income	6,259	11,833
Total Investment Income (Loss)	328,716	(1,075,479)
CONTRIBUTIONS:		
Employer's Contributions	366,500	552,805
Employee Contributions	50,710	66,446
Total Contributions	417,210	619,251
Total Additions	745,926	(456,228)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions and Expenses Allocated to Participants	(1,645,344)	(541,898)
Total Deductions	(1,645,344)	(541,898)
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	(899,418)	(998,126)
BEGINNING NET ASSETS AVAILABLE FOR PLAN BENEFITS	4,331,251	5,329,377
ENDING NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 3,431,833	$ 4,331,251

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of Plan

The following description of the Hillcrest Contracting, Inc. 401(k) Profit Sharing Plan provides only general information. Reference is made to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Prevailing Wage Pension Plan was adopted on July 8, 1991 as a defined contribution plan covering all employees of Hillcrest Contracting, Inc. (Employer) who have completed one hour of service and perform work under "prevailing wage" contracts. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Profit Sharing Plan was adopted on January 1, 1988 as a defined contribution plan covering all employees of Hillcrest Contracting, Inc. (Employer) who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Prior to 2003, the Company maintained separate profit sharing and prevailing wage pension plans for the benefit of its employees. Beginning in 2003, the profit sharing plan and the prevailing wage pension plan were combined into one plan which covers all employees who meet certain qualifications. The name of the new plan is the Hillcrest Contracting, Inc. 401(k) Profit Sharing Plan.

Plan assets are held by Glenn J. Salsbury and Einer G. Lindholm, Trustees.

Interest and dividend income is earned individually according to each Participant's investment allocation and are reinvested in each account. Certain administration functions are performed by employees of the employer. The plan administrator is Benefit Planning, Inc., 4640 Admiralty Way, 9th Floor, Marina Del Rey, CA 90292.

Contributions:

Prevailing wage contributions are made by the employer based on hours worked and job classification of each employee performing work on prevailing wage contracts.

Profit sharing contributions are determined annually by the Company up to a maximum of 25% of all participants' compensation.

Participants may make contributions limited to the maximum annual contribution allowable pursuant to the requirements of Section 401(k).

Participant Accounts:

Each Participant's balance is credited with the employer's contribution earnings according to each Participant's investment allocation. Each Participant's account is charged with an allocation of operating expenses. Operating expense allocations are based on participant's account balances.

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of Plan (Cont.)

Vesting:

Participants are immediately vested in the prevailing wage and employee contribution portion of contributions plus applicable earnings thereon. Vesting in the profit sharing portion of contributions is based on years of service. A participant is 100% vested after six years of credited service.

Investment Options:

Contributions on behalf of the Participants are invested in accordance with the Participants' investment allocation. The Participants' investment choice is limited to thirty-seven investments with Nationwide Life Insurance Company Investment Contract, chosen by the Trustees. The Plan's investments are pooled. However, each Participant receives allocations of Plan earnings based on the Participant's investment allocation. Participants may change their investment options at any time.

Loans to Participants:

Prior to 2007, Participants were able take loans up to the lesser of $50,000 or 50% of their vested account value. Loans bear interest at the prevailing rate charged by persons in the business of lending money for loans made under similar circumstances. Effective July 1, 2007, the Plan was amended to remove the loan option. Loans taken by the participants before July 1, 2007 are treated as directed investments of participants' accounts and repayment is made through payroll deductions. Interest income on loans to participants is included in the Nationwide Life Insurance Company investment contract.

Payment of Benefits:

On termination of service or normal retirement, a Participant receives a lump-sum distribution equal to the value of the vested interest, at termination date, in his or her account.

Forfeited Accounts:

Due to immediate vesting, there are no forfeitures of prevailing wage contributions or Employee deferral contributions. Forfeited profit sharing balances are used to reduce non-elective employer contributions. Forfeitures in 2009 and 2008 amounted to $15,676 and $28,196, respectively.

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Summary of Accounting Policies

Basis of Accounting:

The accompanying financial statements have been prepared on the accrual basis of accounting. The financial statements and notes are the representation of the Plan's trustees, who are responsible for the integrity and objectivity of the financial statements.

Investment Valuation and Income Recognition:

The Plan's investment is valued at contract value (Note 3). Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

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

Payment of Benefits:

Benefits are recorded when paid.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles of the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Operating Expenses:

All expenses of maintaining the plan are allocated to participants based on participant's account balances.

NOTE 3 - Investment Contract with Insurance Company

In November, 1997, the Plan entered into a fully benefit-responsive variable investment contract with Nationwide Life Insurance Company ("Nationwide"). Nationwide maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Nationwide Life Insurance Company. The contract is included in the financial statements at contract value measured by quoted market prices in an active market, which represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 was $3,329,106. The average gain was approximately eight and six-tenths percent (8.6%) for 2009. The fair value of the investment contract at December 31, 2008 was $4,173,159. The average loss was approximately twenty four percent (24%) for 2008.

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NOTE 4 - Information Prepared and Certified by Trustee (Nationwide Life Insurance Company)

The following information included in the accompanying Statements of Net Assets Available for Plan Benefits and Statements of Changes of Net Assets Available for Plan Benefits, and Supplemental Schedules, was obtained from data that has been prepared and certified to as complete and accurate by the trustee as of December 31, 2009 and December 31, 2008:

	December 31, 2009		December 31, 2008	
Description of Investment	Cost	Fair Value	Cost	Fair Value
Dreyfus A Bonds Plus	$ -	$ -	$ -	$ -
Dreyfus Intermediate Term Inc A Fund	33,129	32,032	59,121	53,939
Fidelity Advisor Growth	38,978	26,912	60,160	38,790
Janus Fund	91,402	75,701	127,356	89,000
Janus Twenty Fund	302,448	373,344	317,461	280,506
Janus Worldwide Fund	122,146	104,020	131,770	89,586
Virtus Balanced	13,334	17,121	17,612	18,326
Neuberger & Berman Guardian Trust	4,443	8,114	12,005	13,831
Templeton Foreign Fund	60,991	76,445	84,989	78,804
Credit Suisse Emerging Growth Fund	11,227	15,089	20,592	21,095
Dreyfus S&P 500 Index Fund	103,381	112,384	130,441	124,652
Fidelity Advisor Balanced Fund	42,475	43,342	65,695	58,028
AIM Sm Cap Growth Fund	117,669	93,530	135,189	89,035
Federated High Yield	20,718	19,584	42,052	31,121
Franklin Small Cap Growth Fund	11,773	23,369	14,182	19,138
Amer Century Income & Growth Fund	35,173	29,204	53,137	48,202
Amer Century Government Fund	74,724	80,580	95,185	100,371
Oppenheimer Strategic Income Fund	14,925	19,836	24,098	24,294
Oppenheimer Capital Apprec Fund	28,948	20,094	37,215	22,394
Nationwide Fund	38,289	23,639	58,432	39,305
Pimco Total Return Fund	131,045	150,567	77,051	82,255
WFAF Small Capital Value Fund	38,254	47,124	75,494	71,217
Franklin Mutual Shares Fund	52,142	32,578	75,602	53,452
Vankampen Common Stock Fund	38,255	30,657	37,680	26,260
AIM Dynamics Fund	164,677	127,635	185,651	116,136
BOA Short Term Index Fund	78,582	82,998	125,086	129,529
Fidelity Adv Equity Inc Fund Class A	27,901	17,841	44,611	30,778
Janus Advisor Balance Fund	-	-	43,642	43,856
Janus Advisor Forty Fund	53,009	52,488	65,605	51,136
Janus Balanced Fund	25,492	29,977	-	-
Oppenheimer Champion Income Fund	62,550	20,228	60,418	14,992
Pioneer High Yield Fund A	13,877	11,787	15,239	9,762
Nationwide Government Bond Fund	31,781	36,082	41,746	45,661
Nationwide Inv Des MOD SC	6,278	3,944	10,936	8,461
Nationwide Inv Des MODCONS SC	4,976	4,503	5,796	5,097
Nationwide Inv Des MODAGGR SC	90,701	90,617	89,111	72,382
Nationwide Inv Des CONS SC	6,217	7,069	39,691	39,762
Nationwide Inv Des AGGR SC	27,430	19,758	38,182	29,016
Nationwide Money Market Fund	1,338,917	1,368,913	2,013,492	2,102,990
Total	$3,358,257	$3,329,106	$4,531,725	$4,173,159

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NOTE 4 - Information Prepared and Certified by Trustee (Nationwide Life Insurance Company) (Cont.)

Original cost information was not available for the profit sharing plan, therefore, the assets were transferred into the combined 401(k) Profit Sharing Plan at fair value as of January 1, 2004.

As of December 31, 2009, the investment at cost of $1,338,917 in the Nationwide Money Market fund and the investment at cost of $302,448 in the Janus Twenty Fund each represent a greater than 5% interest of net assets available for benefits.

As of December 31, 2008, the investment at cost of $2,013,492 in the Nationwide Money Market fund and the investment at cost of $317,461 in the Janus Twenty Fund each represent a greater than 5% interest of net assets available for benefits.

NOTE 5 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will receive a lump-sum amount equal to the value of their accounts.

NOTE 6 - Federal Income Taxes

On February 10, 2004, the Trustee received from the Internal Revenue Service a letter of determination stating that Hillcrest Contracting, Inc. 401(k) Profit Sharing Plan is exempt from federal income taxes under Section 401(a) of the Internal Revenue Code for the Plan and its latest amendment dated December 31, 2001. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 7 - Party-in-Interest Transactions

Since September 1, 1997, Nationwide Life Insurance Company has provided substantially all of the brokerage services for the Plan investments and, as such, is a party-in-interest. The plan administrator, Benefit Planning, Inc., is also a party-in-interest. Fees paid by the Plan for administrative services amounted to $54,836 for the year ended December 31, 2009 and $15,462 for the year ended December 31, 2008.

NOTE 8 - Subsequent Events

Management has evaluated subsequent events through May 26, 2010, the date on which the financial statements were available to be issued.

NOTE 9 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information

The Statement of Changes in net assets available for plan benefits with fund information for the years ended December 31, 2009 and December 31, 2008 is summarized as follows:

	Participant Directed For the Year Ended December 31, 2009									
	Dreyfus Intmd Trm A Fund	Fidelity Advisor Growth Opp Fund	Janus Fund	Janus Twenty Fund	Janus WorldWide	Virtus Balanced Fund	N & B Guardian Trust	Templeton Foreign	Credit Suisse Emerging Growth	Dreyfus Index Fund
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ 3,971	$ 9,190	$ 22,479	$ 107,622	$ 23,522	$ 2,558	$ 1,845	$ 21,469	$ 3,245	$ 14,677
Interest Income	61	61	17	34	156	113	-	52	61	61
Total Investment Income (Loss)	4,032	9,251	22,496	107,656	23,678	2,671	1,845	21,521	3,306	14,738
Contributions:										
Employer's Contributions	3,149	3,006	3,245	25,284	5,514	5,058	148	3,297	1,136	9,346
Employee Contributions	530	-	-	9,564	-	-	38	-	-	1,286
Participant Loan Repayment	53	53	159	195	380	402	-	118	53	54
Total Contributions	3,732	3,059	3,404	35,043	5,894	5,460	186	3,415	1,189	10,686
Total Additions (Deductions)	7,764	12,310	25,900	142,699	29,572	8,131	2,031	24,936	4,495	25,424
Deductions from net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(29,633)	(27,609)	(38,605)	(42,243)	(26,621)	(9,335)	(6,285)	(18,094)	(9,095)	(25,259)
Loan Withdrawals	-	-	-	-	-	-	-	-	-	-
Total Deductions	(29,633)	(27,609)	(38,605)	(42,243)	(26,621)	(9,335)	(6,285)	(18,094)	(9,095)	(25,259)
Transfers and Forfeitures	(38)	3,421	(594)	(7,618)	11,483	(1)	(1,463)	(9,201)	(1,406)	(12,433)
Net Increase (Decrease)	(21,907)	(11,878)	(13,299)	92,838	14,434	(1,205)	(5,717)	(2,359)	(6,006)	(12,268)
Net Assets Available for Plan Benefits:										
Beginning of the Year	53,939	38,790	89,000	280,506	89,586	18,326	13,831	78,804	21,095	124,652
End of Year	$ 32,032	$ 26,912	$ 75,701	$ 373,344	$ 104,020	$ 17,121	$ 8,114	$ 76,445	$ 15,089	$ 112,384

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NOTE 9 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2009									
	Fidelity Advisor Balanced Fund	AIM SM CAP GR Fund	Federated High Yield	Franklin Small CAP Fund	American Century Income and Growth	American Century Government IC Fund	Oppenheimer Strategic Income Fund	Oppenheimer Capital Appreciation Fund	Nationwide Fund	PIMCO Total Return Fund
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ 8,222	$ 21,940	$ 9,317	$ 6,526	$ (1,249)	$ 515	$ 4,587	$ 5,956	$ 4,430	$ 14,153
Interest Income	94	30	172	61	215	155	128	11	47	57
Total Investment Income (Loss)	8,316	21,970	9,489	6,587	(1,034)	670	4,715	5,967	4,477	14,210
Contributions:										
Employer's Contributions	8,241	8,241	6,140	737	7,817	7,452	4,345	5,448	8,062	7,809
Employee Contribution	-	5,850	-	-	75	4,360	-	-	-	(14)
Participant Loan Repayment	218	45	308	53	501	271	452	14	81	235
Total Contributions	8,459	14,136	6,448	790	8,393	12,083	4,797	5,462	8,143	8,030
Total Additions (Deductions)	16,775	36,106	15,937	7,377	7,359	12,753	9,512	11,429	12,620	22,240
Deductions from net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(15,977)	(14,623)	(17,616)	(3,134)	(19,624)	(29,370)	(13,889)	(11,222)	(27,386)	(44,606)
Loan Withdrawals	-	-	-	-	-	-	-	-	-	-
Total Deductions	(15,977)	(14,623)	(17,616)	(3,134)	(19,624)	(29,370)	(13,889)	(11,222)	(27,386)	(44,606)
Transfers and Forfeitures	(15,484)	(16,988)	(9,858)	(12)	(6,733)	(3,174)	(81)	(2,507)	(900)	90,678
Net Increase (Decrease)	(14,686)	4,495	(11,537)	4,231	(18,998)	(19,791)	(4,458)	(2,300)	(15,666)	68,312
Net Assets Available for Plan Benefits:										
Beginning of the Year	58,028	89,035	31,121	19,138	48,202	100,371	24,294	22,394	39,305	82,255
End of Year	$ 43,342	$ 93,530	$ 19,584	$ 23,369	$ 29,204	$ 80,580	$ 19,836	$ 20,094	$ 23,639	$ 150,567

See Accompanying Independent Auditor's Report

NOTE 9 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2009									
	WFAF Small Cap Value Fund	Franklin Mutual Shares Fund	Vankampan Common Stock Fund	AIM Dynamics Fund	BOA Short Term Ind. Fixed	Fidelity Adv. Equity Income Fund Class A	Janus Adv. Bal. Fund	Janus Adv. Forty Fund	Janus Balanced Fund	Oppenheimer Champion Income Fund
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ 13,125	$ 2,434	$ 3,786	$ 32,206	$ (1,403)	$ 3,762	$ 1,282	$ 13,834	$ 4,463	$ 3,093
Interest Income	22	152	36	267	1,376	11	4	114	22	11
Total Investment Income (Loss)	13,147	2,586	3,822	32,473	(27)	3,773	1,286	13,948	4,485	3,104
Contributions:										
Employer's Contributions	6,893	8,275	3,677	9,682	25,335	5,772	5,104	8,280	4,400	12,943
Employee Contribution	-	-	(4)	7,496	1,060	-	(11)	2,600	-	108
Participant Loan Repayment	26	469	68	874	3,637	14	177	512	56	14
Total Contributions	6,919	8,744	3,741	18,052	30,032	5,786	5,270	11,392	4,456	13,065
Total Additions (Deductions)	20,066	11,330	7,563	50,525	30,005	9,559	6,556	25,340	8,941	16,169
Deductions from net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(17,952)	(22,021)	(12,030)	(21,514)	(76,508)	(17,646)	(17,901)	(9,530)	(10,454)	(8,821)
Loan Withdrawals	-	-	-	-	-	-	-	-	-	-
Total Deductions	(17,952)	(22,021)	(12,030)	(21,514)	(76,508)	(17,646)	(17,901)	(9,530)	(10,454)	(8,821)
Transfers and Forfeitures	(26,207)	(10,183)	8,864	(17,512)	(28)	(4,850)	(32,511)	(14,458)	31,490	(2,112)
Net Increase (Decrease)	(24,093)	(20,874)	4,397	11,499	(46,531)	(12,937)	(43,856)	1,352	29,977	5,236
Net Assets Available for Plan Benefits:										
Beginning of the Year	71,217	53,452	26,260	116,136	129,529	30,778	43,856	51,136	-	14,992
End of Year	$ 47,124	$ 32,578	$ 30,657	$ 127,635	$ 82,998	$ 17,841	$ -	$ 52,488	$ 29,977	$ 20,228

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NOTE 9 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2009									
	Pioneer High Yield Fund A	Nationwide Government Bond Fund	Nationwide Inv Des MODSC	Nationwide Inv Des MODCONS SC	Nationwide Inv Des MODAGGR SC	Nationwide Inv Des CONS SC	Nationwide Inv Des AGGR SC	Nationwide Money Market Fund	Other Assets	Total
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ 3,387	$ 371	$ 141	$ 226	$ 16,645	$ 609	$ 1,494	$ (61,973)	$ -	$ 322,457
Interest Income	-	15	-	-	-	172	-	2,471	-	6,259
Total Investment Income (Loss)	3,387	386	141	226	16,645	781	1,494	(59,502)	-	328,716
Contributions:										
Employer's Contributions	4,391	13,265	392	1,084	4,809	4,031	345	127,428	(3,081)	366,500
Employee Contribution	-	530	45	-	2,695	530	-	13,628	344	50,710
Participant Loan Repayment	-	51	-	-	-	549	-	8,751	(18,843)	-
Total Contributions	4,391	13,846	437	1,084	7,504	5,110	345	149,807	(21,580)	417,210
Total Additions (Deductions)	7,778	14,232	578	1,310	24,149	5,891	1,839	90,305	(21,580)	745,926
Deductions from net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(5,548)	(29,115)	(3,195)	(1,902)	(1,119)	(38,512)	(2,444)	(885,229)	(33,677)	(1,645,344)
Loan Withdrawals	-	-	-	-	-	-	-	-	-	-
Total Deductions	(5,548)	(29,115)	(3,195)	(1,902)	(1,119)	(38,512)	(2,444)	(885,229)	(33,677)	(1,645,344)
Transfers and Forfeitures	(205)	5,304	(1,900)	(2)	(4,795)	(72)	(8,653)	60,847	(108)	-
Net Increase (Decrease)	2,025	(9,579)	(4,517)	(594)	18,235	(32,693)	(9,258)	(734,077)	(55,365)	(899,418)
Net Assets Available for Plan Benefits:										
Beginning of the Year	9,762	45,661	8,461	5,097	72,382	39,762	29,016	2,102,990	158,092	4,331,251
End of Year	$ 11,787	$ 36,082	$ 3,944	$ 4,503	$ 90,617	$ 7,069	$ 19,758	$ 1,368,913	$ 102,727	$ 3,431,833

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NOTE 9 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2008									
	Dreyfus A Bonds Plus Fund	Dreyfus Intmd Trm A Fund	Fidelity Advisor Growth Opp Fund	Janus Fund	Janus Twenty Fund	Janus WorldWide	Virtus Balanced Fund	N & B Guardian Trust	Templeton Foreign	Credit Suisse Emerging Growth
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ (826)	$ (5,412)	$ (59,628)	$ (69,182)	$ (193,730)	$ (71,826)	$ (10,239)	$ (12,388)	$ (68,514)	$ (13,046)
Interest Income	90	74	163	259	267	332	169	-	322	137
Total Investment Income (Loss)	(736)	(5,338)	(59,465)	(68,923)	(193,463)	(71,494)	(10,070)	(12,388)	(68,192)	(12,909)
Contributions:										
Employer's Contributions	3,485	6,443	12,823	13,879	47,376	20,122	7,976	984	18,947	3,341
Employee Contributions	50	350	-	-	9,466	200	-	390	-	-
Participant Loan Repayment	178	156	1,320	1,300	1,573	2,313	461	-	1,564	275
Total Contributions	3,713	6,949	14,143	15,179	58,415	22,635	8,437	1,374	20,511	3,616
Total Additions (Deductions)	2,977	1,611	(45,322)	(53,744)	(135,048)	(48,859)	(1,633)	(11,014)	(47,681)	(9,293)
Deductions from net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(986)	(17,498)	(3,371)	(8,760)	(21,075)	(7,589)	(9,080)	(11,250)	(13,868)	(1,744)
Loan Withdrawals	-	-	-	-	-	-	-	-	-	-
Total Deductions	(986)	(17,498)	(3,371)	(8,760)	(21,075)	(7,589)	(9,080)	(11,250)	(13,868)	(1,744)
Transfers and Forfeitures	(79,170)	69,826	(16,000)	(23,407)	328	(13,897)	(7,217)	(1,299)	(20,502)	(904)
Net Increase (Decrease)	(77,179)	53,939	(64,693)	(85,911)	(155,795)	(70,345)	(17,930)	(23,563)	(82,051)	(11,941)
Net Assets Available for Plan Benefits:										
Beginning of the Year	77,179	-	103,483	174,911	436,301	159,931	36,256	37,394	160,855	33,036
End of Year	$ -	$ 53,939	$ 38,790	$ 89,000	$ 280,506	$ 89,586	$ 18,326	$ 13,831	$ 78,804	$ 21,095

NOTE 9 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2008									
	Dreyfus Index Fund	Fidelity Advisor Balanced Fund	AIM SM CAP GR Fund	Federated High Yield	Franklin Small CAP Fund	American Century Income and Growth	American Century Government IC Fund	Oppenheimer Strategic Income Fund	Oppenheimer Capital Appreciation Fund	Nationwide Fund
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ (68,166)	$ (23,060)	$ (54,639)	$ (11,623)	$ (14,266)	$ (17,701)	$ 2,607	$ (6,227)	$ (18,902)	$ (26,958)
Interest Income	191	129	53	310	137	317	266	212	25	139
Total Investment Income (Loss)	(67,975)	(22,931)	(54,586)	(11,313)	(14,129)	(17,384)	2,873	(6,015)	(18,877)	(26,819)
Contributions:										
Employer's Contributions	26,653	14,685	16,397	10,227	4,087	12,884	16,056	8,929	13,476	15,464
Employee Contribution	1,264	-	7,640	-	-	780	4,720	-	-	-
Participant Loan Repayment	1,762	315	448	1,116	275	1,458	589	663	284	2,825
Total Contributions	29,679	15,000	24,485	11,343	4,362	15,122	21,365	9,592	13,760	18,289
Total Additions (Deductions)	(38,296)	(7,931)	(30,101)	30	(9,767)	(2,262)	24,238	3,577	(5,117)	(8,530)
Deductions from net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(9,672)	(5,378)	(6,450)	(3,549)	(2,094)	(8,094)	(20,679)	(9,723)	(7,006)	(4,486)
Loan Withdrawals	-	-	-	-	-	-	-	-	-	-
Total Deductions	(9,672)	(5,378)	(6,450)	(3,549)	(2,094)	(8,094)	(20,679)	(9,723)	(7,006)	(4,486)
Transfers and Forfeitures	(8,517)	15,846	(151)	(3,269)	(1)	3,287	9,893	(3,295)	(968)	(3,182)
Net Increase (Decrease)	(56,485)	2,537	(36,702)	(6,788)	(11,862)	(7,069)	13,452	(9,441)	(13,091)	(16,198)
Net Assets Available for Plan Benefits:										
Beginning of the Year	181,137	55,491	125,737	37,909	31,000	55,271	86,919	33,735	35,485	55,503
End of Year	$ 124,652	$ 58,028	$ 89,035	$ 31,121	$ 19,138	$ 48,202	$ 100,371	$ 24,294	$ 22,394	$ 39,305

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NOTE 9 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2008									
	PIMCO Total Return Fund	WFAF Small Cap Value Fund	Franklin Mutual Shares Fund	Vankampan Common Stock Fund	AIM Dynamics Fund	BOA Short Term Ind. Fixed	Fidelity Adv. Equity Income Fund Class A	Janus Adv. Bal. Fund	Janus Adv. Forty Fund	Oppenheimer Champion Income Fund
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ 1,202	$ (39,263)	$(37,542)	$ (16,089)	$ (92,010)	$ 200	$ (20,725)	$ (7,928)	$ (36,985)	$ (47,794)
Interest Income	107	42	297	65	346	2,041	23	82	236	26
Total Investment Income (Loss)	1,309	(39,221)	(37,245)	(16,024)	(91,664)	2,241	(20,702)	(7,846)	(36,749)	(47,768)
Contributions:										
Employer's Contributions	18,136	16,214	23,020	11,211	23,347	47,242	11,696	14,822	19,017	18,031
Employee Contribution	216	-	-	108	9,708	800	-	216	2,550	1,494
Participant Loan Repayment	721	559	1,660	354	2,170	5,663	244	902	1,941	310
Total Contributions	19,073	16,773	24,680	11,673	35,225	53,705	11,940	15,940	23,508	19,835
Total Additions (Deductions)	20,382	(22,448)	(12,565)	(4,351)	(56,439)	55,946	(8,762)	8,094	(13,241)	(27,933)
Deductions from net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(12,882)	(7,816)	(15,728)	(9,968)	(10,581)	(15,094)	(2,877)	(9,794)	(10,727)	(1,185)
Loan Withdrawals	-	-	-	-	-	-	-	-	-	-
Total Deductions	(12,882)	(7,816)	(15,728)	(9,968)	(10,581)	(15,094)	(2,877)	(9,794)	(10,727)	(1,185)
Transfers and Forfeitures	17,029	(3,288)	(3,024)	(5,160)	13,950	(298)	(264)	(3,419)	(17,247)	(3,677)
Net Increase (Decrease)	24,529	(33,552)	(31,317)	(19,479)	(53,070)	40,554	(11,903)	(5,119)	(41,215)	(32,795)
Net Assets Available for Plan Benefits:										
Beginning of the Year	57,726	104,769	84,769	45,739	169,206	88,975	42,681	48,975	92,351	47,787
End of Year	$ 82,255	$ 71,217	$ 53,452	$ 26,260	$ 116,136	$ 129,529	$ 30,778	$ 43,856	$ 51,136	$ 14,992

See Accompanying Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 9 - Statement of Changes in Net Assets Available for Plan Benefits with Fund Information (Cont.)

	Participant Directed For the Year Ended December 31, 2008									
	Pioneer High Yield Fund A	Nationwide Government Bond Fund	Nationwide Inv Des MODSC	Nationwide Inv Des MODCONS SC	Nationwide Inv Des MODAGGR SC	Nationwide Inv Des CONS SC	Nationwide Inv Des AGGR SC	Nationwide Money Market Fund	Other Assets	Total
Investment Income (Loss):										
Net Appreciation (Depreciation) in Fair Value Investments	$ (6,914)	$ 2,336	$ (2,797)	$ (858)	$ (30,601)	$ (3,279)	$ (12,527)	$ 7,988	$ -	$(1,087,312)
Interest Income	15	35	-	-	-	1,136	-	3,790	-	11,833
Total Investment Income (Loss)	(6,899)	2,371	(2,797)	(858)	(30,601)	(2,143)	(12,527)	11,778	-	(1,075,479)
Contributions:										
Employer's Contributions	7,084	14,608	4,268	2,003	17,919	13,198	2,374	273,099	(258,718)	552,805
Employee Contribution	-	400	758	-	6,828	1,850	-	16,658	-	66,446
Participant Loan Repayment	436	655	-	-	-	3,057	-	18,319	(55,866)	-
Total Contributions	7,520	15,663	5,026	2,003	24,747	18,105	2,374	308,076	(314,584)	619,251
Total Additions (Deductions)	621	18,034	2,229	1,145	(5,854)	15,962	(10,153)	319,854	(314,584)	(456,228)
Deductions from net Assets Attributed to:										
Distributions and Expenses Allocated to Participants	(10,081)	(6,342)	(1,233)	(30)	(41)	(12,419)	(12)	(257,297)	14,561	(541,898)
Loan Withdrawals	-	-	-	-	-	-	-	-	-	-
Total Deductions	(10,081)	(6,342)	(1,233)	(30)	(41)	(12,419)	(12)	(257,297)	14,561	(541,898)
Transfers and Forfeitures	(908)	(2,686)	(5,899)	(534)	(4,727)	(1)	400	102,352	-	-
Net Increase (Decrease)	(10,368)	9,006	(4,903)	581	(10,622)	3,542	(9,765)	164,909	(300,023)	(998,126)
Net Assets Available for Plan Benefits:										
Beginning of the Year	20,130	36,655	13,364	4,516	83,004	36,220	38,781	1,938,081	458,115	5,329,377
End of Year	$ 9,762	$ 45,661	$ 8,461	$ 5,097	$ 72,382	$ 39,762	$ 29,016	$ 2,102,990	$ 158,092	$ 4,331,251

See Accompanying Independent Auditor's Report

SUPPLEMENTARY FINANCIAL INFORMATION

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2009

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
Dreyfus A Bonds Plus	$ -	$ -	$ -	$ -	0.00%
Dreyfus Intermediate Term Inc A Fund	53,939	32,032	42,986	3,971	9.24%
Fidelity Advisor Growth	38,790	26,912	32,851	9,190	27.97%
Janus Fund	89,000	75,701	82,351	22,479	27.30%
Janus Twenty Fund	280,506	373,344	326,925	107,622	32.92%
Janus Worldwide Fund	89,586	104,020	96,803	23,522	24.30%
Virtus Balanced	18,326	17,121	17,724	2,558	14.43%
Neuberger & Berman Guardian Trust	13,831	8,114	10,973	1,845	16.81%
Templeton Foreign Fund	78,804	76,445	77,625	21,469	27.66%
Credit Suisse Emerging Growth Fund	21,095	15,089	18,092	3,245	17.94%
Dreyfus S&P 500 Index Fund	124,652	112,384	118,518	14,677	12.38%
Fidelity Advisor Balanced Fund	58,028	43,342	50,685	8,222	16.22%
AIM Sm Cap Growth Fund	89,035	93,530	91,283	21,940	24.04%
Federated High Yield	31,121	19,584	25,353	9,317	36.75%
Franklin Small Cap Growth Fund	19,138	23,369	21,254	6,526	30.70%
American Century Income And Growth F	48,202	29,204	38,703	(1,249)	(3.23%)
American Century Government Fund	100,371	80,580	90,476	515	0.57%
Oppenheimer Strategic Income Fund	24,294	19,836	22,065	4,587	20.79%
Oppenheimer Capital Appreciation Fund	22,394	20,094	21,244	5,956	28.04%
Nationwide Fund	39,305	23,639	31,472	4,430	14.08%
Pimco Total Return Fund	82,255	150,567	116,411	14,153	12.16%

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2009

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
WFAF Small Capital Value Fund	71,217	47,124	59,171	13,125	22.18%
Franklin Mutual Shares Fund	53,452	32,578	43,015	2,434	5.66%
Vankampen Common Stock Fund	26,260	30,657	28,459	3,786	13.30%
AIM Dynamics Fund	116,136	127,635	121,886	32,206	26.42%
BOA Short Term Index Fund	129,529	82,998	106,264	(1,403)	(1.32%)
Fidelity Advisor Equity Income Fund Cla	30,778	17,841	24,310	3,762	15.48%
Janus Advisor Balance Fund	43,856	-	21,928	1,282	5.85%
Janus Advisor Forty Fund	51,136	52,488	51,812	13,834	26.70%
Janus Balanced Fund	-	29,977	14,989	4,463	29.78%
Oppenheimer Champion Income Fund	14,992	20,228	17,610	3,093	17.56%
Pioneer High Yield Fund A	9,762	11,787	10,775	3,387	31.43%
Nationwide Government Bond Fund	45,661	36,082	40,872	371	0.91%
Nationwide Inv Des MOD SC	8,461	3,944	6,203	141	2.27%
Nationwide Inv Des MODCONS SC	5,097	4,503	4,800	226	4.71%
Nationwide Inv Des MODAGGR SC	72,382	90,617	81,500	16,645	20.42%
Nationwide Inv Des CONS SC	39,762	7,069	23,416	609	2.60%
Nationwide Inv Des AGGR SC	29,016	19,758	24,387	1,494	6.13%
Nationwide Money Market Fund	2,102,990	1,368,913	1,735,952	(61,973)	(3.57%)
	$4,173,159	$3,329,106	$3,751,143	$ 322,457	-(8.60%)

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2008

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
Dreyfus A Bonds Plus	$ 77,179	$ -	$ 38,590	$ (826)	(2.14%)
Dreyfus Intermediate Term Inc A Fund	-	53,939	26,970	(5,412)	(20.07%)
Fidelity Advisor Growth	103,483	38,790	71,137	(59,628)	(83.82%)
Janus Fund	174,911	89,000	131,956	(69,182)	(52.43%)
Janus Twenty Fund	436,301	280,506	358,404	(193,730)	(54.05%)
Janus Worldwide Fund	159,931	89,586	124,759	(71,826)	(57.57%)
Virtus Balanced	36,256	18,326	27,291	(10,239)	(37.52%)
Neuberger & Berman Guardian Trust	37,394	13,831	25,613	(12,388)	(48.37%)
Templeton Foreign Fund	160,855	78,804	119,830	(68,514)	(57.18%)
Credit Suisse Emerging Growth Fund	33,036	21,095	27,066	(13,046)	(48.20%)
Dreyfus S&P 500 Index Fund	181,137	124,652	152,895	(68,166)	(44.58%)
Fidelity Advisor Balanced Fund	55,491	58,028	56,760	(23,060)	(40.63%)
AIM Sm Cap Growth Fund	125,737	89,035	107,386	(54,639)	(50.88%)
Federated High Yeild	37,909	31,121	34,515	(11,623)	(33.68%)
Franklin Small Cap Growth Fund	31,000	19,138	25,069	(14,266)	(56.91%)
American Century Income And Growth F	55,271	48,202	51,737	(17,701)	(34.21%)
American Century Government Fund	86,919	100,371	93,645	2,607	2.78%
Oppenheimer Strategic Income Fund	33,735	24,294	29,015	(6,227)	(21.46%)
Oppenheimer Capital Appreciation Fund	35,485	22,394	28,940	(18,902)	(65.31%)
Nationwide Fund	55,503	39,305	47,404	(26,958)	(56.87%)
Pimco Total Return Fund	57,726	82,255	69,991	1,202	1.72%

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF RETURN ON INVESTMENTS
For the Year Ending December 31, 2008

Investment	Balance at Beginning of Year	Balance at End of Year	Average Value of Investment	Investment Income (Loss) for Year	Return on Investment
WFAF Small Capital Value Fund	104,769	71,217	87,993	(39,263)	(44.62%)
Franklin Mutual Shares Fund	84,769	53,452	69,111	(37,542)	(54.32%)
Vankampen Common Stock Fund	45,739	26,260	36,000	(16,089)	(44.69%)
AIM Dynamics Fund	169,206	116,136	142,671	(92,010)	(64.49%)
BOA Short Term Index Fund	88,975	129,529	109,252	200	0.18%
Fidelity Advisor Equity Income Fund Cla	42,681	30,778	36,730	(20,725)	(56.43%)
Janus Advisor Balance Fund	48,975	43,856	46,416	(7,928)	(17.08%)
Janus Advisor Forty Fund	92,351	51,136	71,744	(36,985)	(51.55%)
Oppenheimer Champion Income Fund	47,787	14,992	31,390	(47,794)	(152.26%)
Pioneer High Yield Fund A	20,130	9,762	14,946	(6,914)	(46.26%)
Nationwide Government Bond Fund	36,655	45,661	41,158	2,336	5.68%
Nationwide Inv Des MOD SC	13,364	8,461	10,913	(2,797)	(25.63%)
Nationwide Inv Des MODCONS SC	4,516	5,097	4,807	(858)	(17.85%)
Nationwide Inv Des MODAGGR SC	83,004	72,382	77,693	(30,601)	(39.39%)
Nationwide Inv Des CONS SC	36,220	39,762	37,991	(3,279)	(8.63%)
Nationwide Inv Des AGGR SC	38,781	29,016	33,899	(12,527)	(36.95%)
Nationwide Money Market Fund	1,938,081	2,102,990	2,020,536	7,988	0.40%
	$4,871,262	$4,173,159	$4,522,223	$ (1,087,312)	(24.04%)

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

IRS Form 5500, Schedule H, Line 4i
EIN: 33-0084251
PLAN: 002
December 31, 2009

(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
Nationwide Life Insurance Company:			
Dreyfus A Bonds Plus	Mutual Funds Invested in Government Bonds	$ -	$ -
Dreyfus Intermediate Term Inc A Fund	Mutual Funds Invested in Common Stock	33,129	32,032
Fidelity Advisor Growth	Mutual Funds Invested in Common Stock	38,978	26,912
Janus Fund	Mutual Funds Invested in Common Stock	91,402	75,701
Janus Twenty Fund	Mutual Funds Invested in Government Bonds	302,448	373,344
Janus Worldwide Fund	Mutual Funds Invested in Common Stock	122,146	104,020
Virtus Balanced	Mutual Funds Invested in Common Stock	13,334	17,121
Neuberger & Berman Guardian Trust	Mutual Funds Invested in Common Stock	4,443	8,114
Templeton Foreign Fund	Mutual Funds Invested in Common Stock	60,991	76,445
Credit Suisse Emerging Growth Fund	Mutual Funds Invested in Common Stock	11,227	15,089
Dreyfus S&P 500 Index Fund	Mutual Funds Invested in Common Stock	103,381	112,384
Fidelity Advisor Balanced Fund	Mutual Funds Invested in Common Stock	42,475	43,342
AIM Sm Cap Growth Fund	Mutual Funds Invested in Small Capital Group Fund	117,669	93,530
Federated High Yeild	Mutual Funds Invested in Common Stock	20,718	19,584

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

IRS Form 5500, Schedule H, Line 4i
EIN: 33-0084251
PLAN: 002
December 31, 2009

(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
Franklin Small Cap Growth Fund	Mutual Funds Invested in Common Stock	11,773	23,369
American Century Income And Growth Fund	Mutual Funds Invested in Government Bonds	35,173	29,204
American Century Government Fund	Mutual Funds Invested in Government Bonds	74,724	80,580
Oppenheimer Strategic Income Fund	Mutual Funds Invested in Common Stock	14,925	19,836
Oppenheimer Capital Appreciation Fund	Mutual Funds Invested in Common Stock	28,948	20,094
Nationwide Fund	Mutual Funds Invested in Common Stock	38,289	23,639
Pimco Total Return Fund	Mutual Funds Invested in Common Stock	131,045	150,567
WFAF Small Capital Value Fund	Mutual Funds Invested in Common Stock	38,254	47,124
Franklin Mutual Shares Fund	Mutual Funds Invested in Common Stock	52,142	32,578
Vankampen Common Stock Fund	Mutual Funds Invested in Common Stock	38,255	30,657
AIM Dynamics Fund	Mutual Funds Invested in Common Stock	164,677	127,635
BOA Short Term Index Fund	Mutual Funds Invested in Common Stock	78,582	82,998
Fidelity Advisor Equity Income Fund Class A	Mutual Funds Invested in Common Stock	27,901	17,841
Janus Advisor Balance Fund	Mutual Funds Invested in Common Stock	-	-
Janus Advisor Forty Fund	Mutual Funds Invested in Common Stock	53,009	52,488

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

IRS Form 5500, Schedule H, Line 4i
EIN: 33-0084251
PLAN: 002
December 31, 2009

(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(D) Cost	(E) Current Value
Janus Balanced Fund	Mutual Funds Invested in Common Stock	25,492	29,977
Oppenheimer Champion Income Fund	Mutual Funds Invested in Common Stock	62,550	20,228
Pioneer High Yield Fund A	Mutual Funds Invested in Common Stock	13,877	11,787
Nationwide Government Bond Fund	Mutual Funds Invested in Common Stock	31,781	36,082
Nationwide Inv Des MOD SC	Mutual Funds Invested in Common Stock	6,278	3,944
Nationwide Inv Des MODCONS SC	Mutual Funds Invested in Common Stock	4,976	4,503
Nationwide Inv Des MODAGGR SC	Mutual Funds Invested in Common Stock	90,701	90,617
Nationwide Inv Des CONS SC	Mutual Funds Invested in Common Stock	6,217	7,069
Nationwide Inv Des AGGR SC	Mutual Funds Invested in Common Stock	27,430	19,758
Nationwide Money Market Fund	Money Market Fund	1,338,917	1,368,913
Investment in Pooled Separate Accounts		3,358,257	3,329,106
Participant Loans	6.5% - 9.25%	-	75,173
		$ 3,358,257	$ 3,404,279

See Accompanying Notes and Independent Auditor's Report

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Hillcrest Contracting, Inc. 401(k) Profit Sharing Plan

Employer Identification Number:► 33-0084251

For plan year (beginning/ending):► 1/1/2009 Plan number:► 40,178

(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
	Nationwide	Dreyfus Intermediate Term Inc A	33,129	32,032
	Nationwide	Fidelirt Advisor Growth	38,978	26,912
	Nationwide	Janus	91,402	75,701
	Nationwide	Janus Twenty	302,448	373,344
	Nationwide	Janus Worldwide	122,146	104,020
	Nationwide	Virtus Balanced	13,334	17,121
	Nationwide	Neuberger & Berman Guardian	4,443	8,114
	Nationwide	Templeton Foreign	60,991	76,445
	Nationwide	Credit Suisse Emerging Growth	11,227	15,089
	Nationwide	Dreyfuss S&P 500 Index	103,381	112,384
	Nationwide	Fidelity Advisor Balanced	42,475	43,342
	Nationwide	AIM Small Cap	117,669	93,530
	Nationwide	Federated High Yield	20,718	19,584
	Nationwide	Franklin Small Cap	11,773	23,369
	Nationwide	American Century Income & Growth	35,173	29,204
	Nationwide	American Century Government	74,724	80,580
	Nationwide	Oppenheimer Strategic Income	14,925	19,836
	Nationwide	Oppenheimer Capital Appreciaton	28,948	20,094
	Nationwide	Nationwide	38,289	23,639
	Nationwide	Pimco Total Return	131,045	150,567
	Nationwide	WFAF Small Capital Value	38,254	47,124
	Nationwide	Franklin Mutual Shares	52,142	32,578
	Nationwide	Van Kampen Common Stock	38,255	30,657
	Nationwide	AIM Dynamics	164,677	127,635
	Nationwide	BOA Short Term Index	78,582	82,998
	Nationwide	Fidelity Advisor Equity Income	27,901	17,841
	Nationwide	Janus Advisor Forty	53,009	52,488
	Nationwide	Janus Balanced	25,492	29,977
	Nationwide	Oppenheimer Champion Income	62,550	20,228
	Nationwide	Pioneer High Yield	13,877	11,787
	Nationwide	Nationwide Government Bond	31,781	36,082
	Nationwide	Nationwide Inv Des MOD SC	6,278	3,944
	Nationwide	Nationwide Inv Des MODCONS SC	4,976	4,503
	Nationwide	Nationwide Inv Des MODAGGR SC	90,701	90,617
	Nationwide	Nationwide Inv Des CONS SC	6,217	7,069
	Nationwide	Nationwide Inv Des AGGR SC	27,430	19,758
	Nationwide	Nationwide Money Market	1,338,917	1,368,913