Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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. 401(K) 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; include room or suite number (employer, if for a single-employer plan)

HILLCREST CONTRACTING, INC.

P.O. BOX 1898
CORONA, CA 92878

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.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	127
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**	121
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	164
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	164
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	144
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	[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)	[ ]		**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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HILLCREST CONTRACTING, INC. 401(K) 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

MASSACHUSETTS MUTUAL 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
04-1590850	65935	RM-85292-1	0	01/01/2013	01/03/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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

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

(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	

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	0		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below)	**7c(5)**	0		
	▶				
	(6)Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	0		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	0		
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

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 organizations(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)**	0		
(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)**	0		
(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)**	
(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 line **9c(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, line 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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0084251

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348-000	P	2

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX SIGNAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348-000	P	33499

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSET MANAGER 85 PERCENT

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348-000	P	546

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED INDEX INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348-000	P	352

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED INDEX SIGNAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348-000	P	99722

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED EQUITY INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348-000	P	1396

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEND GROWTH

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348-000	P	28887

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEND GROWTH INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32720
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS DEBT R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35673
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38801
a Name of MTIA, CCT, PSA, or 103-12 IE: EXPLORER NVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1997
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED MARKET INDEX FUND INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5038
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED MARKET INDEX SIGNAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9435
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1102
a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED-INTEREST OPTION INSTITUTIONAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2626986
a Name of MTIA, CCT, PSA, or 103-12 IE: FOUR-IN-ONE INDEX		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1085
a Name of MTIA, CCT, PSA, or 103-12 IE: FREEDOM 2005 FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1033

a Name of MTIA, CCT, PSA, or 103-12 IE: FREEDOM 2015 FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1048
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9437
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL GROWTH R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1084
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE SECURITIES I		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22062
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL STOCK FUND I		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45816
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH INDEX SIGNAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32953
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERM-TERM INVESTMENT GRADE INVEST		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50602
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL DIVERSIFICATION R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40770
a Name of MTIA, CCT, PSA, or 103-12 IE: INTM TERM GOVT BOND INDEX ADMR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 822
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP STOCK		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5117

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE-CAP INDEX INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1509
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE-CAP INDEX SIGNAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71593
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY GROWTH INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8341
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY MODERATE GROWTH INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4281
a Name of MTIA, CCT, PSA, or 103-12 IE: LOAN 1		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8108
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG-TERM TREASURY INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16
a Name of MTIA, CCT, PSA, or 103-12 IE: MA INVESTORS GROWTH STOCK R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4797
a Name of MTIA, CCT, PSA, or 103-12 IE: MAGELLEN FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10155
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2540
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH INDEX INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 748

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP INDEX SIGNAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54752
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP VALUE INDEX INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 760
a Name of MTIA, CCT, PSA, or 103-12 IE: MORTGAGE SECURITIES		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 997
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW MILLENNIUM		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5042
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIME OBLIGATIONS A		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37014
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL-CAP GROWTH		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1327
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL-CAP INDEX SIGNAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62255
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL-CAP VALUE INDEX INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 763
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX - INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10316
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36663

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 279
a Name of MTIA, CCT, PSA, or 103-12 IE: TECHNOLOGY R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6169
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET INDEX INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3691
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET INDEX SIGNAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7249
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1269
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4894
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX SIGNAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10504
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. VALUE INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4915
a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1112

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE INDEX SIGNAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46237

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLESLEY INCOME INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77325

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500)

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HILLCREST CONTRACTING, INC. 401(K) 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)		
(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)		8108
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2177237	0
(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)	1629360	1653639
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14448	2626986
(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	3821045	4288733
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3821045	4288733

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)	446270	
	(B) Participants	2a(1)(B)	166941	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		613211
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(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)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4001378	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3805147	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		196231
	(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		248905
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1058347
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	583289	
(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)		583289
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)	7370	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7370
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		590659
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		467688
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ROGER BROWN & CO. **(2)** EIN: 27-5023185

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HILLCREST CONTRACTING, INC. 401(K) 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): 13-3786104

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** 11

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☒ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hillcrest Contracting Inc. 401(k) Profit Sharing Plan

Financial Statements

For the Years Ended December 31, 2013 and 2012

and

Independent Auditor's Report

Hillcrest Contracting Inc. 401(k) Profit Sharing Plan

Financial Statements
For the Years Ended December 31, 2013 and 2012

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Roger A. Brown & Company LLP
2234 E Colorado Blvd Fl 3
Pasadena CA,91107
626-795-5522

To The Plan Administrators of the
Hillcrest Contracting, Inc. 401(k)
Corona, CA

Report on the Financial Statements

We have audited the accompanying financial statements of Hillcrest Contracting, Inc. 401(k), which comprise the statements of net assets available for benefits as of December 31, 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Hillcrest Contracting, Inc. 401(k) as of December 31, 2013, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of the Plan as of December 31, 2012, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Massachusetts Mutual Life Insurance Company, the trustee of the Plan. Their report, dated September 23, 2013, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Roger A. Brown & Company LLP
Certified Public Accountants
October 2, 2014

Hillcrest Contracting, Inc. 401(k)
Statements of Net Assets Available For Plan Benefits
As of December 31, 2013 and 2012

ASSETS

	December 31 2013	December 31 2012
Current Assets		
Cash	17,404	-
Investments (See Note 3)	$ 4,263,221	$ 3,806,597
Total Current Assets	$ 4,280,625	$ 3,806,597
Other Assets		
Receivables:		
Participant Loans	8,108	-
Contributions Receivable - ER	-	808
Unallocated Funds in Guaranteed Investment Account	-	14,448
Total Other Assets	8,108	15,256
Total Assets	$ 4,288,733	$ 3,821,853

LIABILITIES

	2013	2012
Accounts Payable	-	-
Accrued Expenses	-	-
Net Assets Available for Plan Benefits	$ 4,288,733	$ 3,821,853

The accompanying notes are an integral part of these financial statements

Hillcrest Contracting, Inc. 401(k)

Statement of Changes in Net Assets Available For Plan Benefits

	2013	2012
Additions		
Additions to net assets attributed to:		
Investment Income:		
Net appreciation in fair value of investments	$ 424,423	$ 320,868
Dividends	19,905	-
	444,328	320,868
Less Plan Expenses	(7,370)	(16,297)
Total Investment Income	436,958	304,571
Interest income on loans to participants	-	170
Contributions		
Contributions - ER	446,270	362,565
Contributions - EE	166,941	62,276
Total Contributions	613,211	424,841
Total Additions	1,050,169	729,582
Deductions		
Deductions from net assets attributed to:		
Benefits Paid	583,289	244,245
Total Deductions	583,289	244,245
Net Change in Plan Benefits	466,880	485,337
Beginning Net Assets Available For Benefits	3,821,853	3,336,516
Ending Net Assets Available For Benefits	4,288,733	3,821,853

The accompanying notes are an integral part of these financial statements

Hillcrest Contracting Inc. 401(k) Profit Sharing Plan
Notes to the Financial Statements

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.

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 account is credited with the Participant's contributions, employer's contribution, as well as 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.

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. Each Participant receives allocations of Plan earnings based on the Participant's investment allocation. Participants may change their investment options at any time.

Notes Receivable from Participants:
Participants are 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. Loans taken by the participants are treated as directed investments of participants' accounts and repayments are made through payroll deductions. Interest income on loans to participants is reinvested in the Variable Annuity Life Insurance Company contract.

Payment of Benefits:
On termination of service or normal retirement, a Participant may elect to receive 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 nonelective employer contributions. Forfeitures in 2013 and 2012 amounted to $0 and $5,892, respectively.

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.

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.

Investment Valuation and Income Recognition:
The Plan's guaranteed investment contract is valued at contract value (Note 5). 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.

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

Subsequent Events:
Management has evaluated subsequent events through October 3, 2014, the date on which the financial statements were available to be issued.

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

Level 1 Fair Value Measurements:
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Fair Value Measurements:
Inputs to the valuation methodology include

• quoted prices for similar assets or liabilities in active markets;
• quoted prices for identical or similar assets or liabilities in inactive markets;
• inputs other than quoted prices that are observable for the asset or liability; and
• inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements:
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

- Common Stocks, Corporate Bonds and U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

- Mutual Funds: Valued at the quoted net asset value of shares held by the plan at year end.

- Guaranteed Investment Contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. (See Note 5)

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

The following table sets forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual Funds	1,072,685	-	-	1,072,685
Equities & Exchange Traded Funds	563,451	-	-	563,451
Guaranteed Investment Contract	-	2,627,085	-	2,627,085
Total assets at fair value	1,636,136	2,627,085	-	4,263,221

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual Funds	2,177,237	-	-	2,177,237
Guaranteed Investment Contract	-	1,629,360	-	1,629,360
Total assets at fair value	2,177,237	1,629,360	-	3,806,597

4. Investments

The following presents investments at December 31, 2013 and December 31, 2012 that represent 5% or more of the Plan's net assets.

Fund Name	2013	2012
Mass. Mutual Guaranteed Investment	-	1,607,358
PIMCO Total Return Fund	-	192,801
Babson Prm Short-Dur Bond	-	201,146
Alger Capital Appreciation	-	414,489
Fixed Interest Option Institutional	2,627,085	

5. Guaranteed Investment Contract

In 2013 the Plan entered into a fully benefit-responsive guaranteed investment contract with The Variable Annuity Life Insurance Company (VALIC). VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment conract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for plan benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by VALIC, represents contributions made under the contract, plus earnings, less participant 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, 2013 was $2,627,085. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 2%. Such interest rates are reviewed on a quarterly basis for resetting. The average gain for the year ended December 31, 2013 was approximately 5%.

6. 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.

7. Tax Status

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.

The plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations in progress for any tax period. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

8. Investment Risk

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

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 33-0084251, Plan No. 002
December 31, 2013

Description of Issuer, Borrower, Lessor or Similar Party	Price ($)	Principal/Units Held	Market Value
500 Index Investor	170.36	0.009 units	$ 1.53
500 Index Signal	140.72	238.056 units	33,499.24
Adobe Systems Inc.	59.88	182 units	10,897.98
Agilent Technologies Inc.	57.19	148 units	8,464.12
Alexion Pharmaceuticals, Inc.	132.88	44 units	5,846.90
Amazon.com Inc.	398.79	27 units	10,767.33
ARM Holdings plc	54.73	207 units	11,329.32
Asset Manager 85 percent	17.11	31.921 units	546.17
B/E Aerospace Inc.	87.03	76 units	6,614.28
Balanced Index Investor	27.53	12.769 units	351.53
Balanced Index Signal	27.23	3662.215 units	99,722.11
Bank of America Corporation	15.57	509 units	7,925.13
Cash	1.00	17503.10 units	17,404.10
CBS Corporation	63.74	171 units	10,899.54
Cerner Corporation	55.74	166 units	9,252.84
Chipotle Mexican Grill, Inc.	532.78	12 units	6,393.36
Consumer Discret Sel Sect SPDR ETF	66.83	270 units	18,044.10
CVS Health Corporation	71.57	96 units	6,870.72
Diversified Equity Investor	30.55	45.694 units	1,395.95
Dividend Growth	35.39	816.237 units	28,886.63
Dividend Growth Investor	21.36	1531.821 units	32,719.70
Dollar Tree, Inc.	56.42	165 units	9,309.30
Emerging Markets Debt R4	14.56	2450.066 units	35,672.96
Equity Income Investor	29.76	1303.786 units	38,800.67
Explorer Investor	103.40	19.316 units	1,997.27
Express Scripts Holding Company	70.24	134 units	9,412.16
Extended Market Index Fund Inv	62.76	80.272 units	5,037.87
Extended Market Index Signal	53.92	174.982 units	9,435.03
Facebook, Inc.	54.65	98 units	5,355.60
Fidelity Fund	42.65	25.837 units	1,101.95
Fidelity National Information Services, Inc.	53.68	201 units	10,789.68
Financial Select Sector SPDR ETF	21.86	390 units	8,525.40
First Trust Dow Jones Internet ETF	59.86	550 units	32,923.00
First Trust ISE Financials Aphadex Fund	21.74	152 units	3,304.48
Fixed-Interest Option Institutional	1.06	Average Effective Annual Yield - 1.05%	2,627,085.45
Flowserve Corp.	78.83	141 units	11,115.03
FMC Corp.	75.46	120 units	9,055.20
Four-in-One Index	35.64	30.445 units	1,085.06
Freedom 2005 Fund	11.85	87.176 units	1,033.04
Freedom 2015 Fund	12.75	82.218 units	1,048.28
Gilead Sciences Inc.	75.10	157 units	11,790.70
Gilead Sciences Inc.	75.10	172 units	12,917.20
Global Equity Investor	23.47	402.103 units	9,437.36
Global Growth R4	33.82	32.046 units	1,083.80
Global Real Estate Securities I	8.10	2723.686 units	22,061.86
Global Stock Fund I	18.32	2500.852 units	45,815.61
Google Inc.	1120.71	14 units	15,689.94

See accompanying independent auditor's report

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 33-0084251, Plan No. 002
December 31, 2013

Description of Issuer, Borrower, Lessor or Similar Party	Price ($)	Principal/Units Held	Market Value
Growth Index Signal	44.32	743.518 units	32,952.72
Hewlett-Packard Company	27.98	190 units	5,316.20
HomeAway, Inc.	40.88	156 units	6,377.28
Interm-Term Investment Grade Investor	9.67	5232.92 units	50,602.34
International Diversification R4	16.53	2466.449 units	40,770.40
International Paper Company	49.03	146 units	7,158.38
Intm Term Govt Bond Index Admr	21.18	38.818 units	822.17
Ishares NASDAQ Biotechnology ETF	227.06	26 units	5,903.56
iShares Russell 1000 Value	94.17	435 units	40,963.95
iShares Russell 2000 Value	99.50	430 units	42,785.00
Large Cap Stock	27.23	187.908 units	5,116.73
Large-Cap Index Investor	34.24	44.065 units	1,508.79
Large-Cap Index Signal	37.34	1917.328 units	71,593.03
LifeStrategy Growth Investor	27.62	301.984 units	8,340.80
LifeStrategy Moderate Growth Inv	23.11	185.262 units	4,281.40
Loan 1	1.00	8108 units	8,108.00
Long-Term Treasury Investor	10.90	1.444 units	15.74
MA Investors Growth Stock R4	22.94	209.106 units	4,796.89
Magellen Fund	92.37	109.934 units	10,154.60
Mid Cap Growth R4	13.88	183.011 units	2,540.19
Mid-Cap Growth Index Inv	35.46	21.1 units	748.21
Mid-Cap Index Signal	42.98	1273.885 units	54,751.58
Mid-Cap Value Index Investor	31.38	24.223 units	760.12
Monsanto Company	116.55	79 units	9,207.45
Monster Beverage Corporation	67.77	136 units	9,216.72
Mortgage Securities	10.95	91.009 units	996.55
New Millenium	39.47	127.752 units	5,042.37
PowerShares QQQ	87.96	130 units	11,434.80
Prime Obligations A	1.00	37013.69 units	37,013.69
Ryder System, Inc.	73.78	108 units	7,968.24
Salesforce.com, Inc	55.19	155 units	8,554.45
Seagate Technology Public Limited Company	56.16	145 units	8,143.20
Select Sector SPDR Trust Consumer DIS Select Inde	66.83	285 units	19,046.55
Select Sector SPDR Trust Consumer Staples Index	42.98	98 units	4,212.04
Select Sector SPDR Trust Energy Select Index	88.51	40 units	3,540.40
Select Sector SPDR Ttrust Financial Select Sector Fu	21.86	425 units	9,290.50
Select Sector SPDR Trust Health Care Select Index	55.44	255 units	14,137.20
Select Sector SPDR Trust Industrial Select Index	52.26	195 units	10,190.70
Select Sector SPDR Trust Materials Select SEC Inde	46.22	120 units	5,546.40
Select Sectr SPDR Trust Technology Select Index	35.74	530 units	18,942.20
Small-Cap Growth Index Inv	34.37	38.595 units	1,326.51
Small-Cap Index Signal	47.49	1310.906 units	62,254.93
Small-Cap Value Index Investor	23.33	32.722 units	763.40
Spartan 500 Index - Inv	65.48	157.55 units	10,316.37

See accompanying independent auditor's report

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 33-0084251, Plan No. 002
December 31, 2013

Description of Issuer, Borrower, Lessor or Similar Party	Price ($)	Principal/Units Held	Market Value
SPDR S&P MIDCAP 400 ETF TRUST	244.20	36 units	8,791.20
SPDR TR S&P 500 ETF TR	184.69	30 units	5,540.70
Starbucks Corporation	78.39	83 units	6,506.37
Strategic Income Fund	10.85	3379.065 units	36,662.86
Target Retirement 2035 Investor	16.98	3.648 units	61.94
Target Retirement 2040 Investor	28.32	9.842 units	278.73
TE Connectivity Ltd.	55.11	186 units	10,250.46
Technology R4	23.42	263.389 units	6,168.57
Tesoro Corporation	58.50	143 units	8,365.50
The Home Depot, Inc.	82.34	111 units	9,139.74
The Nasdaq OMX Group, Inc.	39.80	212 units	8,437.60
The Priceline Group Inc.	1162.40	8 units	9,299.20
Total Bond Market Index Inv	10.56	349.551 units	3,691.26
Total Bond Market Index Signal	10.56	686.444 units	7,248.85
Total Return R4	17.59	72.144 units	1,269.01
Total Stock Market Index Inv	46.67	104.857 units	4,893.68
Total Stock Market Index Signal	45.06	233.102 units	10,503.58
Total System Services, Inc.	33.28	310 units	10,316.80
U.S. Value Investor	15.59	315.296 units	4,915.46
Valero Energy Corporation	50.40	186 units	9,374.40
Value Fund	103.58	10.736 units	1,112.03
Value Index Signal	30.99	1492.003 units	46,237.17
Viacom, Inc.	87.34	82 units	7,161.88
Visa Inc.	222.68	47 units	10,465.96
Wellesley Income Investor	24.85	3111.659 units	77,324.73
			4,288,732.88

See accompanying independent auditor's report

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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. 401(K) 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; include room or suite number (employer, if for a single-employer plan)
HILLCREST CONTRACTING, INC.

P.O. BOX 1898

CORONA, CA 92878

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		10/06/14	Einer 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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	127
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**	121
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	164
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	164
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	144
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2D 2E 2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [ ] **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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HILLCREST CONTRACTING, INC. 401(K) 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

Massachusetts Mutual 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
04-1590850	65935	RM-85292-1	0	01/01/2013	01/03/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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

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

(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	

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	0

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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	0		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below)	**7c(5)**	0		
	▶				
	(6)Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	0		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	0		
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

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 organizations(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)**	0		
(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)**	0		
(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)**	
(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 line **9c(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, line 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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0084251

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348 000	P	2

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX SIGNAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348 000	P	33499

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSET MANAGER 85 PERCENT

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348 000	P	546

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED INDEX INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348 000	P	352

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED INDEX SIGNAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348 000	P	99722

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED EQUITY INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348 000	P	1396

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEND GROWTH

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1625348 000	P	28887

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEND GROWTH INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32720
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS DEBT R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35673
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38801
a Name of MTIA, CCT, PSA, or 103-12 IE: EXPLORER NVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1997
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED MARKET INDEX FUND INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5038
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED MARKET INDEX SIGNAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9435
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1102
a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED-INTEREST OPTION INSTITUTIONAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2626986
a Name of MTIA, CCT, PSA, or 103-12 IE: FOUR-IN-ONE INDEX			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1085
a Name of MTIA, CCT, PSA, or 103-12 IE: FREEDOM 2005 FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1033

a Name of MTIA, CCT, PSA, or 103-12 IE: FREEDOM 2015 FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1048
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9437
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL GROWTH R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1084
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE SECURITIES I			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22062
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL STOCK FUND I			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45816
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH INDEX SIGNAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32953
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERM-TERM INVESTMENT GRADE INVEST			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50602
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL DIVERSIFICATION R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40770
a Name of MTIA, CCT, PSA, or 103-12 IE: INTM TERM GOVT BOND INDEX ADMR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	822
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP STOCK			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5117

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE-CAP INDEX INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1509
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE-CAP INDEX SIGNAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71593
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY GROWTH INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8341
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY MODERATE GROWTH INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4281
a Name of MTIA, CCT, PSA, or 103-12 IE: LOAN 1			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8108
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG-TERM TREASURY INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16
a Name of MTIA, CCT, PSA, or 103-12 IE: MA INVESTORS GROWTH STOCK R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4797
a Name of MTIA, CCT, PSA, or 103-12 IE: MAGELLEN FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10155
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2540
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH INDEX INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	748

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP INDEX SIGNAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54752
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP VALUE INDEX INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	760
a Name of MTIA, CCT, PSA, or 103-12 IE: MORTGAGE SECURITIES			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	997
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW MILLENNIUM			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5042
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIME OBLIGATIONS A			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37014
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL-CAP GROWTH			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1327
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL-CAP INDEX SIGNAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62255
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL-CAP VALUE INDEX INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	763
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX - INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10316
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36663

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62
a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	279
a Name of MTIA, CCT, PSA, or 103-12 IE: TECHNOLOGY R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6169
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET INDEX INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3691
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET INDEX SIGNAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7249
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1269
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4894
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX SIGNAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10504
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. VALUE INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4915
a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1112

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE INDEX SIGNAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46237

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLESLEY INCOME INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77325

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HILLCREST CONTRACTING, INC. 401(K) 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)		
(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)		8108
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2177237	
(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)	1629360	1653639
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14448	2626986
(15) Other	1c(15)		

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		(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	3821045	4288733
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3821045	4288733

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)	446270	
(B) Participants	2a(1)(B)	166941	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		613211
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4001378	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3805147	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		196231
(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)		

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		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		248905
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1058347
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	583289	
(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)		583289
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)	7370	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7370
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		590659
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		467688
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ROGER BROWN & CO. **(2)** EIN: 27-5023185

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

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

Part IV Compliance Questions

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

During the plan year:

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

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			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
HILLCREST CONTRACTING, INC. 401(K) 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): 13-3786104

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** 11

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☒ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reportable Transactions - Conversion Year

Conversion Date January 4, 2013

Plan Investments	Ticker / Symbol	Liquidation Value Transfer In	Conversion Purchase Price	Number of Transactions	5% Reportable Transactions	20% Reportable Transactions
Dreyfus Global Real Estate Securities I	DRLIX		$ 3,530.28	See notes below		
Dreyfus Global Stock I	DGLRX		$ 3,530.28	See notes below		
Fidelity Investments Dividend Growth	FDGFX		$ 3,530.28	See notes below		
Fidelity Investments Large Cap Stock	FLCSX		$ 3,530.28	See notes below		
Fidelity Investments New Millenium	FMILX		$ 3,530.28	See notes below		
First American Funds Prime Obligations A	FIVXX		$ 7,060.80	See notes below		
MFS MA Investors Growth Stock R4	MIGKX		$ 3,530.28	See notes below		
MFS Technology R4	MTCJX		$ 3,530.28	See notes below		
Valic Fixed-Interest Option Institutional	NULL		$ 3,941,363.12	See notes below	Yes	Yes
Vanguard Extended Market Index Investor	VEXMX		$ 3,530.28	See notes below		
Vanguard Extended Market Index Signal	VEMSX		$ 3,530.28	See notes below		
Vanguard Global Equity Investor	VHGEX		$ 3,530.28	See notes below		
Vanguard LifeStrategy Growth Investor	VASGX		$ 3,530.28	See notes below		
Vanguard LifeStrategy Moderate Growth Investor	VSMGX		$ 3,530.28	See notes below		
Vanguard Total Bond Market Index Inv	VBMFX		$ 3,530.28	See notes below		
Vanguard Total Stock Market Index Inv	VTSMX		$ 3,530.28	See notes below		
Vanguard U.S. Value Investor	VUVLX		$ 3,530.28	See notes below		
Subtotals - Fund Holdings			$ 4,001,378.12			
Participant Loans 1	Loans	$ -	$ -	See notes below		
Participant Forfeiture Account	Cash		$ 15,897.36	See notes below		
Conversion - Transfer In	Cash	$ 4,017,275.48		See notes below		
Grand Total		**$ 4,017,275.48**	**$ 4,017,275.48**			

Plan Conversion Notes:

1. This 401(k) Plan is a total participant-directed plan and, therefore, the Reportable Transaction rules do not generally apply to this plan pursuant to DOL regulations
2. However, during this plan year, the plan fiduciaries made a decision to "convert" plan assets from one trading platform to another.
3. Blackout notice rules were adhered to and reported accordingly on the Form 5500 and related schedules.
4. The entire fund lineup for this plan was impacted by the series of "conversion" transactions that occurred as a result of this fiduciary-level decision

Form **5558**
(Rev. August 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Information about Form 5558 and its instructions is at *www.irs.gov/form5558*

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
HILLCREST CONTRACTING, INC.

Number, street, and room or suite no. (If a P.O. box, see instructions)
P.O. BOX 1898

City or town, state, and ZIP code
CORONA, CA 92878

B Filer's identifying number (see instructions)
Employer identification number (EIN) (9 digits XX-XXXXXXX)
33-0084251

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending-- MM	DD	YYYY
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	0 0 2	12	31	2013

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 10 / 15 / 2014 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10 / 15 / 2014 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 33-0084251, Plan No. 002
December 31, 2013

Description of Issuer, Borrower, Lessor or Similar Party	Price ($)	Principal/Units Held	Market Value
500 Index Investor	170.36	0.009 units	$ 1.53
500 Index Signal	140.72	238.056 units	33,499.24
Adobe Systems Inc.	59.88	182 units	10,897.98
Agilent Technologies Inc.	57.19	148 units	8,464.12
Alexion Pharmaceuticals, Inc.	132.88	44 units	5,846.90
Amazon.com Inc.	398.79	27 units	10,767.33
ARM Holdings plc	54.73	207 units	11,329.32
Asset Manager 85 percent	17.11	31.921 units	546.17
B/E Aerospace Inc.	87.03	76 units	6,614.28
Balanced Index Investor	27.53	12.769 units	351.53
Balanced Index Signal	27.23	3662.215 units	99,722.11
Bank of America Corporation	15.57	509 units	7,925.13
Cash	1.00	17503.10 units	17,404.10
CBS Corporation	63.74	171 units	10,899.54
Cerner Corporation	55.74	166 units	9,252.84
Chipotle Mexican Grill, Inc.	532.78	12 units	6,393.36
Consumer Discret Sel Sect SPDR ETF	66.83	270 units	18,044.10
CVS Health Corporation	71.57	96 units	6,870.72
Diversified Equity Investor	30.55	45.694 units	1,395.95
Dividend Growth	35.39	816.237 units	28,886.63
Dividend Growth Investor	21.36	1531.821 units	32,719.70
Dollar Tree, Inc.	56.42	165 units	9,309.30
Emerging Markets Debt R4	14.56	2450.066 units	35,672.96
Equity Income Investor	29.76	1303.786 units	38,800.67
Explorer Investor	103.40	19.316 units	1,997.27
Express Scripts Holding Company	70.24	134 units	9,412.16
Extended Market Index Fund Inv	62.76	80.272 units	5,037.87
Extended Market Index Signal	53.92	174.982 units	9,435.03
Facebook, Inc.	54.65	98 units	5,355.60
Fidelity Fund	42.65	25.837 units	1,101.95
Fidelity National Information Services, Inc.	53.68	201 units	10,789.68
Financial Select Sector SPDR ETF	21.86	390 units	8,525.40
First Trust Dow Jones Internet ETF	59.86	550 units	32,923.00
First Trust ISE Financials Aphadex Fund	21.74	152 units	3,304.48
Fixed-Interest Option Institutional	1.06	Average Effective Annual Yield - 1.05%	2,627,085.45
Flowserve Corp.	78.83	141 units	11,115.03
FMC Corp.	75.46	120 units	9,055.20
Four-in-One Index	35.64	30.445 units	1,085.06
Freedom 2005 Fund	11.85	87.176 units	1,033.04
Freedom 2015 Fund	12.75	82.218 units	1,048.28
Gilead Sciences Inc.	75.10	157 units	11,790.70
Gilead Sciences Inc.	75.10	172 units	12,917.20
Global Equity Investor	23.47	402.103 units	9,437.36
Global Growth R4	33.82	32.046 units	1,083.80
Global Real Estate Securities I	8.10	2723.686 units	22,061.86
Global Stock Fund I	18.32	2500.852 units	45,815.61
Google Inc.	1120.71	14 units	15,689.94

See accompanying independent auditor's report

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 33-0084251, Plan No. 002
December 31, 2013

Description of Issuer, Borrower, Lessor or Similar Party	Price ($)	Principal/Units Held	Market Value
Growth Index Signal	44.32	743.518 units	32,952.72
Hewlett-Packard Company	27.98	190 units	5,316.20
HomeAway, Inc.	40.88	156 units	6,377.28
Interm-Term Investment Grade Investor	9.67	5232.92 units	50,602.34
International Diversification R4	16.53	2466.449 units	40,770.40
International Paper Company	49.03	146 units	7,158.38
Intm Term Govt Bond Index Admr	21.18	38.818 units	822.17
Ishares NASDAQ Biotechnology ETF	227.06	26 units	5,903.56
iShares Russell 1000 Value	94.17	435 units	40,963.95
iShares Russell 2000 Value	99.50	430 units	42,785.00
Large Cap Stock	27.23	187.908 units	5,116.73
Large-Cap Index Investor	34.24	44.065 units	1,508.79
Large-Cap Index Signal	37.34	1917.328 units	71,593.03
LifeStrategy Growth Investor	27.62	301.984 units	8,340.80
LifeStrategy Moderate Growth Inv	23.11	185.262 units	4,281.40
Loan 1	1.00	8108 units	8,108.00
Long-Term Treasury Investor	10.90	1.444 units	15.74
MA Investors Growth Stock R4	22.94	209.106 units	4,796.89
Magellen Fund	92.37	109.934 units	10,154.60
Mid Cap Growth R4	13.88	183.011 units	2,540.19
Mid-Cap Growth Index Inv	35.46	21.1 units	748.21
Mid-Cap Index Signal	42.98	1273.885 units	54,751.58
Mid-Cap Value Index Investor	31.38	24.223 units	760.12
Monsanto Company	116.55	79 units	9,207.45
Monster Beverage Corporation	67.77	136 units	9,216.72
Mortgage Securities	10.95	91.009 units	996.55
New Millenium	39.47	127.752 units	5,042.37
PowerShares QQQ	87.96	130 units	11,434.80
Prime Obligations A	1.00	37013.69 units	37,013.69
Ryder System, Inc.	73.78	108 units	7,968.24
Salesforce.com, Inc	55.19	155 units	8,554.45
Seagate Technology Public Limited Company	56.16	145 units	8,143.20
Select Sector SPDR Trust Consumer DIS Select Inde	66.83	285 units	19,046.55
Select Sector SPDR Trust Consumer Staples Index	42.98	98 units	4,212.04
Select Sector SPDR Trust Energy Select Index	88.51	40 units	3,540.40
Select Sector SPDR Ttrust Financial Select Sector Fu	21.86	425 units	9,290.50
Select Sector SPDR Trust Health Care Select Index	55.44	255 units	14,137.20
Select Sector SPDR Trust Industrial Select Index	52.26	195 units	10,190.70
Select Sector SPDR Trust Materials Select SEC Inde	46.22	120 units	5,546.40
Select Sectr SPDR Trust Technology Select Index	35.74	530 units	18,942.20
Small-Cap Growth Index Inv	34.37	38.595 units	1,326.51
Small-Cap Index Signal	47.49	1310.906 units	62,254.93
Small-Cap Value Index Investor	23.33	32.722 units	763.40
Spartan 500 Index - Inv	65.48	157.55 units	10,316.37

See accompanying independent auditor's report

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 33-0084251, Plan No. 002
December 31, 2013

Description of Issuer, Borrower, Lessor or Similar Party	Price ($)	Principal/Units Held	Market Value
SPDR S&P MIDCAP 400 ETF TRUST	244.20	36 units	8,791.20
SPDR TR S&P 500 ETF TR	184.69	30 units	5,540.70
Starbucks Corporation	78.39	83 units	6,506.37
Strategic Income Fund	10.85	3379.065 units	36,662.86
Target Retirement 2035 Investor	16.98	3.648 units	61.94
Target Retirement 2040 Investor	28.32	9.842 units	278.73
TE Connectivity Ltd.	55.11	186 units	10,250.46
Technology R4	23.42	263.389 units	6,168.57
Tesoro Corporation	58.50	143 units	8,365.50
The Home Depot, Inc.	82.34	111 units	9,139.74
The Nasdaq OMX Group, Inc.	39.80	212 units	8,437.60
The Priceline Group Inc.	1162.40	8 units	9,299.20
Total Bond Market Index Inv	10.56	349.551 units	3,691.26
Total Bond Market Index Signal	10.56	686.444 units	7,248.85
Total Return R4	17.59	72.144 units	1,269.01
Total Stock Market Index Inv	46.67	104.857 units	4,893.68
Total Stock Market Index Signal	45.06	233.102 units	10,503.58
Total System Services, Inc.	33.28	310 units	10,316.80
U.S. Value Investor	15.59	315.296 units	4,915.46
Valero Energy Corporation	50.40	186 units	9,374.40
Value Fund	103.58	10.736 units	1,112.03
Value Index Signal	30.99	1492.003 units	46,237.17
Viacom, Inc.	87.34	82 units	7,161.88
Visa Inc.	222.68	47 units	10,465.96
Wellesley Income Investor	24.85	3111.659 units	77,324.73
			4,288,732.88

See accompanying independent auditor's report