Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
G R BIRDWELL CONSTRUCTION LP 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1999

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

P O BOX 690748
HOUSTON, TX 77269

9721 DERRINGTON
HOUSTON, TX 77064

2b Employer Identification Number (EIN)
74-1971206

2c Plan Sponsor's telephone number
281-890-4981

2d Business code (see instructions)
237990

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.	09/09/2015	JOHN LYNCH
	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)
SHARON M BERGESON
COMPENSATION STRATEGIES GROUP, LTD.
2920 TOCCOA ROAD
BEAUMONT, TX 77703

Preparer's telephone number (optional)
409-898-0061

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	157
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	144
a(2) Total number of active participants at the end of the plan year	**6a(2)**	159
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	13
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	173
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	173
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	97
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:
2E 2J 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

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

A Name of plan
G R BIRDWELL CONSTRUCTION LP 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
G R BIRDWELL CONSTRUCTION LP

D Employer Identification Number (EIN)
74-1971206

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ASSETMARK WEALTH MANAGEMENT

58-2113323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	FUND MANAGER	35269	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASSETMARK INC

58-2113323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	THIRD PARTY RIA SERVICES	13689	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST TEXAS ALLIANCE CORP

74-1910566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	13279	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FTAC FBO QUPLAN LLC

74-1910566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
31	FIDUCIARY SERVICES	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASSETMARK TRUST COMPANY

86-0770473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	6540	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED PLANNERS

86-0588303

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	BROKER DEALER	5820	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
G R BIRDWELL CONSTRUCTION LP 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
G R BIRDWELL CONSTRUCTION LP

D Employer Identification Number (EIN)
74-1971206

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	348374	428415
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	167806	145625
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	463118	424747
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)		0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5135377	5726391
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6114675	6725178
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6114675	6725178

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)	428415	
(B) Participants	2a(1)(B)	465566	
(C) Others (including rollovers)	2a(1)(C)	42674	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		936655
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	22996	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22996
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	100276	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		100276
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-115856
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		944071
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	207167	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		207167
f Corrective distributions (see instructions)	2f		39204
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	2600	
(3) Investment advisory and management fees	2i(3)	84597	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		87197
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		333568
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		610503
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DESROCHES PARTNERS LLP **(2)** EIN: 45-5494185

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		500000
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

2014

This Form is Open to Public Inspection.

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

A Name of plan
G R BIRDWELL CONSTRUCTION LP 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
G R BIRDWELL CONSTRUCTION LP

D Employer Identification Number (EIN)
74-1971206

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): 58-1428634

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
G.R. Birdwell Construction, L.P. 401(k) Profit Sharing Plan and Trust
Houston, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of G.R. Birdwell Construction, L.P. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statement of net assets available for benefits – modified cash basis as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.130-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which is certified by AssetMark Trust Company ("AssetMark"), the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that AssetMark holds the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained a certification from AssetMark as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by AssetMark is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental schedules of (1) Schedule H, line 4(i) – Schedule of Assets (Held at End of Year) and (2) Schedule H, Line 4(j) – Schedule of Reportable Transactions which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is appropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Desroches Partners, LLP

September 3, 2015

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan

G R Birdwell Construction LP 401k Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1999

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

G R Birdwell Construction LP

P O Box 690748

Houston TX 77269

9721 Derrington

Houston TX 77064

2b Employer Identification Number (EIN) 74-1971206

2c Plan Sponsor's telephone number (281) 890-4981

2d Business code (see instructions) 237990

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	Signature of plan administrator	9-9-15 Date	John Lynch 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)

Sharon M Bergeson
Compensation Strategies Group, Ltd.
2920 Toccoa Road

Beaumont TX 77703

Preparer's telephone number (optional) (409) 898-0061

G.R. BIRDWELL CONSTRUCTION, L.P. 401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2014 AND 2013

DESROCHES | PARTNERS
CERTIFIED PUBLIC ACCOUNTANTS

G.R. BIRDWELL CONSTRUCTION, L.P. 401(k) PROFIT SHARING PLAN AND TRUST

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits – Modified Cash Basis 3

Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis 4

Notes to the Financial Statements 5

SUPPLEMENTAL SCHEDULES

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) 13

Schedule H, Line 4(j) – Schedule of Reportable Transactions 14

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
G.R. Birdwell Construction, L.P. 401(k) Profit Sharing Plan and Trust
Houston, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of G.R. Birdwell Construction, L.P. 401(k) Profit Sharing Plan and Trust (the "Plan"), which comprise the statement of net assets available for benefits – modified cash basis as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.130-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which is certified by AssetMark Trust Company ("AssetMark"), the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that AssetMark holds the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained a certification from AssetMark as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by AssetMark is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental schedules of (1) Schedule H, line 4(i) – Schedule of Assets (Held at End of Year) and (2) Schedule H, Line 4(j) – Schedule of Reportable Transactions which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is appropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Desroches Partners, LLP

September 3, 2015

G.R. BIRDWELL CONSTRUCTION, L.P. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS:		
Investments, at Fair Value:		
Money Market Funds	$ 145,625	$ 167,806
Mutual Funds	5,726,391	5,135,377
Total Investments	5,872,016	5,303,183
Notes Receivable from Participants	424,747	463,118
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,296,763	$ 5,766,301

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

G.R. BIRDWELL CONSTRUCTION, L.P. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2014

CHANGES TO NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:		
Investment Activities:		
Net Depreciation in Fair Value of Investments	$	(115,856)
Dividends		100,276
Net Change From Investment Activities		(15,580)
Interest Income on Notes Receivable from Participants		22,996
Contributions:		
Participant		465,566
Employer		348,374
Rollover		42,674
Total Contributions		856,614
Benefits Paid to Participants		(207,167)
Corrective Distributions		(39,204)
Administrative Expenses		(87,197)
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS		530,462
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR		5,766,301
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$	6,296,763

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

NOTE 1 – PLAN DESCRIPTION

The following description of G.R. Birdwell Construction, L.P. 401(k) Profit Sharing Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions. The Plan is sponsored by G.R. Birdwell Construction, L.P. (the "Partnership") for the benefit of its employees.

General

The Plan was adopted effective April 1, 1999, and amended on April 1, 2011 to change the eligibility requirement for employer matching contributions. The plan is a defined contribution plan covering substantially all employees of the Partnership. The purpose of the Plan is to provide employees with retirement benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Under the terms of the Plan, employees who have competed one year of service and have also attained the age of 18 are eligible to participate on the payroll period following the one year anniversary date. The Plan is a non-participant directed plan.

Contributions

Each year, participants may elect to defer up to fifteen percent of their pretax annual compensation, as defined in the Plan, through salary deductions; however, annual contributions may not exceed the maximum allowed under the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("rollover").

The Partnership, at its discretion, may make discretionary matching contributions equal to a percentage of the participant's elective deferrals. For the year ended December 31, 2014, the Partnership made a discretionary matching contribution totaling $348,374.

Additionally, the Partnership may make discretionary profit sharing contributions which are allocated to participants based on the relative compensation of all participants eligible to receive a discretionary profit sharing contribution. For the year ended December 31, 2014, no discretionary profit sharing contributions were made.

Participant Accounts

Separate accounts are maintained for each participant. Participant accounts are credited with participant contributions, rollover contributions, allocations of Partnership contributions and investment earnings and losses, and charged with withdrawals and administrative fees. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Contributions from participant compensation deferrals are fully vested at all times. Partnership discretionary matching and profit sharing contributions become 20% vested for each year of service beginning with the second year until 100% vested after six years of service. Participants are automatically vested in Partnership contributions upon death, disability or retirement.

NOTE 1 – PLAN DESCRIPTION – CONTINUED

Investment Options

Upon enrollment in the Plan, participant contributions are automatically invested into one of six portfolios as determined by the participant's age. Each portfolio contains the same type of assets, but allocation of the underlying assets differs based on market risk. The portfolios may be comprised of various investments including common stocks, mutual funds, and money market funds. Although participants can request to change portfolios, participants are not allowed to direct their investments.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lessor of $50,000 or 50% of their vested account balance. Loan transactions are treated as a participant-directed investment. Loan terms range from one to five years or longer for the purchase of a primary residence. Loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Participants can have up to three outstanding loans at any time. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement or for other reasons, a participant or their beneficiary will receive a lump-sum amount equal to the value of their vested account.

Withdrawals

Participants may make early withdrawals of all or a portion of their elective deferral contributions in their account under the hardship provision of the Plan. Participants may make unrestricted withdrawals of their vested accounts on or after age 59½.

Forfeitures

At December 31, 2014 and 2013, forfeited non-vested accounts totaled $8,470 and $19,820, respectively. These accounts may either be used to pay administration fees or to reduce future Partnership discretionary matching and profit sharing contributions. In 2014, employer contributions were reduced by $19,820 from forfeited nonvested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the modified cash basis of accounting; consequently, certain revenues and the related assets, primarily related to employer contributions, are recognized when received rather than when earned and certain expenses and related liabilities are recognized when paid rather than when incurred.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates. Estimates that have the most impact on financial position and results of performance primarily relate to the fair value of investments and the collectability of notes receivable from participants. Plan management believes these estimates and assumptions provide a reasonable basis for the fair presentation of the financial statements.

Investment Valuation and Income Recognition

Investments at year end are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfers a liability in an orderly transaction between market participants at the measurement date. The net change in fair value of investments is reported in the statement of changes in net assets available for benefits – modified cash basis in the period of the change.

The Plan uses net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting.

Purchases and sales of securities are recorded on a trade-date basis. Expenses related to the purchase or sale of investments are added to cost or deducted from proceeds. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred as a direct charge to the Participant's account. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net depreciation of fair value of investments.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Subsequent Events

The Plan's management has evaluated subsequent events through the date the financial statements were available to be issued on September 3, 2015 and determined the following event to have an impact on the Plan's financial statements and related disclosures to the financial statements. During January 2015, the Plan Sponsor changed Custodians to Fidelity Management Trust Company ("Fidelity") and subsequently transferred all funds to Fidelity.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted, quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs, excluding those included in Level 1, are either observable prices for identical assets or liabilities in inactive markets, observable prices for similar assets and liabilities, or other inputs derived principally from, or corroborated by, observable market data at the measurement date.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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.

The 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, 2014.

Money Market Funds: Valued at amortized cost with approximates fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 3 – FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

	Quoted Market Prices Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
December 31, 2014			
Mutual Funds:			
Bond Funds	$ 1,144,092	$ -	$ -
International Funds	813,992	-	-
Small Cap Funds	21,076	-	-
Mid Cap Funds	22,714	-	-
Large Cap Funds	3,724,517	-	-
Money Market Funds	-	145,625	-
Total Investments at Fair Value	$ 5,726,391	$ 145,625	$ -
December 31, 2013			
Mutual Funds:			
Bond Funds	$ 877,027	$ -	$ -
International Funds	1,426,030	-	-
Small Cap Funds	20,367	-	-
Mid Cap Funds	18,879	-	-
Large Cap Funds	2,564,291	-	-
Health Funds	228,783	-	-
Money Market Funds	-	167,806	-
Total Investments at Fair Value	$ 5,135,377	$ 167,806	$ -

NOTE 4 – ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held by AssetMark Trust Company (the "Custodian"). Additionally, administrative functions are performed by a third party administrator, Compensation Strategies Group, Ltd. ("Recordkeeper"). The Partnership absorbs a portion of all the Plan's administrative costs.

NOTE 5 – FEDERAL INCOME TAX STATUS

The Plan is a Prototype Plan sponsored by Sungard Corbel, LLC ("Sungard"). The Internal Revenue Service ("IRS") has determined and informed Sungard by a letter dated March 31, 2008, that the Plan is designed in accordance with the applicable requirements of the Internal Revenue Code ("IRC"). The Prototype Plan has been amended since receiving the determination letter. The Plan itself has not received a determination letter from the IRS. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

NOTE 6 – PARTIES-IN-INTEREST

The Plan has notes receivable from participants at December 31, 2014 and 2013. As a result, these notes and all transactions related to these notes qualify as parties-in-interest transactions. These transactions are exempt from being prohibited transactions by ERISA.

Additionally, the Plan holds a cash account with the Custodian for any pending settlement transactions. This cash account and all transactions related to this cash account qualify as party-in-interest transactions. These transactions are exempt from being prohibited by ERISA.

Fees paid by the Plan for general administrative, recordkeeping and investment advisory services performed by the Custodian and Recordkeeper totaled $87,197 for the year ended December 31, 2014.

NOTE 7 – INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

At December 31, 2014 and 2013, the Plan's investments were held by the Custodian. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that was certified by the Custodian as complete and accurate in accordance with Section 2520.130-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments representing 5% or more of the Plan's net assets at December 31, 2014 and 2013, as reported by the Custodian, are summarized as follows:

	2014	2013
iShares Barclays Short Treasury Bond	$ 755,984	$ 307,708
iShares Dow Jones US Financial Sector	416,363	*
iShares Dow Jones US Technology	415,930	*
iShares Dow Jones US Utilities	412,880	*
iShares MSCI Emerging Markets	685,964	446,621
iShares MSCI EMU Index	677,155	*
Consumer Discretionary SPDR	419,696	*
Consumer Staples Select Sector SPDR	415,705	*
SPDR S&P 500	*	452,860
Vanguard FTSE European ETF	*	533,434
Other Investments Representing Less than 5% of Plan Net Assets	1,672,339	3,562,560
	$ 5,872,016	$ 5,303,183

(*) Included in Other Investments Representing Less than 5% of Plan Net Assets for the year indicated.

During the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated by $115,856.

NOTE 8 – RISK AND UNCERTAINTIES

The Plan invests in various investment securities for its participants. 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 statements of net assets available for benefits.

NOTE 9 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Partnership has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan terminations, participants would become fully vested in their employer contributions.

NOTE 10 – DIFFERENCES BETWEEN FORM 5500 AND FINANCIAL STATEMENTS

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

	2014	2013
Net Assets Available for Benefits per Form 5500	$ 6,725,178	$ 6,114,675
Add: Investments	424,747	463,118
Less: Receivable – Notes Receivable from Participants	(424,747)	(463,118)
Less: Employer Contribution Receivable	(428,415)	(348,374)
Net Assets Available for Benefits per Financial Statements	$ 6,296,763	$ 5,766,301

The following is a reconciliation of employer contributions per the Form 5500 to the financial statements for the year ended December 31, 2014:

Employer Contributions per Form 5500	$ 428,415
Less: 2014 Employer Contribution Receivable	(428,415)
Add: 2013 Employer Contribution Receivable	348,374
Employer Contributions per Financial Statements	$ 348,374

SUPPLEMENTAL SCHEDULES

G.R. BIRDWELL CONSTRUCTION, L.P. 401(k) PROFIT SHARING PLAN AND TRUST
PLAN EIN - 74-1971206; PLAN NUMBER - 002
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

The following details assets held for investment purposes at December 31, 2014, as required by Section 2520.103-11 of the Department of Labor's Rules for Reporting and Disclosure under the Employee Retirement

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	BlackRock	BlackRock Liquidity Temp Fund	$ 138,738	$ 138,738
	Cash	Cash Pending Settlement	6,887	6,887
	ishares	iShares Barclays MBS Fixed-Rate Bond	190,475	193,934
	ishares	iShares Barclays Short Treasury Bond	756,047	755,984
	ishares	iShares Barclays 7-10 Year Treasury	188,487	194,174
	ishares	iShares Dow Jones US Financial Sector	418,995	416,363
	ishares	iShares Dow Jones US Technology	388,084	415,930
	ishares	iShares Dow Jones US Real Estate	234,413	229,675
	ishares	iShares Dow Jones US Utilities	418,841	412,880
	ishares	iShares MSCI Emerging Markets	712,783	685,964
	ishares	iShares MSCI EMU Index	683,166	677,155
	SPDR State St	Consumer Discretionary SPDR	422,549	419,696
	SPDR State St	Consumer Staples Select Sector SPDR	385,485	415,705
	SPDR State St	SPDR S&P 500	232,861	230,821
	JPMorgan	JPMorgan Emerging Economies A	30,426	27,765
	JPMorgan	JPMorgan Emerging Mkts A	36,035	34,744
	JPMorgan	JPMorgan Growth Advantage A	72,594	90,253
	JPMorgan	JPMorgan Int'l Opp A	41,156	40,940
	JPMorgan	JPMorgan International Eq A	49,038	48,017
	JPMorgan	JPMorgan Intrepid International A	48,642	47,880
	JPMorgan	JPMorgan Mid Cap Equity A	20,246	22,714
	JPMorgan	JPMorgan Realty Income A	41,045	45,528
	JPMorgan	JPMorgan Small Cap Equity A	20,002	21,076
	JPMorgan	JPMorgan US Dynamic Plus Fund	57,976	67,301
	JPMorgan	JPMorgan US Large Cap Core Plus A	121,625	142,009
	JPMorgan	JPMorgan Value Advantage A	72,561	89,883
*	Notes Receivable from Participants	Interest Rate: 5.25% Maturity Date Range: January 2015 to June 2020	424,747	424,747
*	Party-in-Interest		$ 6,213,904	$ 6,296,763

See Independent Auditor's Report.

G.R. BIRDWELL CONSTRUCTION, L.P. 401(k) PROFIT SHARING PLAN AND TRUST
PLAN EIN - 74-1971206; PLAN NUMBER - 002
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
BlackRock	BlackRock Liquidity TempFund	$ -	$ 2,064,707	$ -	$ -	$ 2,064,707	$ 2,064,707	$ -
BlackRock	BlackRock Liquidity TempFund	2,203,419	-	-	-	-	2,203,419	-
BlackRock	BlackRock Liquidity T-Fund Mgmt	-	1,210,173	-	-	1,210,173	1,210,173	-
BlackRock	BlackRock Liquidity T-Fund Mgmt	1,080,012	-	-	-	-	1,080,012	-
SPDR State Street	Consumer Discretionary SPDR	-	602,005	-	-	592,846	602,005	9,159
SPDR State Street	Consumer Discretionary SPDR	812,137	-	-	-	-	812,137	-
SPDR State Street	Consumer Staples Select Sector SPDR	-	703,435	-	-	705,452	703,435	(2,017)
SPDR State Street	Consumer Staples Select Sector SPDR	864,910	-	-	-	-	864,910	-
iShares	iShares Barclays MBS Fixed-Rate Bond	-	264,060	-	-	264,180	264,060	(120)
iShares	iShares Barclays MBS Fixed-Rate Bond	454,656	-	-	-	-	454,656	-
iShares	iShares Barclays Short Treasury Bond	-	4,832,486	-	-	4,833,625	4,832,486	(1,139)
iShares	iShares Barclays Short Treasury Bond	5,281,983	-	-	-	-	5,281,983	-
iShares	iShares DJ U.S. Healthcare Index	-	758,245	-	-	701,822	758,245	56,423
iShares	iShares DJ U.S. Healthcare Index	486,984	-	-	-	-	486,984	-
iShares	iShares Dow Jones US Energy	-	886,237	-	-	858,730	886,237	27,507
iShares	iShares Dow Jones US Energy	646,684	-	-	-	-	646,684	-
iShares	iShares Dow Jones US Financial Sector	-	869,268	-	-	829,931	869,268	39,337
iShares	iShares Dow Jones US Financial Sector	1,041,526	-	-	-	-	1,041,526	-
iShares	iShares Dow Jones US Industrials	-	1,252,574	-	-	1,245,840	1,252,574	6,734
iShares	iShares Dow Jones US Industrials	1,043,011	-	-	-	-	1,043,011	-
iShares	iShares Dow Jones US Real Estate	-	930,283	-	-	924,621	930,283	5,662
iShares	iShares Dow Jones US Real Estate	1,159,034	-	-	-	-	1,159,034	-
iShares	iShares Dow Jones US Technology	-	595,562	-	-	507,717	595,562	87,845
iShares	iShares Dow Jones US Technology	686,692	-	-	-	-	686,692	-
iShares	iShares Dow Jones US Utilities	-	378,826	-	-	399,648	378,826	(20,822)
iShares	iShares Dow Jones US Utilities	818,489	-	-	-	-	818,489	-
iShares	iShares iBoxx $ Invest Grade Corp Bd	-	439,633	-	-	435,615	439,633	4,018
iShares	iShares iBoxx $ Invest Grade Corp Bd	280,991	-	-	-	-	280,991	-
iShares	iShares iBoxx High Yield Corporate Bd	-	539,263	-	-	546,500	539,263	(7,237)
iShares	iShares iBoxx High Yield Corporate Bd	394,965	-	-	-	-	394,965	-
iShares	iShares MSCI Emerging Markets	-	743,505	-	-	761,943	743,505	(18,438)
iShares	iShares MSCI Emerging Markets	1,035,408	-	-	-	-	1,035,408	-
iShares	iShares MSCI EMU Index	-	1,198,907	-	-	1,287,270	1,198,907	(88,363)
iShares	iShares MSCI EMU Index	1,970,437	-	-	-	-	1,970,437	-
iShares	iShares MSCI Japan Index	-	818,901	-	-	800,620	818,901	18,281
iShares	iShares MSCI Japan Index	645,084	-	-	-	-	645,084	-
iShares	iShares MSCI Pacific Ex-Japan	-	579,292	-	-	589,234	579,292	(9,942)
iShares	iShares MSCI Pacific Ex-Japan	442,313	-	-	-	-	442,313	-
iShares	iShares MSCI United Kingdom	-	557,263	-	-	578,558	557,263	(21,295)
iShares	iShares MSCI United Kingdom	578,558	-	-	-	-	578,558	-
SPDR State Street	Materials Select Sector SPDR	-	957,664	-	-	906,852	957,664	50,812
SPDR State Street	Materials Select Sector SPDR	702,036	-	-	-	-	702,036	-
SPDR State Street	SPDR Gold Trust	-	873,769	-	-	894,333	873,769	(20,564)
SPDR State Street	SPDR Gold Trust	894,333	-	-	-	-	894,333	-
SPDR State Street	SPDR S&P 500	-	2,040,404	-	-	1,983,931	2,040,404	56,473
SPDR State Street	SPDR S&P 500	1,825,518	-	-	-	-	1,825,518	-
Vanguard	Vanguard FTSE European ETF	-	854,196	-	-	806,853	854,196	47,343
Vanguard	Vanguard FTSE European ETF	344,635	-	-	-	-	344,635	-
		$ 25,693,815	$ 24,950,658	$ -	$ -	$ 24,731,001	$ 50,644,473	$ 219,657

See Independent Auditor's Report.

G.R. BIRDWELL CONSTRUCTION, L.P. 401(K) PROFIT SHARING PLAN & TRUST
EIN 74-1971206, PLAN NO. 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Decription of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	CASH AND EQUIVALENTS:			
	BlackRock	BlackRock Liquidity Temp Fund	138,738	138,738
	Cash	Cash Pending Settlement	6,887	6,887
		Total Cash and Equivalents	145,625	145,625
	EXCHANGE TRADED FUNDS:			
	ishares	iShares Barclays MBS Fixed-Rate Bond	190,475	193,934
	ishares	iShares Barclays Short Treasury Bond	756,047	755,984
	ishares	iShares Barclays 7-10 Year Treasury	188,487	194,174
	ishares	iShares Dow Jones US Financial Sector	418,995	416,363
	ishares	iShares Dow Jones US Technology	388,084	415,930
	ishares	iShares Dow Jones US Real Estate	234,413	229,675
	ishares	iShares Dow Jones US Utilities	418,841	412,880
	ishares	iShares MSCI Emerging Markets	712,783	685,964
	ishares	iShares MSCI EMU Index	683,166	677,155
	SPDR State Street Global Advisors	Consumer Discretionary SPDR	422,549	419,696
	SPDR State Street Global Advisors	Consumer Staples Select Sector SPDR	385,485	415,705
	SPDR State Street Global Advisors	SPDR S&P 500	232,861	230,821
		Total Exchange Traded Funds	5,032,186	5,048,281
	MUTUAL FUNDS:			
	JPMorgan	JPMorgan Emerging Economies A	30,426	27,765
	JPMorgan	JPMorgan Emerging Mkts A	36,035	34,744
	JPMorgan	JPMorgan Growth Advantage A	72,594	90,253
	JPMorgan	JPMorgan Int'l Opp A	41,156	40,940
	JPMorgan	JPMorgan International Eq A	49,038	48,017
	JPMorgan	JPMorgan Intrepid International A	48,642	47,880
	JPMorgan	JPMorgan Mid Cap Equity A	20,246	22,714
	JPMorgan	JPMorgan Realty Income A	41,045	45,528
	JPMorgan	JPMorgan Small Cap Equity A	20,002	21,076
	JPMorgan	JPMorgan US Dynamic Plus Fund	57,976	67,301
	JPMorgan	JPMorgan US Large Cap Core Plus A	121,625	142,009
	JPMorgan	JPMorgan Value Advantage A	72,561	89,883
		Total Mutual Funds	611,346	678,110
	PARTICIPANT LOANS:			
*	Various Participants	Various Maturity Dates; Interest Rate: 5.25%	424,747	424,747
		Total Investments	$ 6,213,904	$ 6,296,763

* Party in Interest

G.R. BIRDWELL CONSTRUCTION, L.P. 401(K) PROFIT SHARING PLAN
EIN 74-1971206, PLAN NO. 002
SCHEDULE H, LINE 4 (j) - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with Transactions	(g) Cost of Asset	(h) Current Value on Date of Transaction	(i) Net Gain(Loss)
BlackRock	BlackRock Liquidity TempFund		2,064,707			2,064,707	2,064,707	0
BlackRock	BlackRock Liquidity TempFund	2,203,419					2,203,419	
BlackRock	BlackRock Liquidity T-Fund Mgmt		1,210,173			1,210,173	1,210,173	0
BlackRock	BlackRock Liquidity T-Fund Mgmt	1,080,012					1,080,012	
SPDR State Street	Consumer Discretionary SPDR		602,005			592,846	602,005	9,159
SPDR State Street	Consumer Discretionary SPDR	812,137					812,137	
SPDR State Street	Consumer Staples Select Sector SPDR		703,435			705,452	703,435	(2,017)
SPDR State Street	Consumer Staples Select Sector SPDR	864,910					864,910	
iShares	iShares Barclays MBS Fixed-Rate Bond		264,060			264,180	264,060	(120)
iShares	iShares Barclays MBS Fixed-Rate Bond	454,656					454,656	
iShares	iShares Barclays Short Treasury Bond		4,832,486			4,833,625	4,832,486	(1,139)
iShares	iShares Barclays Short Treasury Bond	5,281,983					5,281,983	
iShares	iShares DJ U.S. Healthcare Index		758,245			701,822	758,245	56,423
iShares	iShares DJ U.S. Healthcare Index	486,984					486,984	
iShares	iShares Dow Jones US Energy		886,237			858,730	886,237	27,507
iShares	iShares Dow Jones US Energy	646,684					646,684	
iShares	iShares Dow Jones US Financial Sector		869,268			829,931	869,268	39,337
iShares	iShares Dow Jones US Financial Sector	1,041,526					1,041,526	
iShares	iShares Dow Jones US Industrials		1,252,574			1,245,840	1,252,574	6,734
iShares	iShares Dow Jones US Industrials	1,043,011					1,043,011	
iShares	iShares Dow Jones US Real Estate		930,283			924,621	930,283	5,662
iShares	iShares Dow Jones US Real Estate	1,159,034					1,159,034	
iShares	iShares Dow Jones US Technology		595,562			507,717	595,562	87,845
iShares	iShares Dow Jones US Technology	686,692					686,692	
iShares	iShares Dow Jones US Utilities		378,826			399,648	378,826	(20,822)
iShares	iShares Dow Jones US Utilities	818,489					818,489	
iShares	iShares iBoxx $ Invest Grade Corp Bd		439,633			435,615	439,633	4,018
iShares	iShares iBoxx $ Invest Grade Corp Bd	280,991					280,991	
iShares	iShares iBoxx High Yield Corporate Bd		539,263			546,500	539,263	(7,237)
iShares	iShares iBoxx High Yield Corporate Bd	394,965					394,965	
iShares	iShares MSCI Emerging Markets		743,505			761,943	743,505	(18,438)
iShares	iShares MSCI Emerging Markets	1,035,408					1,035,408	
iShares	iShares MSCI EMU Index		1,198,907			1,287,270	1,198,907	(88,363)
iShares	iShares MSCI EMU Index	1,970,437					1,970,437	
iShares	iShares MSCI Japan Index		818,901			800,620	818,901	18,281
iShares	iShares MSCI Japan Index	645,084					645,084	
iShares	iShares MSCI Pacific Ex-Japan		579,292			589,234	579,292	(9,942)
iShares	iShares MSCI Pacific Ex-Japan	442,313					442,313	
iShares	iShares MSCI United Kingdom		557,263			578,558	557,263	(21,295)
iShares	iShares MSCI United Kingdom	578,558					578,558	
SPDR State Street	Materials Select Sector SPDR		957,664			906,852	957,664	50,812
SPDR State Street	Materials Select Sector SPDR	702,036					702,036	
SPDR State Street	SPDR Gold Trust		873,769			894,333	873,769	(20,564)
SPDR State Street	SPDR Gold Trust	894,333					894,333	
SPDR State Street	SPDR S&P 500		2,040,404			1,983,931	2,040,404	56,473
SPDR State Street	SPDR S&P 500	1,825,518					1,825,518	
Vanguard	Vanguard FTSE European ETF		854,196			806,853	854,196	47,343
Vanguard	Vanguard FTSE European ETF	344,635					344,635	
		25,693,815	24,950,658	0	0	24,731,001	50,644,473	219,657