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
HASA, INC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1998

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

23119 DRAYTON ST
SAUGUS, CA 91350

2b Employer Identification Number (EIN)
95-2302297

2c Plan Sponsor's telephone number
661-259-5848

2d Business code (see instructions)
325900

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.	09/29/2015	REY REYES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	291
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)**	272
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	254
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	284
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	284
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	161
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 2F 2G 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) [X]	Insurance	**(1)** [X]	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) [X] 1 **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 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

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
HASA, INC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2302297

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

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	06383881	161	01/01/2014	12/31/2014

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
393	0

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

THE LEADERS GROUP, INC.
26 WEST DRY CREEK CIRCLE
LITTLETON, CO 80120-4475

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
393			7

(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	0
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	97777
c	Additions: (1) Contributions deposited during the year	7c(1)	57314		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1453		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	10035		
	▶ LOAN REPAYMENT-PRINCIPAL				
	(6)Total additions			7c(6)	68802
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	166579
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)	938		
	(3) Transferred to separate account	7e(3)	7761		
	(4) Other (specify below)	7e(4)	16703		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	25402
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	141177

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)**			
(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)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(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 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
HASA, INC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2302297

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE LEADER GROUP INC
26 WEST DRY CREEK CIRCLE
SUITE 575
LITTLETON, CO 80120

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

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

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

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

NATIONWIDE LIFE INSURANCE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 37 64 99	RECORDKEEPER	37704	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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
HASA, INC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2302297

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)	19525	4872
(2) Participant contributions	1b(2)	5517	6596
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		61237
(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)	174761	192278
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	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)	2775176	3362681
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	97777	141177
(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	3072756	3768841
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3072756	3768841

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)	306086	
	(B) Participants	2a(1)(B)	476073	
	(C) Others (including rollovers)	2a(1)(C)	44011	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		826170
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)	6902	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6902
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		157890
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		990962
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	279118	
(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)		279118
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15759	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15759
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		294877
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		696085
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FARBER HASS HURLEY LLP **(2)** EIN: 20-4207759

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		50730
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
HASA, INC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2302297

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): 31-4156830

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):

FINANCIAL STATEMENTS

HASA, INC.
RETIREMENT SAVINGS PLAN

DECEMBER 31, 2014 AND 2013

INDEX

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Farber Hass Hurley LLP

Certified Public Accountants

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Valencia, CA 91355
www.fhhcpas.com

Telephone: (661) 257-6671
Facsimile: (661) 257-6674

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Hasa, Inc. Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hasa, Inc. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Nationwide Trust Company, FSB, a division of Nationwide Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, 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.

Other Matter

The supplemental schedules of: (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year) and (2) Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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 Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Farber Hass Hurley LLP

Valencia, California
September 21, 2015

HASA, INC. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS:		
Investments - at fair value	$ 3,565,095	$ 2,868,064
Receivables:		
Participant contributions	6,596	5,517
Employer contributions	4,872	19,525
Notes receivable from participants	192,278	174,761
Total receivables	203,746	199,803
Net assets available for benefits at fair value	3,768,841	3,067,867
Adjustment from fair value to contract value for fully benefit-responsive investment contract	-	4,889
Net assets available for benefits	$ 3,768,841	$ 3,072,756

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

HASA, INC. RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	157,890
Interest income on notes receivable from participants		6,902
Contributions:		
Participant deferrals		476,073
Safe harbor match		306,086
Rollovers		44,011
		826,170
Total additions		990,962
Deductions from net assets attributed to:		
Benefits paid to participants		279,118
Administrative expenses		15,759
Total deductions		294,877
Net increase		696,085
Net assets available for benefits:		
Beginning of year		3,072,756
End of year	$	3,768,841

The accompanying notes are an integral part of this financial statement.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Hasa, Inc. Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan established on July 1, 1998 by Hasa, Inc. (the "Employer") under the provision of Section 401(a) of the Internal Revenue Code (IRC). The Plan provides for a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Employer. The Plan is administered by the management of the Employer and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

2. Eligibility

An employee is eligible for participation in the Plan upon completion of six months of employment with the Employer and attainment of age 21, prior to the entry dates of January 1, April 1, July 1 and October 1.

3. Contributions

Participants may elect to contribute, on a tax-deferred or after-tax basis, up to the maximum deferral limit per Section 402(g)(1) of the IRC of $17,500 for the year ended December 31, 2014. Participants who have attained age 50 before the end of the plan year are eligible to make "catch-up" contributions. The maximum "catch-up" contribution was $5,500 for 2014.

The Employer makes safe harbor matching contributions in an amount equal to 100% of the participant's deferred contribution up to 3% of compensation plus 50% of the next 2% of deferred compensation. Employer safe harbor matching contributions were $306,086 for the year ended December 31, 2014. The Employer may also make additional discretionary profit sharing contributions. Participants are eligible for the Employer discretionary profit sharing contributions if they were an active participant at the end of the plan year or had at least 500 hours of service during the plan year, or were an active participant at any time during the Plan year but retired, died or became totally disabled during the plan year. No Employer discretionary profit sharing contributions were made during 2014.

4. Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, Employer contributions, rollovers from qualified plans of the participant's previous employers, and allocations of the Plan's earnings and administrative expenses.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

4. **Participant Accounts** (Continued)

Allocations of the Employer discretionary profit sharing contributions are based on the same ratio each participant's compensation bears to the compensation of all participants. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. **Investment Options**

Participants may direct employee and Employer contributions as desired in any of a variety of investment options offered by Nationwide Trust Company, FSB, a division of Nationwide Bank ("Nationwide"), as chosen by the Employer, and/or as chosen by participants through the Nationwide Financial Services, Inc.'s fund window. Participants may change their investment options daily.

6. **Notes Receivable from Participants**

Participants may borrow from their account a minimum of $1,000 up to a maximum of 50% of their vested account balance (not to exceed $50,000 less the highest outstanding loan balance during the prior twelve-month period). Participants may not have more than two loans outstanding at any one time. All loans shall bear a reasonable rate of interest. Loans must be paid back within five years of the date of issuance in accordance with terms established by the plan administrator. Loans for the purchase of a principal residence may be paid back over a longer period of time.

7. **Vesting**

Participant contributions, rollovers, Employer safe harbor contributions, and actual earnings on all such contributions are fully vested at all times. However, vesting of the Employer discretionary profit sharing contribution portion of participant accounts plus actual earnings thereon is based upon the participant's continuous service with the Employer as follows:

Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

NOTE A - DESCRIPTION OF THE PLAN (Continued)

8. Benefit Payments

Upon termination of employment with the Employer, a participant will receive a lump sum disbursement if his or her vested account balance is $5,000 or less. If the vested account balance is greater than $5,000, the participant is entitled to receive a lump sum amount or installment payments. In the event of death or total and permanent disability while working for the Employer, a participant's beneficiary or the participant is entitled to the total value of the participant's account. Upon attaining age 59½, participants may also receive distributions. Hardship withdrawals are also permitted if certain criteria are met.

9. Administrative Expenses

Administrative expenses incurred by the custodian in performance of their duties are paid from the assets of the Plan. The Employer pays substantially all other out-of-pocket administrative expenses of the Plan. Expenses that are paid by the Employer are excluded from these financial statements. Investment related expenses are included in the net appreciation of fair value of investments.

10. Plan Termination

Although it has not expressed such intent, the Employer, by action of its Board of Directors, reserves the right, at any time, to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, further contributions to the Plan shall cease and all participants who are affected by such termination shall become 100% vested and net assets available for benefits would be distributed to the participants based on each participant's interest in the Plan.

11. Forfeitures

Forfeitures of terminated participants' non-vested accounts shall be used first to pay reasonable Plan expenses and then applied against future Employer contributions. As of December 31, 2014 and 2013, there were no outstanding forfeitures.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

1. **Basis of Presentation** (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits present the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value as of December 31, 2013. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis for fully benefit responsive investment contracts.

During the year ended December 31, 2014, Nationwide re-characterized the investment in the fully benefit responsive investment contract and determined that the fixed contract of the Nationwide Fixed Option fund (see Note D) does not fully meet all criteria required for a fully benefit responsive investment contract. As a result, there was no adjustment from fair value to contract value required as of December 31, 2014.

2. **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in 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.

3. **Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment adviser and the custodian. See Note D for further discussion of fair value measurements.

Interest income is recorded as earned on the accrual basis. Net realized and unrealized appreciation/(depreciation) is recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation/(depreciation) in fair value of investments. Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

4. 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. No allowance for credit losses has been recorded as of December 31, 2014 or 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.

5. Benefit Payments

Benefits are recorded when paid.

6. Plan Administration

The Employer is the plan sponsor and the plan administrator. The plan administrator is responsible for carrying out the duties imposed under ERISA.

NOTE C - INVESTMENTS AND CERTIFICATION BY CUSTODIAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by Nationwide, the custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedules.

Total investments and notes receivable from participants held and certified by the custodian in the accompanying Statements of Net Assets Available for Benefits were $3,757,373 and $3,047,714 as of December 31, 2014 and 2013, respectively. Net investment income certified by the custodian in the accompanying Statement of Changes in Net Assets Available for Benefits was $157,890 for the year ended December 31, 2014. Nationwide certified net interest income on notes receivable from participants of $6,902 for the year ended December 31, 2014.

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) appreciated as follows:

Participant-directed: Mutual funds	$ 125,999
Self-directed: Mutual funds	31,891
	$ 157,890

NOTE C - INVESTMENTS AND CERTIFICATION BY CUSTODIAN (Continued)

Investments that represent 5% or more of the net assets as of December 31, 2014 and 2013 are as follows:

	2014	2013
Vanguard Target Retirement 2035	$ 304,341	$ 226,294
Vanguard Target Retirement 2025	$ 207,896	$ 158,105
Vanguard Target Retirement 2020	$ 208,078	$ 197,039

NOTE D - 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 under FASB ASC 820 are described as follows:

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

Level 2 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;
- 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 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, 2014 and 2013.

Mutual funds: Value per share (unit) is determined and published daily and is the basis for current transactions.

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

Nationwide Fixed Option: The Nationwide Fixed Option (the "Fixed" fund) is valued based upon unit values multiplied by the number of units held. Unit values are based on guaranteed interest rate/periods less assessed contract charges, if any. Deposits are guaranteed in both principal and interest by Nationwide. Amounts are held in Nationwide's general account and are credited on a net daily basis at annual effective rates. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value without restrictions. The net rate, crediting rate, and average yield was 0.45% from January 1, 2014 to February 28, 2014 and 0.60% from March 1, 2014 to December 31, 2014.

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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014

	Level 1	*Level 2*	*Level 3*	*Total*
Mutual funds:				
Large cap	$ 577,303	$ -	$ -	$ 577,303
Mid Cap	208,979	-	-	208,979
Small Cap	225,014	-	-	225,014
International	278,512	-	-	278,512
Bond	596,768	-	-	596,768
Balanced	120,840	-	-	120,840
Target date	1,036,003	-	-	1,036,003
Money market	61,237	-	-	61,237
Specialty	319,262	-	-	319,262
Total mutual funds	3,423,918	-	-	3,423,918
Fixed option	-	-	141,177	141,177
Total assets at fair value	$3,423,918	$ -	$ 141,177	$ 3,565,095

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2013

	Level 1	*Level 2*	*Level 3*	*Total*
Mutual funds:				
Large cap	$ 507,810	$ -	$ -	$ 507,810
Mid Cap	185,582	-	-	185,582
Small Cap	219,357	-	-	219,357
International	203,779	-	-	203,779
Bond	473,939	-	-	473,939
Balanced	123,608	-	-	123,608
Target date	798,312	-	-	798,312
Money market	21,960	-	-	21,960
Specialty	240,829	-	-	240,829
Total mutual funds	2,775,176	-	-	2,775,176
Fixed option	-	-	92,888	92,888
Total assets at fair value	$2,775,176	$ -	$ 92,888	$ 2,868,064

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2014:

Level 3 Assets for Year Ended December 31, 2014

	Fixed Option
Balance, beginning of year	$ 92,888
Realized/unrealized gains (losses), net	4,889
Interest credited	648
Purchases	68,154
Sales	(25,402)
Balance, end of year	$ 141,177
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ 4,889

Unrealized gains/(losses) from the guaranteed investment contract are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

The following table represents the Plan's level 3 assets at December 31, 2014, the valuation techniques used to measure fair value of those assets, and the significant unobservable inputs and the ranges of values for those inputs.

Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Insurance Company Investment Contract	$ 141,177	Discounted Cash Flow	Installment Cashout	0.60%	1.65%

The following table represents the Plan's level 3 assets at December 31, 2013, the valuation techniques used the measure fair value of those assets, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Insurance Company Investment Contract	$ 92,888	Discounted Cash Flow	Installment Cashout	.45%	1.5%

The plan administrator discusses and assesses fair value measurements with internally responsible personnel as well as with the Custodian and an independent advisor, and includes the methodology used to develop and substantiate unobservable inputs used in level 3 fair value measurement.

NOTE E - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are held with Nationwide. Nationwide is the custodian and recordkeper for the Plan and therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants and the related interest income are also considered party-in-interest transactions.

NOTE F - TAX STATUS

The Employer adopted a Volume Submitter 401(k) Profit Sharing Plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, which stated that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Administration errors, if any, that are insignificant or operational in nature, are handled by the plan administrator in accordance with applicable IRS correction policies. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2011.

NOTE G - RISKS AND UNCERTAINTIES

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

NOTE H - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through September 21, 2015, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT
TO DOL REGULATIONS UNDER ERISA
YEAR ENDED DECEMBER 31, 2014

HASA, INC. RETIREMENT SAVINGS PLAN

PLAN NUMBER: 001 EIN: 95-2302297

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) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Nationwide Trust Company, FSB	Aberdeen Global Equity Inst	**	$ 40,972
*	Nationwide Trust Company, FSB	Allianz GI NFJ International Value	**	1,915
*	Nationwide Trust Company, FSB	American Century Short Duration Infl Prt Bond	**	81,513
*	Nationwide Trust Company, FSB	Delaware Extended Duration Bond	**	83,362
*	Nationwide Trust Company, FSB	Delaware Select Growth	**	19,123
*	Nationwide Trust Company, FSB	Federated Clover Small Value	**	13,264
*	Nationwide Trust Company, FSB	Fidelity Advisor Value Strategies	**	94,142
*	Nationwide Trust Company, FSB	Franklin Utilities Ser Adv	**	2,779
*	Nationwide Trust Company, FSB	Goldman Sachs Small Cap Value	**	3,139
*	Nationwide Trust Company, FSB	American Century Global Gold Instl	**	8,164
*	Nationwide Trust Company, FSB	JP Morgan Cor Plus Bond R6	**	175,738
*	Nationwide Trust Company, FSB	JP Morgan Value Advantage Instl	**	2,852
*	Nationwide Trust Company, FSB	MFS Value R4	**	53,531
*	Nationwide Trust Company, FSB	DFA Emerging Markets Core	**	19,733
*	Nationwide Trust Company, FSB	Oppenheimer Developing Markets	**	25,015
*	Nationwide Trust Company, FSB	Franklin Int'l Small Cap Growth Adv	**	122,109
*	Nationwide Trust Company, FSB	Franklin Small Cap Growth Adv	**	705
*	Nationwide Trust Company, FSB	TCW Total Return Bond	**	2,541
*	Nationwide Trust Company, FSB	Harbor Int'l	**	11,417
*	Nationwide Trust Company, FSB	Ivy Science & Technology	**	122
*	Nationwide Trust Company, FSB	BlackRock High Yield Bond Portfolio	**	25,059
*	Nationwide Trust Company, FSB	Wells Fargo Advantage Prem Lg Co Growth	**	87,035
*	Nationwide Trust Company, FSB	Prudential Jennison Mid Cap Growth Z	**	23,677
*	Nationwide Trust Company, FSB	PIMCO Real Estate Real Return Strategy I	**	6,654
*	Nationwide Trust Company, FSB	Calamos Global Equity	**	222
*	Nationwide Trust Company, FSB	Columbia Select Large Cap Growth R5	**	29,317
*	Nationwide Trust Company, FSB	American Century Mid Cap Value	**	36,190
*	Nationwide Trust Company, FSB	Fidelity Advisor Leveraged Co Stock	**	44,148
*	Nationwide Trust Company, FSB	Janus Triton	**	35,613
*	Nationwide Trust Company, FSB	JPMorgan Equity Income Select	**	31,402
*	Nationwide Trust Company, FSB	Permanent Portfolio	**	213
*	Nationwide Trust Company, FSB	DFA US Small Cap	**	46,779
*	Nationwide Trust Company, FSB	PIMCO Small Cap Stocks Plus	**	106,068
*	Nationwide Trust Company, FSB	Legg Mason ClearBridge Appreciation I	**	619
*	Nationwide Trust Company, FSB	PIMCO GNMA Fund	**	2,501

HASA, INC. RETIREMENT SAVINGS PLAN

PLAN NUMBER: 001 EIN: 95-2302297

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) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Nationwide Trust Company, FSB	Neuberger Berman Strategic Income	**	238
*	Nationwide Trust Company, FSB	Nuveen Strategic Income I	**	119
*	Nationwide Trust Company, FSB	Oppenheimer International Small Co Y	**	669
*	Nationwide Trust Company, FSB	Fed Total Return Bond	**	782
*	Nationwide Trust Company, FSB	Prudential Total Return Bond	**	116,314
*	Nationwide Trust Company, FSB	Invesco Balanced Risk Allocation	**	2,633
*	Nationwide Trust Company, FSB	Nationwide Inv Destinations Mod Agrsv	**	8,434
*	Nationwide Trust Company, FSB	Invesco Convertible Securites	**	2,525
*	Nationwide Trust Company, FSB	T. Rowe Price Capital Appreciation	**	4,934
*	Nationwide Trust Company, FSB	Prudential Global Real Estate	**	55,577
*	Nationwide Trust Company, FSB	T. Rowe Price Media & Telecommunication	**	62,710
*	Nationwide Trust Company, FSB	Wells Fargo Advantage Precious Metals	**	9,773
*	Nationwide Trust Company, FSB	HW MidCap Value	**	2,141
*	Nationwide Trust Company, FSB	Invesco Asia Pacific Growth	**	6,984
*	Nationwide Trust Company, FSB	Lord Abbett Short Duration Income	**	8,791
*	Nationwide Trust Company, FSB	MainStay ICAP Intl	**	40,484
*	Nationwide Trust Company, FSB	RS Global Natural Resources Y	**	21,431
*	Nationwide Trust Company, FSB	TCW Emerging Markets Income	**	10,272
*	Nationwide Trust Company, FSB	Nationwide Fixed Option	**	141,177
*	Nationwide Trust Company, FSB	PrimeCap Odysy Aggressive Growth	**	8,681
*	Nationwide Trust Company, FSB	T. Rowe Price Health Sciences	**	108,688
*	Nationwide Trust Company, FSB	Vanguard Energy Inv	**	34,406
*	Nationwide Trust Company, FSB	Dreyfus Cash Management Instl	**	61,237
*	Nationwide Trust Company, FSB	DFA Global Real Estate Securities	**	7,472
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2060	**	22,484
*	Nationwide Trust Company, FSB	AT Disciplined Equity	**	6,092
*	Nationwide Trust Company, FSB	Legg Mason BW Global Opportunities Bond	**	2,481
*	Nationwide Trust Company, FSB	Fidelity Advisor Real Estate	**	20,018
*	Nationwide Trust Company, FSB	Legg Mason Wstrn Asset MrtgBckdSec	**	2,790
*	Nationwide Trust Company, FSB	MFS Research R4	**	55,983
*	Nationwide Trust Company, FSB	MFS Utilities R4	**	17,308
*	Nationwide Trust Company, FSB	Oppenheimer International Bond	**	48,242
*	Nationwide Trust Company, FSB	Oppenheimer International Growth	**	56,460
*	Nationwide Trust Company, FSB	Prudential High Yield	**	48,458
*	Nationwide Trust Company, FSB	Prudential Short-Term Corporate Bd Z	**	238
*	Nationwide Trust Company, FSB	PIMCO Real Return	**	82

HASA, INC. RETIREMENT SAVINGS PLAN

PLAN NUMBER: 001 EIN: 95-2302297

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) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Nationwide Trust Company, FSB	Vanguard Total Stock Market Index FD AS	**	88,440
*	Nationwide Trust Company, FSB	Vanguard Dividend Growth Inv	**	11,538
*	Nationwide Trust Company, FSB	Vanguard Equity-Income Inv	**	95,310
*	Nationwide Trust Company, FSB	Vanguard Explr Inv	**	19,446
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2050	**	5,441
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2040	**	12,508
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2035	**	304,341
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2010	**	298
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2030	**	120,130
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2045	**	46,097
*	Nationwide Trust Company, FSB	Vanguard Target Retirement Inc.	**	46,415
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2025	**	207,896
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2020	**	208,078
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2015	**	69,631
*	Nationwide Trust Company, FSB	Vanguard Target Retirement 2055	**	39,099
*	Nationwide Trust Company, FSB	Vanguard Wellesley Income	**	55,686
		Total investments		3,565,095
*	Participant Loans	3.25% - 5.25%	-0-	192,278
		Total		$ 3,757,373

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

HASA, INC. RETIREMENT SAVINGS PLAN

PLAN NUMBER: 001 EIN: 95-2302297

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2014

		Total that Constitute Nonexempt Prohibited Transactions***			
	Participant Contributions and Loan Repayments Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Fully Corrected Under VFCP* and PTE** 2002-51
(1)	$ 50,730	$ -	$ -	$ 32	$ 7

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

*** Nonexempt Prohibited Transactions represent lost earnings relating to delinquent contributions

(1) Contributions and loan repayments transferred late during the 2013 Plan year.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HASA, INC RETIREMENT SAVINGS PLAN **EIN:** 95-2302297
Plan Sponsor's Name HASA, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	AT Dscpld Eq Y		6,092
	Nationwide Life Insurance	Abrden Glbl Eq Inst		40,972
	Nationwide Life Insurance	AllnzGI NFJ Intl Val Inst		1,915
	Nationwide Life Insurance	AmCent Glbl Gold Inst		8,164
	Nationwide Life Insurance	AmCent MdCap Val Inst		36,190
	Nationwide Life Insurance	AmCent ShtDrInflPrtBd Inst		81,513
	Nationwide Life Insurance	BOA-Fixed		141,177

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HASA, INC RETIREMENT SAVINGS PLAN **EIN:** 95-2302297
Plan Sponsor's Name HASA, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	BlkRk Hi Yld Bd Port BlkRk		25,060
	Nationwide Life Insurance	Calamos Glbl Eq I		222
	Nationwide Life Insurance	Col Sel LgCap Gr R5		29,317
	Nationwide Life Insurance	DE Extnd Dur Bd Inst		83,362
	Nationwide Life Insurance	DE Sel Gr Inst		19,124
	Nationwide Life Insurance	DFA Emrg Mkt Cor Inst		19,733
	Nationwide Life Insurance	DFA Glbl RealEst Sec		7,471

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HASA, INC RETIREMENT SAVINGS PLAN **EIN:** 95-2302297
Plan Sponsor's Name HASA, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	DFA US SmCap		46,779
	Nationwide Life Insurance	Drey Cash Mgt Inst		61,237
	Nationwide Life Insurance	Fed Clover Sm Val Inst		13,264
	Nationwide Life Insurance	Fed Ttl Rtn Bd Inst		782
	Nationwide Life Insurance	FidAdv Levr Co Stk Inst		44,148
	Nationwide Life Insurance	FidAdv RealEst I		20,018
	Nationwide Life Insurance	FidAdv Val Strat Inst		94,143

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HASA, INC RETIREMENT SAVINGS PLAN **EIN:** 95-2302297
Plan Sponsor's Name HASA, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Fnkln Intl SmCap Gr Adv		122,109
	Nationwide Life Insurance	Fnkln SmCap Gr Adv		705
	Nationwide Life Insurance	Fnkln Util Ser Adv		2,779
	Nationwide Life Insurance	GdmnScs SmCap Val Inst		3,139
	Nationwide Life Insurance	HW MdCap Val I		2,141
	Nationwide Life Insurance	Harbor Intl Inst		11,417
	Nationwide Life Insurance	Invsco Asia Pcfc Gr Y		6,984

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HASA, INC RETIREMENT SAVINGS PLAN **EIN:** 95-2302297
Plan Sponsor's Name HASA, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Invsco Bal Rsk Alloc Y		2,633
	Nationwide Life Insurance	Invsco Conv Sec Y		2,525
	Nationwide Life Insurance	JPM Cor Pls Bd R6		175,738
	Nationwide Life Insurance	JPM Eq Inc Sel		31,402
	Nationwide Life Insurance	JPM Val Advtg Inst		2,852
	Nationwide Life Insurance	Jns Triton T		35,613
	Nationwide Life Insurance	LeggM BW Glbl Oppr Bd Inst		2,481

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HASA, INC RETIREMENT SAVINGS PLAN **EIN:** 95-2302297
Plan Sponsor's Name HASA, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	LeggM ClrBrdg App I		619
	Nationwide Life Insurance	LeggM WstrAs MrtgBckdSec I		2,790
	Nationwide Life Insurance	LrdAbt Shrt Dur Inc I		8,791
	Nationwide Life Insurance	MFS Rsrch R4		55,983
	Nationwide Life Insurance	MFS Util R4		17,308
	Nationwide Life Insurance	MFS Val R4		53,531
	Nationwide Life Insurance	MnSty ICAP Intl I		40,484

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HASA, INC RETIREMENT SAVINGS PLAN **EIN:** 95-2302297
Plan Sponsor's Name HASA, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	NW Inv Dest Mod Aggr Inst		8,434
	Nationwide Life Insurance	NeuBer Strat Inc inst		239
	Nationwide Life Insurance	Nuvn Strat Inc I		119
	Nationwide Life Insurance	Opp Devl Mkt Y		25,015
	Nationwide Life Insurance	Opp Intl Bd Y		48,242
	Nationwide Life Insurance	Opp Intl Gr Y		56,460
	Nationwide Life Insurance	Opp Intl Sm Co Y		669

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	PIMCO GNMA Fd Inst		2,501
	Nationwide Life Insurance	PIMCO Real Rtn Inst		82
	Nationwide Life Insurance	PIMCO RlEstRlRtnStrat Inst		6,654
	Nationwide Life Insurance	PIMCO SmCapStkPlsARStrInst		106,068
	Nationwide Life Insurance	PRIMECAP Odysy Aggr Gr		8,682
	Nationwide Life Insurance	Permanent Portfolio		213
	Nationwide Life Insurance	Prudntl Glbl RealEst Z		55,577

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Prudntl Hi Yld Z		48,458
	Nationwide Life Insurance	Prudntl Jnisn MdCap Gr Z		23,677
	Nationwide Life Insurance	Prudntl St Cor Bd Z		238
	Nationwide Life Insurance	Prudntl Ttl Rtn Bd Z		116,314
	Nationwide Life Insurance	RS Glbl Natrl Rsrc Y		21,431
	Nationwide Life Insurance	TCW Emrg Mkt Inc I		10,272
	Nationwide Life Insurance	TCW Ttl Rtn Bd I		2,541

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	TRowePr Cap App		4,934
	Nationwide Life Insurance	TRowePr Hlth Scnc		108,688
	Nationwide Life Insurance	TRowePr Media Telcom		62,711
	Nationwide Life Insurance	Vngrd Divd Gr Inv		11,538
	Nationwide Life Insurance	Vngrd Enrgy Inv		34,406
	Nationwide Life Insurance	Vngrd Eq Inc Inv		95,310
	Nationwide Life Insurance	Vngrd Explr Inv		19,446

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Plan Sponsor's Name HASA, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2010 Inv		298
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2015 Inv		69,631
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2020 Inv		208,078
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2025 Inv		207,896
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2030 Inv		120,130
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2035 Inv		304,341
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2040 Inv		12,508

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2045 Inv		46,097
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2050 Inv		5,441
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2055 Inv		39,099
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2060 Inv		22,484
	Nationwide Life Insurance	Vngrd Trgt Rtrmt Inc		46,415
	Nationwide Life Insurance	Vngrd Ttl StMkt Indx Fd AS		88,440
	Nationwide Life Insurance	Vngrd Wlsly Inc Inv		55,686

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	WFA Prec Mtls Inst		9,773
	Nationwide Life Insurance	WFA Prmr Lg Co Gr Inst		87,035
	Nationwide Life Insurance	WR Ivy Scnc Tech I		122
	Participant Loans			192,278