

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>LEIGHTON GROUP, INC. 401(K) SAVINGS & INVESTMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1983</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1983</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1983</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LEIGHTON GROUP, INC.</u> <u>17781 COWAN</u> <u>IRVINE, CA 92614-6009</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0735097</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>949-681-4206</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541330</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0735097</u>	2c Plan Sponsor's telephone number <u>949-681-4206</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>33-0735097</u>					
2c Plan Sponsor's telephone number <u>949-681-4206</u>					
2d Business code (see instructions) <u>541330</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2015	CHI K. NGUYEN
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 165
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) 135
a(2) Total number of active participants at the end of the plan year	6a(2) 139
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 37
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 176
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 176
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 160
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 7
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 2S 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 LEIGHTON GROUP, INC. 401(K) SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEIGHTON GROUP, INC.	D Employer Identification Number (EIN) 33-0735097	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

AMERIPRISE FINANCIAL SERVICES INC

70100 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(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?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	35069	Yes ☐ No ☒

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

THOERNER & TOMA, AN ACCOUNTANCY CORP

1130 ROOSEVELT
IRVINE, CA 92620

(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?
10	AUDITOR	6400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	1762	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

AMERIPRISE FINANCIAL SERVICES INC

70100 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	1134	Yes ☐ No ☒

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	211	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
AMERIPRISE FINANCIAL SERVICES INC	27	1134

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	INVESTMENT ADVISOR

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERIPRISE FINANCIAL SERVICES INC	55	35069

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>LEIGHTON GROUP, INC. 401(K) SAVINGS & INVESTMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LEIGHTON GROUP, INC.</u>		D Employer Identification Number (EIN) <u>33-0735097</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	193644	136039
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	13611199	14349907
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	13804843	14485946

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13804843	14485946
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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)	87504	
(B) Participants	2a(1)(B)	740996	
(C) Others (including rollovers)	2a(1)(C)	118095	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		946595
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	7184	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7184
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1192086	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1192086
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-213751
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1932114

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1200646	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1200646
f Corrective distributions (see instructions).....	2f		24150
g Certain deemed distributions of participant loans (see instructions).....	2g		17842
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	6400	
(2) Contract administrator fees.....	2i(2)	1762	
(3) Investment advisory and management fees.....	2i(3)	211	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		8373
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1251011

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		681103
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **THOERNER & TOMA CPA'S**

(2) EIN: **33-0337772**

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan LEIGHTON GROUP, INC. 401(K) SAVINGS & INVESTMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEIGHTON GROUP, INC.				D Employer Identification Number (EIN) 33-0735097	
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): 84-1455663					
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 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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): _____

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN
Financial Statements and Schedule
December 31, 2014 and 2013
(With Independent Auditor's
Report Thereon)

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Financial Statements and Schedule
December 31, 2014 and 2013

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* Other schedules are omitted because they are not applicable or not required by the Employee Retirement Income Security Act of 1974 or regulations issued by the Department of Labor.

THOERNER & TOMA
CERTIFIED PUBLIC ACCOUNTANTS
1130 Roosevelt
Irvine, CA 92620
(949) 863-9900

Independent Auditor's Report

To the Administrative Committee and Participants of the
Leighton Group, Inc. 401(K) Savings and Investment Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Leighton Group, Inc. 401(K) Savings and Investment Plan, which comprise the statements as of December 31, 2014 and 2013, and for the year ended December 31, 2014, as listed in the accompanying index, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Trust Company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Report on Supplemental Information

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the accompanying index, referred to as "Supplemental Information," which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

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

Thaerner + Loma

Irvine, California
October 2, 2015

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Statement of Net Assets Available for Benefits
December 31, 2014 and 2013

<u>Assets</u>	<u>2014</u>	<u>2013</u>
Investments at fair value		
Mutual funds	<u>\$14,349,907</u>	<u>\$13,611,199</u>
Total investments	14,349,907	13,611,199
Notes receivable from participants	<u>136,039</u>	<u>193,644</u>
Total assets	14,485,946	13,804,843
<u>Liabilities</u>		
Total liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$14,485,946</u>	<u>\$13,804,843</u>

See accompanying notes to financial statements.

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2014

Additions to net assets attributed to:

Investment income:

Net depreciation in fair value of mutual fund investments	\$ (213,751)
Interest and dividends	<u>1,192,086</u>

Total investment gain	978,335
-----------------------	---------

Interest on notes receivable from participants	7,184
--	-------

Contributions:

Participant contributions	859,091
Company contributions	<u>87,504</u>

Total contributions	<u>946,595</u>
---------------------	----------------

Total additions	<u>1,932,114</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits distributed to participants	1,242,638
--------------------------------------	-----------

Administrative expenses	<u>8,373</u>
-------------------------	--------------

Total deductions	<u>1,251,011</u>
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Net increase in assets available for benefits	681,103
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Net assets available for benefits beginning of year	<u>13,804,843</u>
---	-------------------

Net assets available for benefits end of year	<u><u>\$14,485,946</u></u>
---	----------------------------

See accompanying notes to financial statements.

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Notes to Financial Statements
December 31, 2014 and 2013

(1) Plan Description

General

Leighton Group, Inc. (the "Company"), established and adopted the Leighton Group, Inc. 401(K) Savings and Investment Plan (the "Plan") effective August 1, 1983. The Plan is a defined contribution plan covering substantially all employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective January 1, 2015, the Plan was amended and restated to comply with changes in law, as well as to make additional modifications. The provisions of the plan are contained in the Great-West Trust Company Defined Contribution Prototype Plan and Trust, comprised of the Non-Standardized 401(k) Plan Adoption Agreement and basic plan documents.

The following brief description of the Plan is provided for general information purposes. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Contributions

Participants who are full-time employees of the Company, and are 21 years of age or older, may elect to have the Company contribute on their behalf to the Plan a portion of their compensation for the Plan year. Such salary reduction contributions ("elective deferrals") on a pre-tax basis shall not exceed 20% of each participant's annual base salary to a maximum of \$17,500 in 2014 and 2013. Participants who are 50 years of age or older could elect to contribute an additional \$5,500 in 2014 and 2013. In accordance with the January 1, 2015 Plan amendment, participants are automatically enrolled in the salary reduction arrangement. Eligible employees will contribute 3% of their compensation to the Plan unless they elect a different amount, or elect not to make a contribution. The Plan also provides for participant rollover contributions from other qualified retirement plans.

The Company may make discretionary matching contributions to the Plan, which are allocated to participants based on their elective deferrals. During 2014, the Company's matching contribution, which totaled \$87,504, consisted of an amount equal to 25% of each participant's elective deferrals, but not to exceed 1% of the participant's eligible compensation. No matching contributions were made to the Plan in 2013.

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Notes to Financial Statements
December 31, 2014 and 2013

The Company may also make profit sharing contributions at the discretion of the Company's board of directors. No such profit sharing contributions were made to the Plan in 2014 or 2013.

Participants' Accounts

Each participant's account is credited with their contributions (elective, matching and profit sharing) and for investment earnings. Each participant's account is charged with the amounts they withdraw from the Plan and for their share of investment expenses and losses. Accounts are credited and charged daily for transactions and participants receive reports on their accounts each calendar quarter.

Investments

Each participant has the option to direct investment of the funds in their account into one or more of the investment funds administered by Great-West Trust Company, LLC, the "Trustee". During 2014, participants could elect to invest their account balances among the following mutual fund investments designated by the Company:

Mutual Fund Stock Investments - The primary objective of these funds is to produce long-term capital appreciation through investments in the common stocks of domestic or foreign companies. These funds include Blackrock Flexible Equity Fund; Fidelity Advisor Equity Growth Fund; Great-West S&P 500 Index Fund; Oakmark Select II Fund; Oppenheimer International Growth Fund; Oppenheimer Main Street Mid-Cap Fund; and Wells Fargo Advantage Discovery Fund.

Mutual Fund Blended Investments - The primary investment objective of this group of mutual funds is to obtain a mixture of current income and capital appreciation consistent with the retirement planning of investors. Each fund accomplishes this objective by using an allocation strategy to invest in a combination of equity, fixed-income and money market funds. These funds include American Century Income & Growth Fund; American Century Strategic Allocation Conservative Fund; American Century Strategic Allocation Aggressive Fund; American Century Strategic Allocation Moderate Fund; Great-West Lifetime 2015 Fund; Great-West Lifetime 2025 Fund; Great-West Lifetime 2035 Fund; Great-West Lifetime 2045 Fund; Great-West Lifetime 2055 Fund; and Janus Balanced Fund.

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Mutual Fund Bond Investments – The primary investment objectives of these funds are preservation of capital and maximum total return by investing mainly in fixed-income securities of varying maturities, issued by various U.S. and non-U.S. public- or private-sector entities. These funds include Nationwide Bond Index Fund; Oppenheimer Global Strategic Income Fund; and American Funds Money Market Fund.

Vesting

Participants are immediately vested in their elective deferral and matching contributions plus actual earnings thereon.

Administrative Expenses

Most expenses related to the administration and record keeping of the Plan are paid for by the Plan from Plan assets. The Company is not obligated to pay expenses on behalf of the Plan, but may, at its discretion choose to do so.

Termination of the Plan

The Company has the right under the Plan to suspend or discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, so that each participant receives 100% of his or her account balance as of the date of termination.

2) Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits for each year presented. The financial statements are prepared in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Valuation of Investments

The Plan investments are stated at fair value, in accordance with generally accepted accounting principles.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Federal Income Taxes

The Plan qualifies under Section 401(a) of the Internal Revenue Code (the "Code"). The Plan adopted the Great-West Trust Company, LLC prototype non-standardized plan agreement. This prototype agreement was issued a determination letter by the IRS effective March 31, 2014 confirming that the Plan qualifies under Section 401(a) of the Code.

The Plan's management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, management believes the Plan was qualified and the related trust was tax-exempt as of December 31, 2014 under Sections 401(a) and 401(k) of the Code and is exempt from taxation under provisions of Section 501(a). Accordingly, no provision is made for Federal income tax in the financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's management believes it is no longer subject to income tax examinations for years prior to 2011.

Cash Equivalents

The Plan considers short-term highly liquid investments to be cash equivalents. There were no cash equivalents at December 31, 2014.

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Notes to Financial Statements
December 31, 2014 and 2013

Payment of Benefits

Benefits are recorded when paid for financial statement purposes.

Use of Estimates

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

Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participant's account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Recent Accounting Pronouncements

There were no accounting pronouncements adopted in 2014 or pending at December 31, 2014 that were of significance or potential significance to the Plan.

(3) Administration of the Plan

The trustee of the Plan is Great-West Trust Company, LLC. Record keeping services are provided by Great-West Life & Annuity Insurance Company, an affiliate of the trustee, under an agreement with the Plan.

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Notes to Financial Statements
December 31, 2014 and 2013

(4) Investments

The Plan's investments are participant directed and have been certified by the Plan's trustee. Investments held at December 31, 2014 and 2013 are summarized as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds:		
Janus Balanced Fund	\$1,483,915	\$1,528,281
Wells Fargo Advantage Discovery Fund	1,414,978	0
American Funds Money Market Fund	1,355,570	1,050,753
Fidelity Advisor Equity Growth Fund	1,282,877	991,013
Oppenheimer International Growth Fund	1,162,438	1,462,638
American Century Income & Growth Fund	1,071,303	1,015,582
Oakmark Select II Fund	924,689	933,940
Great-West S & P 500 Index Fund	921,095	943,523
Oppenheimer Main Street Mid Cap Fund	803,165	801,771
Blackrock Flexible Equity Fund	767,182	806,666
American Century Strategic Alloc. Conservative Fund	723,984	562,916
Loomis Sayles Mid Cap Growth Fund	0	1,387,761
Aggregate of other mutual fund investments less than five percent of the Plan's net assets	<u>2,438,711</u>	<u>2,126,355</u>
Total investments	<u>\$14,349,907</u>	<u>\$13,611,199</u>

During 2014, the Plan's mutual funds (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$213,751.

(5) Fair Value Measurements

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

LEIGHTON GROUP, INC.
401(K) SAVINGS AND INVESTMENT PLAN

Notes to Financial Statements
December 31, 2014 and 2013

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.
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Level 2	<p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none">• 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.
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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.
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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:

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

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's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or

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

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

<u>Assets at Fair Value as of December 31, 2014</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Stock funds	\$ 7,276,424	-	-	\$ 7,276,424
Blended funds	4,745,539	-	-	4,745,539
Bond and MMA funds	2,327,944	-	-	2,327,944
Total mutual funds	<u>\$14,349,907</u>	<u>-</u>	<u>-</u>	<u>\$14,349,907</u>
Total assets at fair value	<u>\$14,349,907</u>	<u>-</u>	<u>-</u>	<u>\$14,349,907</u>

<u>Assets at Fair Value as of December 31, 2013</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Stock funds	\$ 7,327,312	-	-	\$ 7,327,312
Blended funds	4,416,042	-	-	4,416,042
Bond and MMA funds	1,867,845	-	-	1,867,845
Total mutual funds	<u>\$13,611,199</u>	<u>-</u>	<u>-</u>	<u>\$13,611,199</u>
Total assets at fair value	<u>\$13,611,199</u>	<u>-</u>	<u>-</u>	<u>\$13,611,199</u>

(6) Participant Loans

A participant employed by the Company may borrow from the Plan the lesser of \$50,000 or 50% of the value of their vested account balance. Loans are repaid in installments not to exceed 60 months and bear interest at fixed interest rates set by the trustee (loans bear interest at rates ranging from 4.25% to 5.75% in 2014).

During 2014, loans in the aggregate amount of \$26,537 were made to participants. Also during 2014, loan repayments (including deemed distributions) amounting to \$84,142 were made by participants. Interest charged on outstanding loans amounted to \$7,184 in 2014. As of December 31, 2014 and 2013, the principal balances outstanding on participant loans were 136,039 and \$193,644, respectively.

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(7) Related-Party Transactions and Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Great-West Financial. Great-West Trust Company, LLC is the trustee of the Plan and Great-West Life & Annuity Insurance Company is the record keeper. Therefore, these investment transactions qualify as exempt party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. In 2014, a direct payment in the amount of \$1,762 was made by the Plan to Great-West Life & Annuity Insurance Company for record keeping services. Additionally, \$6,400 was paid by the Plan to Thoerner & Toma, CPAs for auditing services. Other fees related to the Plan's operations were paid by the Company in 2014.

See Item 4(i) – Schedule of Assets Held for Investment Purposes for additional information related to the Plan's party-in-interest investments.

(8) Subsequent Events

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through October 2, 2015, the date the financial statements were available to be issued.

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Item 4(i) – Schedule of Assets Held for Investment Purposes
December 31, 2014
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(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds Money Market Fund	Mutual Fund	N/A	\$1,355,570
	Janus Balanced Fund	Mutual Fund	N/A	1,483,915
	Oppenheimer International Growth Fund	Mutual Fund	N/A	1,162,438
	Wells Fargo Advantage Discovery Fund	Mutual Fund	N/A	1,414,978
	Blackrock Flexible Equity Fund	Mutual Fund	N/A	767,182
	Oakmark Select II Fund	Mutual Fund	N/A	924,689
	Great-West S & P 500 Index Fund	Mutual Fund	N/A	921,095
	Oppenheimer Global Strategic Income Fund	Mutual Fund	N/A	511,405
	Fidelity Advisor Equity Growth Fund	Mutual Fund	N/A	1,282,877
	American Century Strategic Alloc. Aggressive Fund	Mutual Fund	N/A	459,470
	American Century Income and Growth Fund	Mutual Fund	N/A	1,071,303
	American Century Strategic Allocation Moderate Fund	Mutual Fund	N/A	539,979
	Oppenheimer Main Street Mid-Cap Fund	Mutual Fund	N/A	803,165
	Nationwide Bond Index Fund	Mutual Fund	N/A	460,969
	American Century Strategic Alloc. Conservative Fund	Mutual Fund	N/A	723,984
	Great-West Lifetime 2015 Portfolio Fund	Mutual Fund	N/A	14,267
		(Continued)		

See accompanying independent auditor's report.

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401(K) SAVINGS AND INVESTMENT PLAN

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(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Great-West Lifetime 2025 Portfolio Fund	Mutual Fund	N/A	107,948
	Great-West Lifetime 2035 Portfolio Fund	Mutual Fund	N/A	213,245
	Great-West Lifetime 2045 Portfolio Fund	Mutual Fund	N/A	118,128
	Great-West Lifetime 2055 Portfolio Fund	Mutual Fund	N/A	13,300
	Participant Loans	Interest at 4.25% to 5.75%	-0-	136,039

See accompanying independent auditor's report.

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMX15M1			13,621.30	14,267.24
IMX25M1			104,999.58	107,947.81
IMX35M1			200,159.11	213,244.82
IMX45M1			111,045.12	118,127.79
IMX55M1			12,804.69	13,299.79
IACCAx			724,347.78	723,984.08
IACOAX			521,062.27	539,978.80
IACVAX			447,119.38	459,469.74
IOIGAX			923,817.01	1,162,438.21
IBMCAX			726,203.84	767,182.14
IOPMSX			639,650.89	803,165.33
IWFDAX			1,549,135.35	1,414,978.20
IAMADX			854,685.11	1,071,302.99
IFAEGX			897,699.60	1,282,876.67
194MX5			599,262.47	921,094.81
IOARLX			788,077.69	924,688.85
IJABAX			1,318,522.50	1,483,914.68
IGBIAX			458,658.59	460,969.67
IOPSIX			524,934.81	511,405.12
IRACXX			1,355,570.45	1,355,570.43
			12,771,377.54	14,349,907.17
PARTICIPANT LOANS	VARIOUS	4.250-9.250	134,838.84	136,039.07

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 33-0735097

LEGEND

INVESTMENT OPTION:

IMX15M1	Great-West Lifetime 2015 Fund II T1	IMX25M1	Great-West Lifetime 2025 Fund II T1
IMX35M1	Great-West Lifetime 2035 Fund II T1	IMX45M1	Great-West Lifetime 2045 Fund II T1
IMX55M1	Great-West Lifetime 2055 Fund II T1	IACCAx	American Century Strat Allc Cnstrv A
IACOAX	American Century Strat Allc: Mod A	IACVAX	American Century Strat Allc: Agrsv A
IOIGAX	Oppenheimer International Growth A	IBMCAX	BlackRock Flexible Equity A
IOPMSX	Oppenheimer Main Street Mid Cap A	IWFDAX	Wells Fargo Advantage Discovery A
1AMADX	American Century Income & Growth - A	IFAEGX	Fidelity Advisor Equity Growth T
194MX5	Great-West S&P 500 Index Fund I	IOARLX	Oakmark Select II
IJABAX	Janus Balanced Fund T	IGBIAX	Nationwide Bond Index Fund A
IOPSIX	Oppenheimer Global Strategic Income A	IRACXX	American Funds Money Market Fund R3

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year