

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
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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>NORWALK AREA CONTRACTORS PROFIT SHARING PLAN AND TRUST</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OGLESBY CONSTRUCTION, INC.</u> <u>1600 TOLEDO ROAD</u> <u>NORWALK, OH 44857</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>07/01/1966</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1233573</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>419-668-8204</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>237310</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1966</u>		2b Employer Identification Number (EIN) <u>34-1233573</u>		2c Plan Sponsor's telephone number <u>419-668-8204</u>		2d Business code (see instructions) <u>237310</u>			
1b Three-digit plan number (PN) ▶	<u>001</u>												
1c Effective date of plan <u>07/01/1966</u>													
2b Employer Identification Number (EIN) <u>34-1233573</u>													
2c Plan Sponsor's telephone number <u>419-668-8204</u>													
2d Business code (see instructions) <u>237310</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.	10/14/2015	SHIRLEEN M. MCQUERREY
	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	
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	238
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)	225
a(2) Total number of active participants at the end of the plan year		6a(2)	202
b Retired or separated participants receiving benefits		6b	4
c Other retired or separated participants entitled to future benefits.....		6c	16
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	222
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	222
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	185
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	9
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 2G 2K			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ 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		b General Schedules	
(1) ☐ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>NORWALK AREA CONTRACTORS PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OGLESBY CONSTRUCTION, INC.</u>	D Employer Identification Number (EIN) <u>34-1233573</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
REHMANN FINANCIAL 6155 ROCKSIDE ROAD, SUITE 100
INDEPENDENCE, OH 44131

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
SUNTRUST BANK, INC. 303 PEACHTREE STREET, NE
ATLANTA, GA 30308

(b) Enter name and EIN or address of person who provided you disclosures 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)

(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 ☐

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

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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

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

OMB No. 1210-0110

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
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A Name of plan
NORWALK AREA CONTRACTORS PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN)	►	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OGLESBY CONSTRUCTION, INC.

D	Employer Identification Number (EIN)
	34-1233573

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MORLEY STABLE VALUE FUND**

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1722963
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>NORWALK AREA CONTRACTORS PROFIT SHARING PLAN AND TRUST</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OGLESBY CONSTRUCTION, INC.</u>		D Employer Identification Number (EIN) <u>34-1233573</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	67029	192620
	(2) Participant contributions.....	1b(2)	1243	
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	231748	7907
	(2) U.S. Government securities	1c(2)	40	
	(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)		
	(9) Value of interest in common/collective trusts	1c(9)	1951890	1722963
	(10) Value of interest in pooled separate accounts	1c(10)		
	(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)	11142685	10823573
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	13394635	12747063

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 through 1j)	1k	0	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13394635	12747063
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	228740	
(B) Participants	2a(1)(B)	238283	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		467023

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1

(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)	510831	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		510831

(3) Rents	2b(3)		
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(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)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		13005
(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)		216356
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1207216

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1854663	
(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)		1854663
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	125	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		125
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1854788

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-647572
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: VAN DOOTINGH, MOSHER, MELLE & CO.

(2) EIN: 34-1816383

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		1000000
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



VAN DOOTINGH, MOSHER, MELLEN & CO.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
of the Norwalk Area Contractors
Profit Sharing Plan and Trust
Norwalk, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Norwalk Area Contractors Profit Sharing Plan and Trust, 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 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 E, which was certified by SunTrust Bank, a 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 this custodian holds a portion of the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from this 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 this 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, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions, as of December 31, 2014 are required by the Department of Labor's (DOL) 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.

Van Dething, Mosher, Mellen & Co.

Norwalk, Ohio
October 9, 2015

FINANCIAL SCHEDULES

SCHEDULE H, LINE 4i
(FORM 5500)

2014

For calendar plan year 2014
 OGLESBY CONSTRUCTION, INC.
 NORWALK AREA CONTRACTORS PROFIT SHARING PLAN AND TRUST

EIN: 34-1233573
 PLAN: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(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
	sunamerica money market account	money market account		7,907
	gnma gtd mtg pass thru ctf	0.000 units us govt sec, 02/15/14, 6.00%		0
	morley stable value fund	72,606.947 units common/collective trust		1,722,963
	federated treasury obligations institutional cl # 68	96,605.510 shares money fund		96,606
	fidelity cash reserves	82,315.160 shares money fund		82,315
	cambiar small cap fund inst	6,312.589 shares mutual fund		126,378
	dfa international core equity fund	27,660.643 shares mutual fund		323,630
	dfa short term extended quality portfolio	9,693.704 shares mutual fund		104,595
	doubleline total return bond fund	16,872.522 shares mutual fund		185,092
	eaton vance floating rate fund inst	11,597.171 shares mutual fund		103,331
	forward total marketplus institutional	7,633.245 shares mutual fund		304,643
	forward high yield bond institutional class	30,935.481 shares mutual fund		299,146
	ishares russell 1000 growth index fund	8,310.000 shares mutual fund		794,519
	ishares russell 1000 value index fund	6,164.000 shares mutual fund		643,522
	ishares russell midcap growth fund	2,122.000 shares mutual fund		197,834
	ishares tr dow jones select div index fund	2,795.000 shares mutual fund		221,923
	john hancock funds III disciplined value fund	11,513.889 shares mutual fund		218,418
	mfs research bond fund class a	25,088.692 shares mutual fund		273,466
	oppenheimer fds developing mkts instl	2,790.473 shares mutual fund		97,834
	osterweis strategic income fund	9,028.589 shares mutual fund		102,836
	pimco fds invt grade corp bd fd instl cl	20,121.220 shares mutual fund		212,279
	pimco foreign bond fund us dollar hedged	10,213.809 shares mutual fund		110,003
	ridgeworth fd - midcap value equity	13,682.324 shares mutual fund		187,311
	ridgeworth fd - total return bond fund	17,429.704 shares mutual fund		185,452
	russell emerging markets class s	14,649.280 shares mutual fund		248,598
	russell international developed markets class I	19,366.583 shares mutual fund		664,467
	russell investment grade bond class I	18,449.037 shares mutual fund		409,384
	russell global real estate securities class s	5,547.683 shares mutual fund		212,920
	russell strategic bond class I	38,153.962 shares mutual fund		417,404
	russell us core equity class I	25,799.072 shares mutual fund		986,299
	russell us defensive equity class I	20,456.105 shares mutual fund		956,937
	russell us dynamic equity class s	4,671.657 shares mutual fund		51,528
	russell us small cap equity class I	19,500.412 shares mutual fund		585,207
	t. rowe price diversified small-cap growth fund	5,451.007 shares mutual fund		139,437
	t rowe price real estate fund	4,351.868 shares mutual fund		116,891
	t rowe price institutional large cap growth fund	9,984.944 shares mutual fund		274,386
	templeton global bond fund adv	8,376.806 shares mutual fund		103,956
	vanguard short term bond etf	1,304.000 shares mutual fund		104,255
	vanguard total bond market etf	5,734.000 shares mutual fund		472,310
	western asset mortgage backed securities fund; I	19,037.541 shares mutual fund		208,461
			X	12,554,443

x - Cost omitted for participant directed investments.

FINANCIAL SCHEDULES

SCHEDULE H, ITEM 4j
(FORM 5500)

2014

For calendar plan year 2014
OGLESBY CONSTRUCTION, INC.
NORWALK AREA CONTRACTORS PROFIT SHARING PLAN AND TRUST

EIN: 34-1233573
PLAN: 001

SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred	(g) Cost of asset	(h) Current value of asset	(i) Net gain or (loss)
fidelity cash reserves	money fund	1,207,303	0	0	0	1,207,303	1,207,303	-0-
mfs research bond fund class a	mutual fund	0	965,000	0	0	878,260	965,000	86,740

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

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VAN DOOTINGH, MOSHER, MELLEN & CO.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
of the Norwalk Area Contractors
Profit Sharing Plan and Trust
Norwalk, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Norwalk Area Contractors Profit Sharing Plan and Trust, 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 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 E, which was certified by SunTrust Bank, a 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 this custodian holds a portion of the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from this 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 this 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, Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions, as of December 31, 2014 are required by the Department of Labor's (DOL) 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.

Van Dething, Mosher, Mellen & Co.

Norwalk, Ohio
October 9, 2015

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS:		
INVESTMENTS, AT FAIR VALUE:		
Interest bearing cash	\$ 7,907	\$ 231,748
U.S. government agency securities	0	40
Common/collective trust	1,740,124	1,963,371
Money funds	178,921	113,119
Mutual funds	<u>10,644,652</u>	<u>11,029,566</u>
TOTAL INVESTMENTS, AT FAIR VALUE	12,571,604	13,337,844
RECEIVABLES:		
Employer's contribution	192,620	67,029
Participants' contributions	<u>0</u>	<u>1,243</u>
TOTAL RECEIVABLES	<u>192,620</u>	<u>68,272</u>
TOTAL ASSETS	<u>12,764,224</u>	<u>13,406,116</u>
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	12,764,224	13,406,116
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(17,161)</u>	<u>(11,481)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,747,063</u>	<u>\$ 13,394,635</u>

SEE INDEPENDENT AUDITOR'S REPORT AND ACCOMPANYING NOTES.

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
INVESTMENT INCOME:	
Interest	\$ 1
Dividends	263,201
Capital gain distributions	247,630
Net realized and unrealized appreciation in fair value of investments	235,041
Net change in contract value	<u>(5,680)</u>
TOTAL INVESTMENT INCOME	740,193
CONTRIBUTIONS:	
Employer's	228,740
Participants'	<u>238,283</u>
TOTAL CONTRIBUTIONS	<u>467,023</u>
TOTAL ADDITIONS	1,207,216
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	1,854,663
Administrative expenses	<u>125</u>
TOTAL DEDUCTIONS	<u>1,854,788</u>
NET INCREASE (DECREASE)	(647,572)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>13,394,635</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 12,747,063</u>

SEE INDEPENDENT AUDITOR'S REPORT AND ACCOMPANYING NOTES.

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE A...DESCRIPTION OF PLAN:

The following description of the Norwalk Area Contractors Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL. The Plan is a defined contribution plan covering all full-time employees of Oglesby Construction, Inc. (the Company) who have one year of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A majority of these employees are covered by collective bargaining agreements which will expire in 2016.

CONTRIBUTIONS. The Company contributes to the Plan 1.0% of the participants' qualified earnings. Additional amounts may be contributed at the option of the Company's Board of Directors. Participants must contribute 2.5% of their qualified after tax earnings. Participants may direct investment of their contributions and Company contributions into various investment options offered by the Plan. The Plan currently offers four investment portfolios. Participants may change their investment options once annually. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS. Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. After two years of credited service, participants vest 20 percent per year of credited service and are 100 percent vested in the company contributions portion of their account, plus earnings, after six years of credited service. In addition, participants employed by the Company become 100 percent vested in the company contributions portion of their account, plus earnings, at attainment of normal retirement age (65), death, or permanent disability.

PAYMENT OF BENEFITS. Upon termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in semi-annual installments over a certain period of time. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE A...DESCRIPTION OF PLAN (CONT.):

FORFEITURES. Forfeitures represent the nonvested portion of withdrawing participant accounts. Forfeitures for 2014 and 2013 reallocated to participants' accounts were \$3,625 and \$4,205, respectively.

NOTE B...SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

1. BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

2. INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated 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. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See note D for further discussion of fair value measurements.

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.

3. PAYMENT OF BENEFITS

Benefits are recorded when paid.

4. ADMINISTRATIVE EXPENSES

The Company absorbs most of the administrative expenses related to professional service fees on behalf of the Plan. Expenses absorbed by the Company have not been reflected in the financial statements.

5. USE OF ESTIMATES

The preparation of financial statements in accordance with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE B...SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT.):

6. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 9, 2015, the date which the financial statements were available for issue.

NOTE C...INVESTMENTS:

The Plan's investments are held in either bank-administered accounts or brokerage firms. Investments that represent five percent or more of the Plan's net assets are separately identified.

	<u>2014</u>	<u>2013</u>
Interest bearing cash	\$ 7,907	\$ 231,748
U.S. government agency securities	0	40
Common/Collective Trust:		
Morley Stable Value Fund, at contract value	1,722,963	1,951,890
Money funds	178,921	113,119
Mutual funds:		
Ishares Russell 1000 Growth Index Fund	794,519	1,139,611
Ishares Russell 1000 Value Index Fund	643,522	837,925
MFS Research Bond Fund Class A	273,466	1,217,136
Russell International Developed Markets Cl I	664,467	671,531
Russell U.S. Core Equity Class I	986,299	984,995
Russell U.S. Defensive Equity Class I	956,937	938,173
Other	<u>6,325,442</u>	<u>5,240,195</u>
Total mutual funds	<u>10,644,652</u>	<u>11,029,566</u>
TOTAL INVESTMENTS.....	<u>\$12,554,443</u>	<u>\$13,326,363</u>

During 2014, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$235,041 as follows:

NET CHANGE IN FAIR VALUE

Common/collective trust	\$ 18,685
Mutual funds	<u>216,356</u>
NET CHANGE IN FAIR VALUE.....	<u>\$ 235,041</u>

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: 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.

U.S government agency securities: valued using pricing models maximizing the use of observable inputs for similar securities.

Common/collective trust: valued at the net asset value of the units held by the plan at year end. The net asset value is based on the fair value of the underlying investments held by the trust less its liabilities.

Money funds: valued at the closing price reported in the active market in which the individual securities are traded.

NORWALK AREA CONTRACTORS
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DECEMBER 31, 2014 AND 2013

NOTE D...FAIR VALUE MEASUREMENTS (CONT.):

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

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2014 and 2013.

Fair Value Measurements at December 31, 2014				
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Interest bearing cash	\$ 7,907	\$ 0	\$ 0	\$ 7,907
Common/collective trust	0	1,722,963	0	1,722,963
Money funds	178,921	0	0	178,921
Mutual funds:				
Bank loans	103,331	0	0	103,331
Blend funds	4,111,368	0	0	4,111,368
Bond funds	3,188,639	0	0	3,188,639
Growth funds	1,504,010	0	0	1,504,010
Real estate	329,811	0	0	329,811
Value funds	1,407,493	0	0	1,407,493
Total mutual funds	<u>10,644,652</u>	<u>0</u>	<u>0</u>	<u>10,644,652</u>
TOTAL ASSETS AT FAIR VALUE	<u>\$10,831,480</u>	<u>\$ 1,722,963</u>	<u>\$ 0</u>	<u>\$12,554,443</u>

Fair Value Measurements at December 31, 2013				
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Interest bearing cash	\$ 231,748	\$ 0	\$ 0	\$ 231,748
U.S. government agency sec	0	40	0	40
Common/collective trust	0	1,951,890	0	1,951,890
Money funds	113,119	0	0	113,119
Mutual funds:				
Bank loans	67,373	0	0	67,373
Blend funds	4,642,484	0	0	4,642,484
Bond funds	3,175,119	0	0	3,175,119
Growth funds	1,923,020	0	0	1,923,020
Real estate	186,005	0	0	186,005
Value funds	1,035,565	0	0	1,035,565
Total mutual funds	<u>11,029,566</u>	<u>0</u>	<u>0</u>	<u>11,029,566</u>
TOTAL ASSETS AT FAIR VALUE	<u>\$11,374,433</u>	<u>\$ 1,951,930</u>	<u>\$ 0</u>	<u>\$13,326,363</u>

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE E...UNAUDITED INFORMATION:

For 2014 and 2013, the financial information included in the Plan financial statements, except for contributions receivable, contributions, and benefits paid to participants, has been derived from information certified as complete and accurate by SunTrust Bank, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE F...PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE G...TAX STATUS:

The Internal Revenue Service has determined and informed the Company by a letter dated January 5, 2011 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America requires 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 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 periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE H...ESTIMATED BENEFITS PAID IN 2015:

The amount of estimated benefits applied for prior to December 31, 2014 and that are to be paid by December 31, 2015 are \$0.

NORWALK AREA CONTRACTORS
PROFIT SHARING PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE I...RISKS AND UNCERTAINTIES:

The Plan invests in various types of 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 the amounts reported in the statement of net assets available for plan benefits.

NOTE J...RECLASSIFICATION:

Certain amounts shown on the statements ending December 31, 2013 have been reclassified to conform to the December 31, 2014 presentation.

SUPPLEMENTAL INFORMATION

FINANCIAL SCHEDULES

2014

SCHEDULE H, LINE 4i
(FORM 5500)

For calendar plan year 2014
 OGLESBY CONSTRUCTION, INC.
 NORWALK AREA CONTRACTORS PROFIT SHARING PLAN AND TRUST

EIN: 34-1233573
 PLAN: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(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
	sunamerica money market account	money market account		7,907
	gnma gtd mtg pass thru ctfs	0.000 units us govt sec, 02/15/14, 6.00%		0
	morley stable value fund	72,606.947 units common/collective trust		1,722,963
	federated treasury obligations institutional cl # 68	96,605.510 shares money fund		96,606
	fidelity cash reserves	82,315.160 shares money fund		82,315
	cambiar small cap fund inst	6,312.589 shares mutual fund		126,378
	dfa international core equity fund	27,660.643 shares mutual fund		323,630
	dfa short term extended quality portfolio	9,693.704 shares mutual fund		104,595
	doubleline total return bond fund	16,872.522 shares mutual fund		185,092
	eaton vance floating rate fund inst	11,597.171 shares mutual fund		103,331
	forward total marketplus institutional	7,633.245 shares mutual fund		304,643
	forward high yield bond institutional class	30,935.481 shares mutual fund		299,146
	ishares russell 1000 growth index fund	8,310.000 shares mutual fund		794,519
	ishares russell 1000 value index fund	6,164.000 shares mutual fund		643,522
	ishares russell midcap growth fund	2,122.000 shares mutual fund		197,834
	ishares tr dow jones select div index fund	2,795.000 shares mutual fund		221,923
	john hancock funds III disciplined value fund	11,513.889 shares mutual fund		218,418
	mfs research bond fund class a	25,088.692 shares mutual fund		273,466
	oppenheimer fds developing mkts instl	2,790.473 shares mutual fund		97,834
	osterweis strategic income fund	9,028.589 shares mutual fund		102,836
	pimco fds invt grade corp bd fd instl cl	20,121.220 shares mutual fund		212,279
	pimco foreign bond fund us dollar hedged	10,213.809 shares mutual fund		110,003
	ridgeworth fd - midcap value equity	13,682.324 shares mutual fund		187,311
	ridgeworth fd - total return bond fund	17,429.704 shares mutual fund		185,452
	russell emerging markets class s	14,649.280 shares mutual fund		248,598
	russell international developed markets class I	19,366.583 shares mutual fund		664,467
	russell investment grade bond class I	18,449.037 shares mutual fund		409,384
	russell global real estate securities class s	5,547.683 shares mutual fund		212,920
	russell strategic bond class I	38,153.962 shares mutual fund		417,404
	russell us core equity class I	25,799.072 shares mutual fund		986,299
	russell us defensive equity class I	20,456.105 shares mutual fund		956,937
	russell us dynamic equity class s	4,671.657 shares mutual fund		51,528
	russell us small cap equity class I	19,500.412 shares mutual fund		585,207
	t. rowe price diversified small-cap growth fund	5,451.007 shares mutual fund		139,437
	t rowe price real estate fund	4,351.868 shares mutual fund		116,891
	t rowe price institutional large cap growth fund	9,984.944 shares mutual fund		274,386
	templeton global bond fund adv	8,376.806 shares mutual fund		103,956
	vanguard short term bond etf	1,304.000 shares mutual fund		104,255
	vanguard total bond market etf	5,734.000 shares mutual fund		472,310
	western asset mortgage backed securities fund; I	19,037.541 shares mutual fund		208,461
			x	12,554,443

x - Cost omitted for participant directed investments.

FINANCIAL SCHEDULES

SCHEDULE H, ITEM 4j
(FORM 5500)

2014

For calendar plan year 2014
 OGLESBY CONSTRUCTION, INC.
 NORWALK AREA CONTRACTORS PROFIT SHARING PLAN AND TRUST

EIN: 34-1233573
 PLAN: 001

SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred	(g) Cost of asset	(h) Current value of asset	(i) Net gain or (loss)
fidelity cash reserves	money fund	1,207,303	0	0	0	1,207,303	1,207,303	-0-
mfs research bond fund class a	mutual fund	0	965,000	0	0	878,260	965,000	86,740

SEE INDEPENDENT AUDITOR'S REPORT.