Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BESTWAY CONCRETE COMPANY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1996

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

301 CENTENNIAL DRIVE
MILLIKEN, CO 80543

2b Employer Identification Number (EIN)
84-0858446

2c Plan Sponsor's telephone number
970-356-7523

2d Business code (see instructions)
327300

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

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	181
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)**	162
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	152
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	181
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	151
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
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 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
BESTWAY CONCRETE COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BESTWAY CONCRETE COMPANY

D Employer Identification Number (EIN)
84-0858446

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(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 52 60 62 25 49 72 37	RECORDKEEPER	1756	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
BESTWAY CONCRETE COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BESTWAY CONCRETE COMPANY

D Employer Identification Number (EIN)
84-0858446

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)	96334	107922
(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)	258842	210719
(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)	4299486	4758310
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4654662	5076951
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4654662	5076951

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)	151402	
(B) Participants	2a(1)(B)	375242	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		526644
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)	8693	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8693
(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)	203406	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		203406
(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)		47752
c Other income	2c		732
d Total income. Add all **income** amounts in column (b) and enter total	2d		787227
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	344288	
(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)		344288
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		18894
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	1756	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1756
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		364938
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		422289
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SOUKUP BUSH & ASSOCIATES (2) EIN: 84-1128248

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
BESTWAY CONCRETE COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BESTWAY CONCRETE COMPANY

D Employer Identification Number (EIN)
84-0858446

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): 20-3691658

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Bestway Concrete Company
401(k) Plan

Financial Statements and Independent Auditor's Report

December 31, 2014 and 2013

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SOUKUP BUSH
& Associates, CPAs, P.C.
2032 Caribou Drive, Suite 200
Fort Collins, CO 80525
970.223.2727
Fax 970.226.0813

Independent Auditor's Report

To the Board of Directors
Bestway Concrete Company 401(k) Plan
Milliken, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bestway Concrete Company 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Capital Bank and Trust Company held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules for the Schedule of Assets Held for Investment Purposes at End of Year 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 referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Swanson Bush + Associates P.C.

Fort Collins, Colorado
October 13, 2015

Bestway Concrete Company 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value		
Investment in mutual funds	$ 4,758,310	$ 4,299,486
Cash equivalents	107,922	96,334
Total investments	4,866,232	4,395,820
Receivables		
Notes receivable from participants	210,719	258,842
Total receivables	210,719	258,842
Total assets	5,076,951	4,654,662
Liabilities		
Total liabilities	-	-
Net assets reflecting investments at fair value	5,076,951	4,654,662
Net assets available for benefits	$ 5,076,951	$ 4,654,662

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Bestway Concrete Company 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 47,752
Dividend income	203,406
Total investment income	251,158
Contributions:	
Participant contributions	375,242
Employer match contributions	151,402
Total contributions	526,644
Other income:	
Interest income from participant loans	8,693
Other revenue	732
Total other income	9,425
Total additions	787,227
Deductions from net assets attributed to:	
Benefits paid to participants	363,182
Administrative fees	1,756
Total deductions	364,938
Net increase	422,289
Net assets available for benefits:	
Beginning of year	4,654,662
End of year	$ 5,076,951

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Note 1 - Summary of Significant Accounting Policies

The following description of the Bestway Concrete Company 401(k) Plan (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 regular employees of the employer, Bestway Concrete Company, who are age nineteen or older and have one year of service. The Plan was established on July 1, 1996. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and has been amended to incorporate legislative change under the Economic Growth Tax Relief Reconciliation Act (EGTRAA).

Bestway Concrete Company (the Company) administers the Plan. Capital Bank and Trust Company (Capital) serves as trustee, manages Plan assets, and maintains the Plan's records.

Contributions - Participants may defer a percentage of their total compensation each year instead of receiving that amount in cash. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The amount of the deferral is limited to the maximum allowed by law. The Plan also allows rollover contributions from qualified plans. Participant contributions are withheld from the employees' payroll each pay period.

The Company may make discretionary matching contributions to the Plan. Whether or not these contributions will be made is determined on an annual basis. In years that those discretionary contributions are made, they will be made for all employees that participated in the Plan during that plan year. A discretionary matching contribution was made for a portion of the Plan year ended December 31, 2014. The amount that the Company matched was equal to 50% of the employee's deferral contribution up to a maximum of 8% of their compensation for the year ended December 31, 2014. The Company may also make additional discretionary nonelective contributions to the Plan. In years that those discretionary contributions are made, they will be made for employees that are employed by the employer on the last day of the year, or have obtained at least 501 hours of service or been employed for 91 consecutive calendar days during the plan year. No additional discretionary non-elective contributions were made for the Plan for the year ended December 31, 2014 or December 31, 2013.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocation of (a) the Plan sponsor's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Summary of Significant Accounting Policies (continued)

Vesting - Participants are immediately vested in their contributions into the Plan. Participant vesting with regards to employer contributions into the Plan is determined by years of service. The table below outlines the vesting schedule for employer contributions into the Plan that are made for the benefit of the participant.

Employer discretionary matching and non-elective contributions for participants will vest over time as follows:

Years of Service	Vested Interest
1 year of service	10 %
2 years of service	20 %
3 years of service	40 %
4 years of service	60 %
5 years of service	80 %
6 years of service	100 %

Notes Receivable From Participants - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their vested account balance, whichever is less. A participant may only have two loans outstanding at any given time. The loans are secured by the balance in the participant's account and bear interest rates determined by the Plan Sponsor. The interest rates on outstanding notes receivable from participants ranged from 3.25%-6.00%. Interest income on notes receivable from participants is recognized in the period it is earned. Installment payments including principal and interest on the loans are withheld from the participant payroll every pay period. Loans mature through May 30, 2032.

Notes receivable from participants are considered in default at the end of a calendar quarter following a calendar quarter for which there is any outstanding payment due (principal or interest). At this date, the entire outstanding principal and accrued interest shall be distributed or deemed distributed to the participant. For the year ended December 31, 2014, there were $18,894 of deemed distributions that resulted from defaulted loans.

Note 1 - Summary of Significant Accounting Policies (continued)

Payment of Benefits - Upon death, disability, retirement, or termination of service, a participant can receive a lump-sum payment in the amount equal to the participant's vested account balance within a reasonable period of time after termination of employment. If a participant is required to receive a lifetime RMD, the participant may elect to receive installment payments to satisfy their RMD requirement in either monthly, quarterly, or annual installments. Participants cannot make withdrawals of their matching or nonelective contributions from their accounts prior to retirement or age 55, except in the event of disability, death, termination of employment or notice of hardship, without being subject to certain restrictions and penalties. In addition, Participants may not make withdrawals of their elective deferrals from their accounts prior to retirement or age 59 and a half, except in the event of disability, death, termination of employment or notice of hardship, without being subject to certain restrictions and penalties. Benefits are recorded when paid.

Forfeitures - According to the plan document, all forfeitures will first be used to pay administrative expenses and then allocated to participants based on the same allocation as would be used for employer non-elective contributions. The Internal Revenue Code does not authorize forfeiture suspense accounts to hold unallocated monies beyond the plan year in which they arise. Forfeitures in the amount of $0 were used to pay administrative expenses during the year ended December 31, 2014. The balance in the forfeiture account was $881 and $4,427 for December 31, 2014 and 2013, respectively.

Administrative Expenses - According to the Plan document, it is anticipated that all settlor administrative expenses shall be paid by the Company. However, to the extent that the administrative expenses are not paid by the Company, such expenses shall be paid out of the Trust fund upon the direction of the Administrator provided that such payments are consistent with ERISA. During the plan year 2014, administrative expenses were paid by the Trust fund in the amount of $1,756. Capital administrative fees in the amount of $0 were paid from the forfeiture account.

Plan Restatement - The Plan was restated in order to comply with all the applicable requirements as set forth by the Internal Revenue Code. The Plan has adopted an American Funds Distributors, Inc. Volume Submitter Defined Contribution Plan.

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

Note 1 - Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition - Investments are stated at fair value. Investments in mutual funds are reported at the last reported sales price at the end of the respective periods using quoted market prices. Participant loans are carried at cost, which approximates fair value.

The net realized and unrealized investment gains or losses (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statement of changes in net assets available for benefits, and is determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Reclassification - Certain 2013 amounts have been reclassified to conform with the 2014 presentation.

Note 2 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820-10, Fair Value Measurements are described as follows:

Level 1 Fair Value Measurements - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in an active market which the Plan has the ability to access at the measurement date.

Note 2 - Fair Value Measurements (continued)

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

- Quoted prices for similar assets or liabilities in an active market;
- Quoted prices for identical or similar assets or liabilities in an inactive market;
- 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 Fair Value Measurements - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Valued at the daily closing price as reported by the fund and are classified as Level 1 investments. Mutual funds held by the Plan are open-end 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.

There have been no changes in the methodologies used at December 31, 2014, and 2013.

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

Note 2 - Fair Value Measurements (continued)

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:

	Assets at Fair Value as of December 31, 2014:			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds:				
U.S. equity funds	$ 564,693	$ -	$ -	$ 564,693
International equity funds	263,393	-	-	263,393
Balanced/Asset allocation funds	110,460	-	-	110,460
Fixed income funds	336,046	-	-	336,046
Target retirement funds	3,483,718	-	-	3,483,718
Total mutual funds	4,758,310	-	-	4,758,310
Cash equivalents:				
Cash equivalents	107,922	-	-	107,922
Ending balance	$ 4,866,232	$ -	$ -	$ 4,866,232

	Assets at Fair Value as of December 31, 2013:			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds:				
U.S. equity funds	$ 355,203	$ -	$ -	$ 355,203
International equity funds	188,636	-	-	188,636
Balanced/Asset allocation funds	64,146	-	-	64,146
Fixed income funds	319,649	-	-	319,649
Technology funds	-	-	-	-
Target retirement funds	3,371,852	-	-	3,371,852
Total mutual funds	4,299,486	-	-	4,299,486
Cash equivalents:				
Cash equivalents	96,334	-	-	96,334
Ending balance	$ 4,395,820	$ -	$ -	$ 4,395,820

Note 3 - Investments

Capital has certified in writing to the Plan administrator that the stated amounts for investments at fair value as of December 31, 2014 and 2013 and the income earned on the investments for the year ended December 31, 2014, as reflected in the accompanying financial statements and supplemental schedule, are complete and accurate.

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

Investments are stated at fair value as determined by quoted market prices. During the year ended December 31, 2014, the Plan's investments (including investments bought, sold and held during the year) appreciated in value as follows:

Participant Directed:	
Mutual Funds	$ 47,752
Total gain	$ 47,752

Note 3 - Investments (continued)

The following presents investments that represent five percent (*) or more of the Plan's net assets:

	December 31, 2014			December 31, 2013		
	Number of Shares or Principal Amount	Fair Value		Number of Shares or Principal Amount	Fair Value	
Investments at fair value as determined by quoted market price						
American Funds 2025 Target Date Fund R3	113,004.148	$ 1,373,000	*	101,449.353	$ 1,201,160	*
American Funds 2015 Target Date Fund R3	79,132.718	865,712	*	85,157.836	911,189	*
American Funds 2035 Target Date Fund R3	53,001.420	670,998	*	61,221.618	753,026	*
American Funds 2045 Target Date Fund R3	22,898.198	294,242	*	22,884.236	285,366	*
American Funds US Government Sec R3	12,636.439	177,163		17,609.111	237,899	*
Total		$ 3,381,115			$ 3,388,640	

Note 4 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated for any reason, all participants become 100% vested, and the Plan administrator is to distribute each participant's interest to the participant or beneficiary.

Note 5 - Tax Status

The Plan has adopted a prototype plan from American Funds Distributors, Inc., "American Funds Distributors, Inc. Defined Contribution Prototype Plan and Trust". The prototype plan received its latest determination letter from the IRS on March 31, 2008 stating that the plan, as designed is in compliance with the applicable requirements of the Internal Revenue Code (IRC).

The Plan administrator has not received a determination letter for their specific plan. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with all applicable requirements of the Internal Revenue Code.

Note 6 - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and December 31, 2013 to Schedule H of Form 5500:

	2014	2013
Net assets available for benefits per the financial statements	$ 5,076,951	$ 4,654,662
Net assets available for benefits per Schedule H of Form 5500	$ 5,076,951	$ 4,654,662

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2014 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 363,182
Benefits paid directly to participants or beneficiaries per Schedule H of Form 5500	$ 344,288
Certain deemed distributions per Schedule H of Form 5500	18,894
Total benefits paid to participants per Schedule H of Form 5500	$ 363,182

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

Employer contributions per the financial statements	$ 151,402
Employer contributions per Schedule H of Form 5500	$ 151,402

Note 6 - Reconciliation of Financial Statements to Schedule H of Form 5500 (continued)

The following is a reconciliation of net investment gain from registered investment companies and unrealized appreciation of assets per the Schedule H of Form 5500 to the financial statements for the year ended December 31, 2014:

Net appreciation in fair value of investments per the financial statements	$ 47,752
Net investment gain from mutual funds per Schedule H of Form 5500	$ 47,752

Note 7 - Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2014	2013
Investments, at fair value:		
Mutual funds	$ 4,758,310	$ 4,299,486
Cash equivalents	$ 107,922	$ 96,334
Receivables, at principal balance plus accrued interest:		
Notes receivable from participants	$ 210,719	$ 258,842

Note 8 - Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by the trustee, Capital. The transactions in these investments qualify as party-in-interest transactions. Fees incurred by the Plan for the 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. As described in Note 1, the Plan also made direct payments to the third party administrator totaling $1,756, of which $0 were from the Plan's forfeiture account. The Plan Sponsor pays directly any other fees related to the Plan's operations.

Note 9 - Risks and Uncertainties

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

Note 10 - Subsequent Events

The Company has evaluated all subsequent events through October 13, 2015, the date the financial statements were available to be issued.

Note 11 - Accounting for Uncertain Tax Positions

The Plan adopted FASB Interpretation No. 48 (FASB ASC 740-10-10), *Accounting for Uncertainty in Income Taxes* on January 1, 2009. ASC 740-10-10 is an interpretation of SFAS No. 109, Accounting for Income Taxes. ASC 740-10-10 prescribes recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken in a tax return. ASC 740-10-10 requires the affirmative evaluation that is more likely-than-not, based on the technical merits of a tax position, that an enterprise is entitled to economic benefits resulting from positions taken in income tax returns. If a tax position does not meet the more-likely-than not recognition threshold, the benefit of the position is not recognized in the financial statements. ASC 740-10-10 also requires companies to disclose additional quantitative and qualitative information in the financial statements about uncertain tax positions. The Company's adoption of ASC 740-10-10 on January 1, 2009, did not have a material impact on the financial statements.

The Plan's evaluation on December 31, 2014 revealed no tax positions that would have a material impact on the financial statements. The 2011 through 2013 tax years remain subject to examination by the Internal Revenue Service (IRS). As of the date of the financial statements, the IRS has not commenced any examinations. The Plan does not believe that any reasonably possible changes will occur within the next twelve months that will have a material impact on the financial statements.

Supplemental Information

Bestway Concrete Company 401(k) Plan
Schedule of Assets Held for Investment Purposes at End of Year
For the Year Ended December 31, 2014
Plan # 001
ID # 84-0858446

Schedule H, line 4i - 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	(e) Current value ($)
*	American Funds	Cash Equivalent - American Funds Money Market Fund R3	107,922
*	American Funds	Mutual Fund - American Funds Europacific GR R3	81,753
*	American Funds	Mutual Fund - American Funds New Perspective R3	99,651
*	American Funds	Mutual Fund - American Funds Fundamental Invs R3	53,867
*	American Funds	Mutual Fund - American Funds 2010 Target Date Fund R3	67,306
*	American Funds	Mutual Fund - American Funds 2020 Target Date Fund R3	151,686
*	American Funds	Mutual Fund - American Funds 2030 Target Date Fund R3	25,021
*	American Funds	Mutual Fund - American Funds 2040 Target Date Fund R3	14,855
*	American Funds	Mutual Fund - American Funds 2050 Target Date Fund R3	12,379
*	American Funds	Mutual Fund - American Funds Growth Fund of Amer R3	187,802
*	American Funds	Mutual Fund - American Funds New World Fund R3	68,540
*	American Funds	Mutual Fund - American Funds Washington Mutual R3	35,599
*	American Funds	Mutual Fund - American Funds American Balanced R3	56,167
*	American Funds	Mutual Fund - American Funds US Government Sec R3	177,163
*	American Funds	Mutual Fund - American Funds Capital World G/I R3	13,450
*	American Funds	Mutual Fund - American Funds 2015 Target Date Fund R3	865,712
*	American Funds	Mutual Fund - American Funds 2025 Target Date Fund R3	1,373,000
*	American Funds	Mutual Fund - American Funds 2035 Target Date Fund R3	670,998
*	American Funds	Mutual Fund - American Funds 2045 Target Date Fund R3	294,242
*	American Funds	Mutual Fund - American Funds 2055 Target Date Fund R3	8,519

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

Bestway Concrete Company 401(k) Plan
Schedule of Assets Held for Investment Purposes at End of Year
For the Year Ended December 31, 2014
Plan # 001
ID # 84-0858446

Schedule H, line 4i - Schedule of Assets (held at end of year)

(a)	(b) Identity of issue, borrow, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value ($)
	Davis Funds	Mutual Fund - Davis NY Venture R	110,079
	Lord Abbett	Mutual Fund - Lord Abbett Value Opportunities R3	1
	Franklin Templeton Investment Funds	Mutual Fund - Franklin Small Cap Value R	92,690
	Franklin Templeton Investment Funds	Mutual Fund - Franklin Income R	54,293
	Franklin Templeton Investment Funds	Mutual Fund - Templeton Global Bond Fund-R	35,293
	Franklin Templeton Investment Funds	Mutual Fund - Franklin Small-Mid Cap Growth R	56,477
	Janus	Mutual Fund - Perkins Mid Cap Value Fund R	27,296
	PIMCO	Mutual Fund - Pimco Total Return Fund - R	112,491
	American Century	Mutual Fund - American Century Infl-Adj Bond R	11,099
*	Participant Loans	Promissory Loans, maturing through May 2032, collateralized by participant accounts, with interest rates of 3.25%-6.00%	210,719

* - Party-in-interest

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Bestway Concrete Company 401(k) Plan
01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RERCX			75,626.37	81,752.68
1RGACX			159,828.05	187,802.16
1RNPCX			84,930.88	99,651.12
1RNWCX			70,313.43	68,539.88
1NYVRX			111,756.94	110,078.59
1FSMRX			62,282.73	56,477.02
1LVORX			1.45	1.40
1JDPRX1			31,287.89	27,296.08
1RWICX			13,335.44	13,449.69
1RFNCX			45,176.65	53,867.10
1RWMCX			34,402.61	35,598.59
1FVFRX			86,703.05	92,690.38
1RLBCX			54,624.29	56,166.88
1FISRX			50,140.40	54,293.04
1RGVCX			181,276.05	177,162.83
1AIARX			11,379.08	11,099.01
1PTRRX			116,279.67	112,490.97
1TP-GBR			37,184.18	35,292.96
1RACXX			107,921.91	107,921.91
1RCATX			63,529.44	67,305.55
1RCJTX			768,637.98	865,711.94
1RCCTX			129,915.61	151,686.42
1RCDTX			1,114,603.81	1,373,000.39
1RCETX			23,217.56	25,020.85
1RCFTX			545,387.29	670,997.97
1RCKTX			14,462.37	14,855.39
1RCHTX			240,618.01	294,241.88
1RCITX			11,615.28	12,379.28
1RCMTX			7,828.01	8,518.78
			4,254,266.43	**4,865,350.74**
PARTICIPANT LOANS	VARIOUS	3.250-6.000	210,726.35	210,718.88
FORFEITURES			894.97	881.34

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 840858446

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Bestway Concrete Company 401(k) Plan
01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RERCX	American Funds EuroPacific Gr R3	1RGACX	American Funds Growth Fund of Amer R3
1RNPCX	American Funds New Perspective R3	1RNWCX	American Funds New World Fund R3
1NYVRX	Davis NY Venture R	1FSMRX	Franklin Small-Mid Cap Growth R
1LVORX	Lord Abbett Value Opportunities R3	1JDPRX1	Perkins Mid Cap Value Fund R
1RWICX	American Funds Capital World G/I R3	1RFNCX	American Funds Fundamental Invs R3
1RWMCX	American Funds Washington Mutual R3	1FVFRX	Franklin Small Cap Value R
1RLBCX	American Funds American Balanced R3	1FISRX	Franklin Income R
1RGVCX	American Funds US Government Sec R3	1AIARX	American Century Infl-Adj Bond R
1PTRRX	PIMCO Total Return Fund - R	1TP-GBR	Templeton Global Bond Fund - R
1RACXX	American Funds Money Market Fund R3	1RCATX	American Funds 2010 Target Date Fund R3
1RCJTX	American Funds 2015 Target Date Fund R3	1RCCTX	American Funds 2020 Target Date Fund R3
1RCDTX	American Funds 2025 Target Date Fund R3	1RCETX	American Funds 2030 Target Date Fund R3
1RCFTX	American Funds 2035 Target Date Fund R3	1RCKTX	American Funds 2040 Target Date Fund R3
1RCHTX	American Funds 2045 Target Date Fund R3	1RCITX	American Funds 2050 Target Date Fund R3
1RCMTX	American Funds 2055 Target Date 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