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
HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1988

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

23311 MADERO
MISSION VIEJO, CA 92691

2b Employer Identification Number (EIN)
95-2800680

2c Plan Sponsor's telephone number
949-380-4161

2d Business code (see instructions)
811490

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.	10/15/2015	WENDY CREAMER
	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**	800
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)**	644
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	655
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	184
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	840
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	842
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	805
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	125
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:
2F 2G 2J 2E 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFFMAN SOUTHWEST CORP.

D Employer Identification Number (EIN)
95-2800680

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	14500	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIRST CLEARING LLC

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	52248	Yes [ ] No [X]

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK US OPPS INV A - BNY MELLON I	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM EQUITY INCOME A - BOSTON FINAN	330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPPHMR INTL GROWTH A - OFI GLOBAL	TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO COMM REL RET A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST CLEARING LLC	55	52248

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	---

(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: ALLEN HAIGHT & MONAHAN LLP	**b** EIN: 33-0688067	
c Position:		
d Address: 2603 MAIN STREET SUITE 600 IRVINE, CA 92614	**e** Telephone: 949-852-9433	

Explanation: CHANGE OF COMPANY OWNERSHIP

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOFFMAN SOUTHWEST CORP.

D Employer Identification Number (EIN)
95-2800680

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-026	C	1913022

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 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)

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 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)

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 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)

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 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)

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 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)

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 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 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

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
HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFFMAN SOUTHWEST CORP.

D Employer Identification Number (EIN)
95-2800680

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1031398	1120837
(9) Value of interest in common/collective trusts	1c(9)	2038080	1913022
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	18318092	20762739
(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	21387570	23796598
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21387570	23796598

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)	412547	
	(B) Participants	2a(1)(B)	2001429	
	(C) Others (including rollovers)	2a(1)(C)	53520	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2467496
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)	51910	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		51910
	(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)	1235370	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1235370
	(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)		10719
(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)		-12373
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3753122
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1329594	
(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)		1329594
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	14500	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14500
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1344094
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2409028
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: KNUF & COMPANY, LLP **(2)** EIN: 32-0081502

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFFMAN SOUTHWEST CORP.

D Employer Identification Number (EIN)
95-2800680

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**

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): 04-6568107

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):

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS

As of December 31, 2014

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments Are included: ☑	$49,865			
Check here if Late Participant Loan Repayments Are included: ☑	$49,886			
Check here if Late Participant Loan Repayments Are included: ☑	$45,510			
Check here if Late Participant Loan Repayments Are included: ☑	$47,777			
Check here if Late Participant Loan Repayments Are included: ☑	$51,220			
Check here if Late Participant Loan Repayments Are included: ☑	$53,306			
Check here if Late Participant Loan Repayments Are included: ☑	$51,771			
Check here if Late Participant Loan Repayments Are included: ☑	$51,292			

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS

As of December 31, 2014

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments Are included: ☑	$52,938			
Check here if Late Participant Loan Repayments Are included: ☑	$44,705			
Check here if Late Participant Loan Repayments Are included: ☑	$70,459			
Check here if Late Participant Loan Repayments Are included: ☑	$53,332			
Check here if Late Participant Loan Repayments Are included: ☑	$52,343			
Check here if Late Participant Loan Repayments Are included: ☑	$49,547			

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR)

As of December 31, 2014

a)	b) Identity of issue, borrower, lessor or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Mutual funds			
*		Fidelity Advisor Equity Income A	**	$ 1,016,219
*		Fidelity Advisor Stock Selector Mid Cap A	**	1,098,364
*		Fidelity Advisor Strategic Income A	**	1,184,329
*		Fidelity Advisor Short Fixed Income A	**	224,941
*		Fidelity Advisor Value Strategic A	**	826,915
*		Fidelity Advisor Small Cap A	**	1,144,961
*		Fidelity Advisor High Income A	**	245,880
*		Fidelity Advisor Dividend Growth A	**	1,979,394
*		Fidelity Advisor Diversified International A	**	673,681
*		Fidelity Advisor Global Cap App A	**	406,452
*		Fidelity Advisor Freedom Income A	**	8,791
*		Fidelity Advisor New Insights A	**	3,105,134
*		Fidelity Advisor Government Income A	**	805,166
*	Fidelity Investments	Oppenheimer International Growth A	**	378,890
*		Blackrock US Opps Inv A	**	400,336
*		PIMCO Commodity Real Return A	**	52,507
*		JP Morgan Equity Income A	**	560,608
*		Fidelity Advisor Freedom 2005 A	**	12,997
*		Fidelity Advisor Freedom 2010 A	**	162,227
*		Fidelity Advisor Freedom 2015 A	**	149,685
*		Fidelity Advisor Freedom 2020 A	**	695,276
*		Fidelity Advisor Freedom 2025 A	**	734,429
*		Fidelity Advisor Freedom 2030 A	**	1,118,373
*		Fidelity Advisor Freedom 2035 A	**	779,076
*		Fidelity Advisor Freedom 2040 A	**	630,705
*		Fidelity Advisor Freedom 2045 A	**	964,764
*		Fidelity Advisor Freedom 2050 A	**	1,095,470
*		Fidelity Advisor Freedom 2055 A	**	307,170
*	Fidelity Investments	Fidelity Advisor Stable Value Fund, at contract	**	1,874,229
*	Hoffman SW, et al	Employer contribution receivable	$-0-	342
*	Participant loans	Varying maturities, interest rates: 5.25% - 7.25%	$-0-	1,120,837
				$ 23,758,147

* Represents a party-in-interest

** Cost information omitted with respect to participant directed investment

HOFFMAN SOUTHWEST 401(k) SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

As of December 31, 2014

with

INDEPENDENT AUDITORS' REPORT THEREON

HOFFMAN SOUTHWEST 401(k) SAVINGS PLAN

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Note: All other schedules have been omitted since the information is either disclosed elsewhere in the financial statements or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the Hoffman Southwest 401(k) Savings Plan:

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Hoffman Southwest 401(k) Savings Plan, which comprise the Statements of Net Assets Available for Plan Benefits as of December 31, 2014, and the related Statements 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
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting 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 8, which was certified by Fidelity Management Trust Employer, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Other Matter
The supplemental Schedules of Delinquent Participant Contributions (Schedule H, Line 4a) and Assets Held at the End of the Year (Schedule H, Line 4i) as of and for the year ended 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 the 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 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.

Other Matter—2013 Financial Statements
The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Investments, the trustee of the Plan. Their report, dated October 7, 2014, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Knuf & Company, LLP

KNUF & COMPANY, LLP
October 13, 2015
Santa Ana, California

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31, 2014	December 31, 2013
ASSETS		
Investments, at fair value		
Collective investment trust	$ 1,913,022	$ 1,921,765
Mutual funds	20,762,739	18,318,092
	22,675,761	20,239,857
Receivables		
Notes receivable from participants	1,120,837	1,031,398
Employer contribution receivable	342	-
	1,121,179	1,031,398
Adjustment from fair value to contract value for fully-responsive collective investment trust	(38,793)	77,522
Net assets available for plan benefits	$ 23,758,147	$ 21,348,777

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Year Ended December 31, 2014
Additions	
Contributions:	
Employer	$ 412,547
Participant	2,001,429
Participant rollover	53,520
Total contributions	2,467,496
Investment income:	
Net loss on fair value of investments	(12,031)
Net gain in fair value of collective investment trust	10,719
Interest and dividends	1,235,370
Participant loan interest	51,910
Total investment income	1,285,968
Total additions	3,753,464
Deductions	
Benefits paid to participants	1,329,594
Administrative fees	14,500
Total deductions	1,344,094
Net increase	2,409,370
Net assets available for plan benefits, beginning of the year	21,348,777
Net assets available for plan benefits, end of the year	$ 23,758,147

See accompanying notes to financial statements

NOTE 1 – DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of the Hoffman Southwest 401(k) Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents as amended, for a more complete description of the Plan's provisions.

General

The Plan is a profit sharing plan with a cash or deferred arrangement feature for the benefit of eligible employees of Hoffman Southwest Corp., Hoffman Texas, Inc., Hoffman Utah, Inc., and Western Drain Supply, Inc. The Plan is sponsored by Hoffman Southwest Corp. (the "Employer"), and became effective on January 1, 1988 (amended February 15, 2013). It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All regular employees who are a minimum of 18 years of age and have completed thirty days of service are eligible to participate in the Plan. New participants are automatically enrolled in the Plan after one month of service. Unless a participant affirmatively elects otherwise automatic enrollment contributions will be made at 3% of compensation, increased annually by 1%, up to a total of 7% of compensation.

Basis of Accounting

The Plan maintains its accounting records on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the amounts of revenue and expenses during the reporting periods. Actual results could differ from those estimates.

NOTE 1 – DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, (continued)

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for 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.

Date of Management's Review

Subsequent events were evaluated through October 13, 2015, which is the date of the financial statements were issued.

Plan Administration

The Employer is the Plan Administrator. Fidelity Investments, and its subsidiary, Fidelity Management Trust Company (the "Trustee") is the custodian of the Plan's assets and the Trustee, respectively.

Contributions

Participants may contribute to the Plan through tax deferred salary deductions up to 50% of their compensation. Participants over age 50 may make catch-up contributions limited by provisions in the IRC. With certain limitations, participants may also contribute distributions from other qualified plans ("rollovers"). The Plan received $53,520 in rollover contributions during the year ended December 31, 2014.

The Employer's policy is to match a percentage of the salary deferral amount as determined by the Board of Directors. The Employer matched 33⅓% of participant contributions, up to 4% of eligible compensation for the year ended December 31, 2014.

The Employer may also make an additional discretionary contribution as determined by the Board of Directors each year. This discretionary contribution is allocated only to participants completing at least 1,000 hours of service during the Plan year, based on the percentage relationship of the participant's eligible compensation to the total eligible compensation for all participants. Participants must be employed on the last day of the Plan's year to share in allocations, with the exception of participants retiring during the Plan year. No discretionary contributions were declared or paid during the years ended December 31, 2014.

NOTE 1 – DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, (continued)

Plan Restatement

The Plan was a standardized form of a prototype plan sponsored by an affiliate of the Trustee. Subsequent to the Plan year ended December 31, 2014, the prototype plan was restated and adopted by Plan. The restated Plan is essentially the same as the Plan in effect at December 31, 2014, incorporating amendments made in prior periods to the former Plan.

Investment Options

Participants may direct their salary deferral contributions and the Employer's contributions into a variety of available investment funds made available by the Custodian. All amounts in each participant's account are invested and reinvested as elected by the participant from among the Plan's available investment funds.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Employer contribution and an allocation of Plan earnings. Each participant's account is credited with investment gain or loss as of each valuation date. The valuation date occurs daily during the Plan year. Earnings and losses are allocated on the basis of the ratio that a participant's account balance bears to the total account balances of all participants in the same investment. 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 rollover contributions and elective contributions plus actual earnings thereon. Employer contributions are vested ratably over a six-year period commencing on the participant's date of hire according to the following schedule:

Years	Percent Vested
1	15%
2	30%
3	45%
4	60%
5	80%
6	100%

Participants are considered fully vested upon attainment of retirement age, retirement due to disability, death, and upon termination of the Plan.

NOTE 1 – DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, (continued)

Benefits

On termination of service or retirement, participants will receive their entire account balance in a lump sum distribution if the account balance is $1,000 or less. Otherwise, the funds remain in the Plan until the separated participants submit written request for payment. All amounts allocated to withdrawing participants for benefit claims that have been processed and approved for payment prior to December 31, 2014, were paid to the participants on or before year-end.

Hardship Withdrawals

A withdrawal from a participant's account may be permitted if the participant has a financial hardship for certain specific reasons as defined in the Plan document. There were $101,629 in hardship withdrawals for the year ended December 31, 2014.

Participant Loans

A participant can borrow from the Plan in any amount up to 50% of the fair value of the participant's vested account balance reduced by the participant's highest outstanding plan loan balance in the prior twelve months. In no event may the participant borrow more than $50,000.

Loans are for a period not exceeding five years, except for loans used to acquire or construct a principal residence of a participant, which provide for repayment over a reasonable period of time that may exceed five years. Interest rates range from 5.25% to 7.25% per annum at December 31, 2014. The current value of loans to participants was $1,120,837 at December 31, 2014.

Forfeited Accounts

The non-vested portions of terminated participants' account balances are treated as forfeitures. Should the participant subsequently be rehired within a five-year period and otherwise meet eligibility requirements of the Plan, the Employer will make necessary contributions to the Plan in an amount required to restore the participant's previously forfeited account balance.

Forfeitures are used to pay the Plan's administrative expenses and any excess amounts are used to reduce the Employer's matching contributions. Forfeitures used to pay the Plan's administrative expenses and to reduce the Employer's matching contributions were $34,200 for the year ended December 31, 2014.

NOTE 1 – DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, (continued)

General and Administrative Expenses

The Trustee and custodian charges fees for administration, transactions, and brokerage services. Set up, administrative services, compliance fees, and tax return preparation are paid by the Employer on an annual basis. Other fees are paid by the Plan or the Employer on an ad-hoc basis depending on services requested. The Employer pays the annual audit fee to an independent accountant. Other fees, including distribution and loan set-up fees, are charged to participants on a transactional basis. For 2014, fees paid by the Plan were $14,500, net of forfeitures of $18,651. Brokerage fees paid from participant accounts were $52,248 in 2014.

NOTE 2 – INCOME TAX STATUS

The Employer adopted a standardized form of a prototype plan sponsored by Fidelity Management and Research Company, an affiliate of Fidelity Management Trust Employer (the "Prototype Plan"). The Prototype Plan received an opinion letter dated March 31, 2014 from the Internal Revenue Service which stated that the Prototype Plan, as then designed was in compliance with the applicable requirements of the IRC. The Prototype Plan opinion letter has been relied upon by this Plan. The Plan Administrator, and the Sponsor's tax advisor, believe the Plan is currently designed and being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) upon examination by the Internal Revenue Service, the U.S. Department of Labor (DOL) and other applicable tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is not subject to tax examinations for the years prior to 2010 with regards to the IRS and 2010 and 2007 with regards to the DOL.

NOTE 3 – PLAN TERMINATION

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

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes 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 the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("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 used 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.

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

Collective investment trust: The fair value of the wrapper investment (See Note 5) is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

NOTE 4 – FAIR VALUE MEASUREMENTS (continued)

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

	Fair Value at December 31, 2014		
	Level 1	Level 2	Total
Mutual funds:			
Bond funds	$ 2,214,436	$ -	$ 2,214,436
Growth funds	9,494,389	-	9,494,389
Value funds	2,403,742	-	2,403,742
Target funds	6,650,172	-	6,650,172
Total mutual funds	20,762,739	-	20,762,739
Collective investment trust	-	1,913,022	1,913,022
Total assets at fair value	$ 20,762,739	$ 1,913,022	$ 22,675,761

	Fair Value at December 31, 2013		
	Level 1	Level 2	Total
Mutual funds:			
Bond funds	$ 2,196,271	$ -	$ 2,196,271
Growth funds	8,666,277	-	8,666,277
Value funds	1,984,014	-	1,984,014
Target funds	5,471,531	-	5,471,531
Total mutual funds	18,318,092	-	18,318,092
Collective investment trust	-	1,921,765	1,921,765
Total assets at fair value	$ 18,318,092	$ 1,921,765	$ 20,239,857

The Plan held no assets which would be considered Level 3 investments.

Gains and losses included in changes of net assets available for plan benefits for the year ended December 31, 2014 are reported as net in loss in fair value of investments.

The Plan's policy is to recognize transfers in or out of Level 2 as of the date of the event or change in circumstances that caused the transfer.

NOTE 5 – INVESTMENT CONTRACT – COLLECTIVE INVESTMENT TRUST

The Plan holds a stable value investment contract, Fidelity Advisor Stable Value Fund (the "Fund"), with Fidelity Pricing and Cash Management Services, a subsidiary of the Trustee. The Fund is an open-end commingled pool dedicated exclusively to the management of assets of defined contribution plans. The Fund invests in underlying assets (typically fixed-income securities or bond funds and may include derivative instruments such as futures contracts and swap agreements) and enters into "wrapper" contracts issued by a third party. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The wrap issuer agrees to pay the Fund an amount sufficient to cover unit holder redemptions and certain other payments (such as fund expenses), provided all the terms of the wrappers have been met. Wrappers are normally purchased from issuers rated in the top three long-term rating categories (A- or the equivalent and above). The purpose of the wrappers is to preserve the investors' principal investment while earning interest income, providing more stability than a traditional investment.

The Fund is a fully benefit-responsive investment contract. The Trust is a non-tradable obligation of the Custodian, which cannot or will not be sold to a third party. The repayment of principal and interest is an obligation of the Custodian. If realization of contract value is no longer probable, (which the Custodian believes is improbable) the Fund may no longer be considered benefit responsive. Holders of the Trust have reasonable access to their assets. Participants are allowed to partake in participant-initiated transactions with funds in the Fund as allowed under the Plan, including distributions, loans, and transfers to other investment choices.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the stable value investment contract. Contract value, as reported by Fidelity Pricing and Cash Management Services, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable. The stable value investment contract does not permit Fidelity Pricing and Cash Management Services to terminate the agreement prior to the scheduled maturity date

NOTE 5 – INVESTMENT CONTRACT – COLLECTIVE INVESTMENT TRUST (continued)

The performance history of the Fund is as follows:

	December 31, 2014	December 31, 2013
Total assets in the collective investment trust at fair value	$ 1,913,022	$ 1,921,765
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(38,793)	77,522
Total assets in the Fidelity Advisor Stable Value Fund at contract value	$ 1,874,229	$ 1,999,287
Average yield earned by the Plan	1.69%	1.59%
Average interest rate credited to participants	1.06%	1.14%
Average yield earned less average interest rate collected	0.63%	0.45%

NOTE 6 – MARKET RISK

The value of the Plan's investments is subject to market risk associated with the potential fluctuation in the values of the underlying securities. The Plan provides for investment in any combination of mutual funds with different investment strategies. These investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan benefits.

NOTE 7 - RELATED-PARTY TRANSACTIONS

The following entities are considered parties-in-interest under ERISA:

Party-in-Interest	Function or Services Provided	Compensation received for the Year Ended December 31, 2014
Hoffman Southwest Corp.et al	Plan Sponsor and Administrator	$ - 0 -
First Clearing, LLC	Advisor	-0 -
Fidelity Investments et al	Custodian and Trustee	14,500
	Total	$14,500

All of these transactions are considered exempt parties-in-interest under ERISA.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	December 31, 2014	December 31, 2013
Net assets for available for Plan benefits per the financial statements	$ 23,758,147	$ 21,348,777
Employer contribution receivable for lost earnings	(342)	-
Adjustment from fair value to contract value for collective investment trust	38,793	-
Net assets for available for Plan benefits per Schedule H of Form 5500	$ 23,796,598	$ 21,348,777

The following is a reconciliation of the net increase in net assets available for plan benefits per the financial statements for the year ended December 31, 2014, to Schedule H of Form 5500:

Net increase in net assets available for Plan benefits per the financial statements	$ 2,409,370
Employer contribution receivable for lost earnings	(342)
Net income per Schedule H of Form 5500	$ 2,409,028

The receivable for lost earnings is due to circumstances described at Note 11.

NOTE 9 - INVESTMENTS

The Plan Administrator has elected the method of reporting permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations of Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the Trustee, has certified that the following data in the accompanying financial statements and supplemental schedule is complete and accurate.

- Investments at fair value and notes receivable from participants as shown in the Statement of Net Assets Available for Plan Benefits as of December 31, 2014 and December 31, 2013;
- Net increase or decrease in assets available for plan benefits as shown in Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2014 and December 31, 2013;
- Schedule H, Line 4i; Schedule of Assets Held for Investment Purposes as of December 31, 2014 (Fidelity Management Trust Company) and
- Investments that represent five percent or more of the Plan's net assets as reflected below.

The following table presents the value of investments in the Plan. Individual investments representing more than 5% of the Plan's net assets as of December 31, 2014 and 2013 are separately identified as are investments stated at fair value.

	2014 (Unaudited)	2013 (Unaudited)
Fidelity Investments:		
(Fidelity Management Trust Company)		
Fidelity Advisor New Insights A	$ 3,105,134	$ 2,855,853
Fidelity Advisor Stable Value	1,913,022	1,921,765
Fidelity Advisor Dividend Growth A	1,979,394	1,658,976
Fidelity Advisor Strategic Income A	Less than 5%	1,113,456
Other mutual funds	15,678,211	12,689,807
Investments, at fair value	22,675,761	20,239,857
Participant loans	1,120,837	1,031,398
Employer contribution receivable	342	-
Fair-to-contract value adjustment	(38,793)	77,522
	$ 23,758,147	$ 21,348,777

During the year ended December 31, 2014, the Plan's investment in mutual funds and the collective investment trust (including gains and losses on investments bought and sold, as well as held during the year) lost ($12,031) and gained $10,719, respectively, for a net loss of ($1,312).

NOTE 10 – TERMINATED PARTICIPANTS

The balance of net assets available for plan benefits at December 31, 2014 includes $2,274,715 in the vested accounts of 201 participants who are no longer employed by the Employer.

NOTE 11 – PROHIBITED TRANSACTIONS

During the year ended December 31, 2014, on fourteen occasions, participant contributions and loan payments totaling $723,951 were not submitted on a timely basis per DOL regulations. These are considered nonexempt prohibited transactions by the DOL. Although the contributions were made during the respective plan year and are therefore not considered payables to the Plan, the Employer must reimburse the Plan for the amount of lost earnings from the dates the payments should have been made to the dates the payments were received by the Plan. Participant loan balances and participant interest earned must also be adjusted for interest that accrued from the dates the payments should have been made to the dates the payments were received by the Plan.

The untimely submissions made during the plan year ended December 31, 2014 were corrected subsequent to the end of the plan year. The Employer has paid lost earnings of $342 to the Plan in full. No net changes to the balances of participant loans receivable or accrued participant loan interest were necessary.

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS

As of December 31, 2014

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments Are included: ☑	$49,865			
Check here if Late Participant Loan Repayments Are included: ☑	$49,886			
Check here if Late Participant Loan Repayments Are included: ☑	$45,510			
Check here if Late Participant Loan Repayments Are included: ☑	$47,777			
Check here if Late Participant Loan Repayments Are included: ☑	$51,220			
Check here if Late Participant Loan Repayments Are included: ☑	$53,306			
Check here if Late Participant Loan Repayments Are included: ☑	$51,771			
Check here if Late Participant Loan Repayments Are included: ☑	$51,292			

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS

As of December 31, 2014

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments Are included: ☑	$52,938			
Check here if Late Participant Loan Repayments Are included: ☑	$44,705			
Check here if Late Participant Loan Repayments Are included: ☑	$70,459			
Check here if Late Participant Loan Repayments Are included: ☑	$53,332			
Check here if Late Participant Loan Repayments Are included: ☑	$52,343			
Check here if Late Participant Loan Repayments Are included: ☑	$49,547			

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR)

As of December 31, 2014

a)	b) Identity of issue, borrower, lessor or similar party	c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	d) Cost	e) Current Value
	Mutual funds			
*		Fidelity Advisor Equity Income A	**	$ 1,016,219
*		Fidelity Advisor Stock Selector Mid Cap A	**	1,098,364
*		Fidelity Advisor Strategic Income A	**	1,184,329
*		Fidelity Advisor Short Fixed Income A	**	224,941
*		Fidelity Advisor Value Strategic A	**	826,915
*		Fidelity Advisor Small Cap A	**	1,144,961
*		Fidelity Advisor High Income A	**	245,880
*		Fidelity Advisor Dividend Growth A	**	1,979,394
*		Fidelity Advisor Diversified International A	**	673,681
*		Fidelity Advisor Global Cap App A	**	406,452
*		Fidelity Advisor Freedom Income A	**	8,791
*		Fidelity Advisor New Insights A	**	3,105,134
*		Fidelity Advisor Government Income A	**	805,166
*	Fidelity Investments	Oppenheimer International Growth A	**	378,890
*		Blackrock US Opps Inv A	**	400,336
*		PIMCO Commodity Real Return A	**	52,507
*		JP Morgan Equity Income A	**	560,608
*		Fidelity Advisor Freedom 2005 A	**	12,997
*		Fidelity Advisor Freedom 2010 A	**	162,227
*		Fidelity Advisor Freedom 2015 A	**	149,685
*		Fidelity Advisor Freedom 2020 A	**	695,276
*		Fidelity Advisor Freedom 2025 A	**	734,429
*		Fidelity Advisor Freedom 2030 A	**	1,118,373
*		Fidelity Advisor Freedom 2035 A	**	779,076
*		Fidelity Advisor Freedom 2040 A	**	630,705
*		Fidelity Advisor Freedom 2045 A	**	964,764
*		Fidelity Advisor Freedom 2050 A	**	1,095,470
*		Fidelity Advisor Freedom 2055 A	**	307,170
*	Fidelity Investments	Fidelity Advisor Stable Value Fund, at contract	**	1,874,229
*	Hoffman SW, et al	Employer contribution receivable	$-0-	342
*	Participant loans	Varying maturities, interest rates: 5.25% - 7.25%	$-0-	1,120,837
				$ 23,758,147

* Represents a party-in-interest

** Cost information omitted with respect to participant directed investment