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;
- [X] 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
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

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)
HILLCREST CONTRACTING, INC.

P.O. BOX 1898
CORONA, CA 92878

2b Employer Identification Number (EIN)
33-0084251

2c Plan Sponsor's telephone number
951-273-9600

2d Business code (see instructions)
237310

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.		
	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**	164
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)**	164
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	124
b	Retired or separated participants receiving benefits	**6b**	53
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	177
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	177
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	164
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:
2D 2E 2F 2G 2J 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)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [ ] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0084251

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

1 Coverage Information:

(a) Name of insurance carrier

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-1590850	65935	RM-85292-1	0		

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HILLCREST CONTRACTING, INC.

D Employer Identification Number (EIN)
33-0084251

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: 500 INDEX ADMIRAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE 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)
74-1625348-002	P	70712

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE 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)
74-1625348-001	P	140

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSET MANAGER 85 PERCENT

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE 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)
74-1625348-002	P	1371

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED INDEX ADMIRAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE 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)
74-1625348-002	P	260475

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE 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)
74-1625348-002	P	432

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED EQUITY INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE 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)
74-1625348-002	P	784

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEND GROWTH

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE 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)
74-1625348-002	P	32276

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEN GROWTH INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41322
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS DEBT R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41388
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44803
a Name of MTIA, CCT, PSA, or 103-12 IE: EXPLORER NVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 782
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED MARKET INDEX ADMIRAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14024
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED MARKET INDEX FUND INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5411
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2855
a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED-INTEREST OPTION INSTITUTIONAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2135112
a Name of MTIA, CCT, PSA, or 103-12 IE: FOUR-IN-ONE INDEX		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253
a Name of MTIA, CCT, PSA, or 103-12 IE: FREEDOM 2005 FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310

a Name of MTIA, CCT, PSA, or 103-12 IE: FREEDOM 2015 FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13601
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL GROWTH R4		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2752
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE SECURITIES I		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28656
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL STOCK FUND I		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48918
a Name of MTIA, CCT, PSA, or 103-12 IE: GNMA INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1157
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH & INCOME INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 574
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH & INCOME PORTFOLIO		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 712
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH INDEX ADMIRAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66522
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE BOND FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 280

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERM-TERM INVESTMENT GRADE INVEST			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55957
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATION DIVERSIFICATION R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41623
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY I			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1233
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1392
a Name of MTIA, CCT, PSA, or 103-12 IE: INTM TERM BOND INDEX ADMR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2313
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP STOCK			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5635
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE-CAP INDEX INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3628
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY GROWTH INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4815
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY MODERATE GROWTH INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4584

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLESLEY INCOME INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87072

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM GOVT BOND INDEX ADMR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2037

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG-TERM TREASURY INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 817

a Name of MTIA, CCT, PSA, or 103-12 IE: LRG CAP INDEX ADMIRAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136460

a Name of MTIA, CCT, PSA, or 103-12 IE: MA INVESTORS GROWTH STOCK R4

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5361

a Name of MTIA, CCT, PSA, or 103-12 IE: MAGELLAN FUND

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23005

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH R4

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3624

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX ADMR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110257

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH INDEX INV

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1811

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP VALUE INDEX INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1826

a Name of MTIA, CCT, PSA, or 103-12 IE: MORTGAGE SECUIRTIES		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5249
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW MILLENNIUM		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5393
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIME OBLIGATIONS A		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66259
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX ADMIRAL		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112212
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5468
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE INDEX INVESTOR		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1793
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX-INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4597
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN U.S. BOND INDEX INV		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2310
a Name of MTIA, CCT, PSA, or 103-12 IE: STOCK SELECTOR LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5016
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39742

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2020 INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21103

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2030 INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1892

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2292

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 947

a Name of MTIA, CCT, PSA, or 103-12 IE: TECHNOLOGY R4

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10930

a Name of MTIA, CCT, PSA, or 103-12 IE: TELECOM AND UTILITIES

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 564

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET INDEX INV

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3904

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN R4

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 779

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX INV

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8064

a Name of MTIA, CCT, PSA, or 103-12 IE: TTL BD MKT IDX ADMR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22165

a Name of MTIA, CCT, PSA, or 103-12 IE: TTL STK MKT IDX ADMR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14898

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. VALUE INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5637

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

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE INDEX ADMIRAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90475

a Name of MTIA, CCT, PSA, or 103-12 IE: INTM TERM GOVT BOND INDEX ADMR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1798

a Name of MTIA, CCT, PSA, or 103-12 IE: LOAN 1

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115659

a Name of MTIA, CCT, PSA, or 103-12 IE: LOAN 1

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348-002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115658

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
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0084251

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	8108	115659
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		3714638
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1653639	1168846
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2626986	
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4288733	4999143
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4288733	4999143

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)	490250	
	(B) Participants	2a(1)(B)	227629	
	(C) Others (including rollovers)	2a(1)(C)	16292	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		734171
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2799	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2799
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	52745	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		52745
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		123480
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		221
d Total income. Add all **income** amounts in column (b) and enter total	2d		913416
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	188548	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		188548
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	14458	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14458
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		203006
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		710410
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: ANTHONY & ASSOCIATES, INC. **(2)** EIN: 33-0146112

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
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0084251

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): 13-3786104

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** 17

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):

ANTHONY & ASSOCIATES

Certified Public Accountants
2650 E. Imperial Highway, Suite 300
Brea, California 92821

A. LEE ANTHONY, C.P.A.
WILLIAM R. SIKES, C.P.A.
KARI M. GRIPPI, C.P.A.

Telephone (714) 961-1661
Fax (714) 961-8607

The Trustees of
Hillcrest Contracting, Inc.
401(k) Profit Sharing Plan
P.O. Box 1898
Corona, CA 91718

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hillcrest Contracting, Inc., 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2014, 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

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 2014 financial statements based on conducting our 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 on the 2014 financial statements.

Basis for Disclaimer of Opinion on the 2014 Financial Statements

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

Disclaimer of Opinion on the 2014 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2014 Financial Statements paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements.

Other Matter - Report on Supplementary Information

The supplemental schedules, as listed in the accompanying index, as of or 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 on the 2014 Financial Statements paragraph, we do not express an opinion on these supplemental schedules.

Other Matter - 2013 Financial Statements

The financial statements of Hillcrest Contracting, Inc. 401(k) Profit Sharing Plan as of and for the year ended December 31, 2013, were audited by other auditors whose report dated October 2, 2014 expressed an unmodified opinion on those statements.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2014 Financial Statements

The form and content of the information included in the 2014 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Anthony & Associates

September 29, 2015
Brea, CA

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY FINANCIAL INFORMATION

YEAR ENDED DECEMBER 31, 2014

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HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

ASSETS

	December 31, 2014	December 31, 2013
INVESTMENTS AT CONTRACT VALUE (Notes 1, 3 and 4):		
Cash	$ 225,994	$ 17,404
Investments	4,657,490	4,263,221
Total Investments	4,883,484	4,280,625
OTHER ASSETS:		
Employer's Contribution Receivable	---	---
Employee Contribution Receivable	---	---
Notes Receivable from Participants (Notes 1 and 2)	115,659	8,108
Total Other Assets	115,659	8,108
Total Assets	4,999,143	4,288,733

LIABILITIES

LIABILITIES	---	---
Net Assets Available for Plan Benefits	$ 4,999,143	$ 4,288,733

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the Year Ended December 31, 2014

ADDITIONS (DEDUCTIONS) TO NET ASSETS ATTRIBUTED TO:	
Investment Income (Loss):	
Net Appreciation (Depreciation) in Fair Value of Investments	$ 123,480
Dividends and Interest Income	52,745
Participant Loan Interest	2,799
Total Investment Income	179,024
CONTRIBUTIONS:	
Employer's Contributions	490,250
Employee Contributions	227,630
Rollover	16,292
Other	220
Total Contributions	734,392
Total Additions	913,416
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Distributions Allocated to Participants	(188,548)
Administrative Expenses	(14,458)
Total Deductions	(203,006)
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	710,410
BEGINNING NET ASSETS AVAILABLE FOR PLAN BENEFITS	4,288,733
ENDING NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 4,999,143

See Accompanying Notes and Independent Auditor's Report

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014

NOTE 1 - Description of Plan

The following description of the Hillcrest Contracting, Inc. 401(k) Profit Sharing Plan provides only general information. Reference is made to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Prevailing Wage Pension Plan was adopted on July 8, 1991 as a defined contribution plan covering all employees of Hillcrest Contracting, Inc. (Employer) who have completed one hour of service and perform work under "prevailing wage" contracts. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Profit Sharing Plan was adopted on January 1, 1988 as a defined contribution plan covering all employees of Hillcrest Contracting, Inc. (Employer) who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Prior to 2003, the Company maintained separate profit sharing and prevailing wage pension plans for the benefit of its employees. Beginning in 2003, the profit sharing plan and the prevailing wage pension plan were combined into one plan which covers all employees who meet certain qualifications. The name of the new plan is the Hillcrest Contracting, Inc. 401(k) Profit Sharing Plan.

Interest and dividend income is earned individually according to each Participant's investment allocation and are reinvested in each account. Certain administration functions are performed by employees of the employer.

Contributions:

Prevailing wage contributions are made by the employer based on hours worked and job classification of each employee performing work on prevailing wage contracts.

Profit sharing contributions are determined annually by the Company up to a maximum of 25% of all participants' compensation.

Participants may make contributions limited to the maximum annual contribution allowable pursuant to the requirements of Section 401(k).

Participant Accounts:

Each Participant's account is credited with the Participant's contributions, employer's contribution, as well as earnings according to each Participant's investment allocation. Each Participant's account is charged with an allocation of operating expenses. Operating expense allocations are based on participant's account balances.

NOTE 1 - Description of Plan (Cont.)

Vesting:

Participants are immediately vested in the prevailing wage and employee contribution portion of contributions plus applicable earnings thereon. Vesting in the profit sharing portion of contributions is based on years of service. A participant is 100% vested after six years of credited service.

Investment Options:

Contributions on behalf of the Participants are invested in accordance with the Participants' investment allocation. Each Participant receives allocations of Plan earnings based on the Participant's investment allocation. Participants may change their investment options at any time.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of 50% of their vested account balance, or $50,000. The loans are secured by the balance in the participant's account and bear interest at a rate of one percent over the prime rate in effect on the first business day of the month the loan is originated. Loan terms are specified for each loan and could range from one year to five years. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits:

On termination of service or normal retirement, a Participant may elect to receive a lump-sum distribution equal to the value of the vested interest, at termination date, in his or her account.

Forfeited Accounts:

Due to immediate vesting, there are no forfeitures of prevailing wage contributions or Employee deferral contributions. Forfeited profit sharing balances are used to reduce non-elective employer contributions. Forfeitures used in 2014 were $656. As of December 31, 2014, forfeited balances amounting to $29,213 were included in Plan investments.

NOTE 2 - Summary of Accounting Policies

Basis of Accounting:

The accompanying financial statements have been prepared on the accrual basis of accounting. The financial statements and notes are the representation of the Plan's trustees, who are responsible for the integrity and objectivity of the financial statements.

Use of Estimates:

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

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes from participants are reclassified as distributions based upon the terms of the Plan document.

Investment Valuation and Income Recognition:

The Plan's investment is valued at market value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits:

Benefits are recorded when paid.

Operating Expenses:

All expenses of maintaining the plan are allocated to participants based on participant's account balances.

Subsequent Events:

Management has evaluated subsequent events through September 29, 2015, the date on which the financial statements were available to be issued.

NOTE 3 - Information Prepared and Certified by Trustees

The following information included in the accompanying Statements of Net Assets Available for Plan Benefits and Statements of Changes of Net Assets Available for Plan Benefits, and Supplemental Schedules, was obtained from data that has been prepared and certified to as complete and accurate by the custodian (Colorado National Bank) as of December 31, 2014:

Description of Investment	Fair Value
Cash	$ 225,993
500 Index Admiral	70,712
500 Index Investor	140
Actavis PLC Ord	8,495
Agilent Technologies, Inc.	6,059
Allergan, Inc.	10,630
Apartment Invt & Mgmt Co	7,319
Apple Inc.	8,499
Asset Manager 85 percent	1,371
Balanced Index Admiral	260,474
Bank of American Corporation	7,460
Bed Bath & Beyond Inc.	10,664
Berkshire Hathaway Inc.	8,709
Blue Chip Growth	432
Cigna Corp	11,011
Cisco Systems Inc.	10,598
Citigroup Inc.	6,818
Clorox Company	9,275
CVS Health Corporation	9,246
Diversified Equity Investor	784
Dividend Growth	32,276
Dividend Growth Investor	41,322
Du Pont E I De Nemours & Co	9,464
Emerging Markets Debt R4	41,388
Entergy Corp	10,585
Equity Income Investor	44,803
Explorer Investor	782
Extended Market Index Admiral	14,024
Extended Market Index Fund Inv	5,411

NOTE 3 - Information Prepared and Certified by Trustees (Cont.)

Description of Investment	Fair Value
Fidelity Fund	2,855
First Trust Morningstar Div Leader	3,596
Fixed-Interest Option Institutional	2,135,111
Four-in-One Index	253
Freedom 2005 Fund	310
Freedom 2015 Fund	310
Global Equity Investor	13,601
Global Growth R4	2,752
Global Real Estate Securities I	28,656
Global Stock Fund I	48,918
GNMA Investor	1,157
Goldman Sachs Group Inc.	10,079
Growth & Income Investor	575
Growth & Income Portfolio	712
Growth Index Admiral	66,522
H&R Block Inc.	5,456
Hewlett-Packard Company	7,625
Home Depot Inc.	11,652
Host Hotels and Resorts Inc.	6,846
Illinois Tool Works Inc.	8,997
Intercontinental Exchange Inc.	6,798
Intermediate Bond Fund	280
Intermediate Term Investment Grade Investor	55,957
International Diversification R4	41,623
International Equity I	1,233
International Growth R4	95
International Value R4	1,392
Intm Term Bond Index Admr	2,313
Intm Term Govt Bond Index Admr	1,798
iShares Core S&P 500	74,679
iShares NASDAQ Biotechnology ETF	2,123
iShares Russell 1000 Growth	41,017
iShares Russell 1000 Value	41,864

NOTE 3 - Information Prepared and Certified by Trustees (Cont.)

Description of Investment	Fair Value
iShares S&P 500 Growth	47,876
Invesco Ltd	9,959
Jabil Circuit Inc	9,234
Jazz Pharmaceuticals Inc.	22,758
Large Cap Stock	5,635
Large-Cap Index Admiral	136,460
Large-Cap Index Investor	3,628
LifeStrategy Growth Investor	4,815
LifeStrategy Moderate Growth Inv	4,584
Long Term Govt Bond Index Admr	2,037
Long-Term Treasury Investor	817
Lowes COS Inc.	48,366
MA Investors Growth Stock R4	5,361
Magellan Fund	23,005
McKesson Corp	9,341
Mid Cap Growth R4	3,624
Mid-Cap Growth Index Inv	1,811
Mid-Cap Index Admr	110,256
Mid-Cap Value Index Investor	1,826
Mortgage Securities	5,249
New Millennium	5,393
Norfolk Southern Corp	8,550
O'Reilly Automotive Inc.	12,713
PowerShares QQQ	57,304
Prime Obligations A	66,259
Ryder System, Inc.	10,028
Select Sector SPDR Trust Consumer DIS Select Index	26,696
Select Sector SPDR Trust Consumer Staples Index	12,753
Select Sector SPDR Trust Financial Select Sector Fund	14,343
Select Sector SPDR Trust Health Care Select Index	18,121
Select Sector SPDR Trust Industrial Select Index	67,670
Select Sector SPDR Trust Technology Select Index	21,750
Select Sector SPDR Trust Utilities Select Index	4,439

NOTE 3 - Information Prepared and Certified by Trustees (Cont.)

Description of Investment	Fair Value
Small-Cap Growth Index Inv	5,468
Small-Cap Index Admiral	112,211
Small-Cap Value Index Investor	1,793
Spartan 500 Index-Inv	4,597
Spartan US Bond Index Inv	2,310
SPDR S&P MIDCAP 400 ETF TRUST	48,307
SPDR TR S&P 500 ETF TR	50,768
State Street Corp	6,987
Strategic Income Fund	39,742
Stock Selector Large Cap Value	5,016
Target Retirement 2020 Investor	21,103
Target Retirement 2030 Investor	1,892
Target Retirement 2035 Investor	2,292
Target Retirement 2040 Investor	947
Technology R4	10,930
Telecom & Utilities	564
Teradata Corp	8,037
Total Bond Market Index Admr	22,165
Total Bond Market Index Inv	3,904
Total Return R4	779
Total Stock Market Index Admr	14,898
Total Stock Market Index Inv	8,064
Total Systm Services, Inc.	10,528
U.S. Value Investor	5,637
Valeant Pharmaceuticals Intl	29,338
Value Fund	256
Value Index Admiral	90,474
Vanguard CRSP US Mid Cap Growth	2,845
Wellesley Income Investor	87,072
Total	$ 4,883,484

NOTE 3 - Information Prepared and Certified by Trustees (Cont.)

As of December 31, 2014, the investment of $260,475 in Balanced Index Admiral Fund, and $2,135,112 in Fixed Interest Option Institutional, each represent a greater than 5% interest of net assets available for benefits.

NOTE 4 – Fair Value Measurements

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

Level 1 Fair Value Measurements:

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 Fair Value Measurements:

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; and
- 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.

NOTE 4 – Fair Value Measurements (Cont.)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014.

- Common Stocks, Corporate Bonds and U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.
- Mutual Funds: Valued at the quoted net asset value of shares held by the plan at year end.
- Guaranteed Investment Contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. (See Note 5)

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

The following table sets forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2014:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Fair Value Measurements at December 31, 2014:				
Mutual Funds	$ 1,608,107	$ ---	$ ---	$ 1,608,107
Equities and Exchange Traded Funds	914,271	---	---	914,271
Guaranteed Investment Contract	---	2,135,112	---	2,135,112
Total Asset at Fair Value	$ 2,522,378	$ 2,135,112	$ ---	$ 4,657,490

NOTE 5 - Guaranteed Investment Contract with The Variable Annuity Life Insurance Company (VALIC)

The Plan has entered into a benefit-responsive guaranteed investment contract with The Variable Annuity Life Insurance Company (VALIC). VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value. Fair value, as reported to the Plan by VALIC, 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 fair value of the investment contract, which includes unallocated funds, at December 31, 2014 was $2,135,112. The crediting interest rate is based on a formula agreed upon with the issuer.

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 the 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 ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

NOTE 6 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will receive a lump-sum amount equal to the value of their accounts.

NOTE 7 - Federal Income Taxes

The Trustee received from the Internal Revenue Service a letter of determination stating that Hillcrest Contracting, Inc. 401(k) Profit Sharing Plan is exempt from federal income taxes under Section 401(a) of the Internal Revenue Code for the Plan and its latest amendment dated December 31, 2001. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

The plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations in progress for any tax period. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE 8 - Party-in-Interest Transactions

Retirement Revolution provides substantially all of the brokerage services for the Plan investments and, as such, is a party-in-interest. The plan administrator, Millennium Pension Services, Inc., is also a party-in-interest. Fees paid by the Plan for administrative services amounted to $14,458 for the year ended December 31, 2014.

SUPPLEMENTARY FINANCIAL INFORMATION

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)

IRS Form 5500, Schedule H, Line 4i
EIN: 33-0084251
PLAN: 002
December 31, 2014

(A)	(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(E) Current Value
	Cash		$ 225,993
	500 Index Admiral	372.382 Shares	70,712
	500 Index Investor	0.736 Shares	140
	Actavis PLC Ord	33 Shares	8,495
	Agilent Technologies, Inc.	148 Shares	6,059
	Allergan, Inc.	50 Shares	10,630
	Apartment Invt & Mgmt Co	197 Shares	7,319
	Apple Inc.	77 Shares	8,499
	Asset Manager 85 percent	83.428 Shares	1,371
	Balanced Index Admiral	8,776.111 Shares	260,474
	Bank of American Corporation	417 Shares	7,460
	Bed Bath & Beyond Inc.	140 Shares	10,664
	Berkshire Hathaway Inc.	58 Shares	8,709
	Blue Chip Growth	6.313 Shares	432
	Cigna Corp	107 Shares	11,011
	Cisco Systems Inc.	381 Shares	10,598
	Citigroup Inc.	126 Shares	6,818
	Clorox Company	89 Shares	9,275
	CVS Health Corporation	96 Shares	9,246
	Diversified Equity Investor	24.224 Shares	784
	Dividend Growth	965.778 Shares	32,276
	Dividend Growth Investor	1,789.606 Shares	41,322
	Du Pont E I De Nemours & Co	128 Shares	9,464
	Emerging Markets Debt R4	2,844.546 Shares	41,388
	Entergy Corp	121 Shares	10,585
	Equity Income Investor	1,435.546 Shares	44,803
	Explorer Investor	8.412 Shares	782
	Extended Market Index Admiral	210.533 Shares	14,024
	Extended Market Index Fund Inv	81.216 Shares	5,411
	Fidelity Fund	66.634 Shares	2,855
	First Trust Morningstar Div Leader	150 Shares	3,596
	Fixed-Interest Option Institutional	1,984,489.452 Shares	2,135,111
	Four-in-One Index	6.824 Shares	253
	Freedom 2005 Fund	25.825 Shares	310
	Freedom 2015 Fund	24.616 Shares	310

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)

IRS Form 5500, Schedule H, Line 4i
EIN: 33-0084251
PLAN: 002
December 31, 2014

(A)	(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(E) Current Value
	Global Equity Investor	564.143 Shares	13,601
	Global Growth R4	81772 Shares	2,752
	Global Real Estate Securities I	3,166.458 Shares	28,656
	Global Stock Fund I	2,632.81 Shares	48,918
	GNMA Investor	106.911 Shares	1,157
	Goldman Sachs Group Inc.	52 Shares	10,079
	Growth & Income Investor	13.775 Shares	575
	Growth & Income Portfolio	23.566 Shares	712
	Growth Index Admiral	1,238.744 Shares	66,522
	H&R Block Inc.	162 Shares	5,456
	Hewlett-Packard Company	190 Shares	7,625
	Home Depot Inc.	111 Shares	11,652
	Host Hotels and Resorts Inc.	288 Shares	6,846
	Illinois Tool Works Inc.	95 Shares	8,997
	Intercontinental Exchange Inc.	31 Shares	6,798
	Intermediate Bond Fund	25.623 Shares	280
	Intermediate Term Investment Grade Investor	5,692.509 Shares	55,957
	International Diversification R4	2,657.927 Shares	41,623
	International Equity I	36.817 Shares	1,233
	International Growth R4	3.633 Shares	95
	International Value R4	41.997 Shares	1,392
	Intm Term Bond Index Admr	201.826 Shares	2,313
	Intm Term Govt Bond Index Admr	82.724 Shares	1,798
	iShares Core S&P 500	361 Shares	74,679
	iShares NASDAQ Biotechnology ETF	7 Shares	2,123
	iShares Russell 1000 Growth	429 Shares	41,017
	iShares Russell 1000 Value	401 Shares	41,864
	iShares S&P 500 Growth	429 Shares	47,876
	Invesco Ltd	252 Shares	9,959
	Jabil Circuit Inc	423 Shares	9,234
	Jazz Pharmaceuticals Inc.	139 Shares	22,758
	Large Cap Stock	199.469 Shares	5,635
	Large-Cap Index Admiral	2,863.793 Shares	136,460
	Large-Cap Index Investor	95.162 Shares	3,628
	LifeStrategy Growth Investor	167.116 Shares	4,815

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)

IRS Form 5500, Schedule H, Line 4i
EIN: 33-0084251
PLAN: 002
December 31, 2014

(A)	(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(E) Current Value
	LifeStrategy Moderate Growth Inv	190.365 Shares	4,584
	Long Term Govt Bond Index Admr	77.998 Shares	2,037
	Long-Term Treasury Investor	62.634 Shares	817
	Lowes COS Inc.	703 Shares	48,366
	MA Investors Growth Stock R4	217.495 Shares	5,361
	Magellan Fund	248.651 Shares	23,005
	McKesson Corp	45 Shares	9,341
	Mid Cap Growth R4	257.193 Shares	3,624
	Mid-Cap Growth Index Inv	45.335 Shares	1,811
	Mid-Cap Index Admr	720.777 Shares	110,256
	Mid-Cap Value Index Investor	51.879 Shares	1,826
	Mortgage Securities	462.427 Shares	5,249
	New Millennium	139.181 Shares	5,393
	Norfolk Southern Corp	78 Shares	8,550
	O'Reilly Automotive Inc.	66 Shares	12,713
	PowerShares QQQ	555 Shares	57,304
	Prime Obligations A	66,259.120 Shares	66,259
	Ryder System, Inc.	108 Shares	10,028
	Select Sector SPDR Trust Consumer DIS Select Index	370 Shares	26,696
	Select Sector SPDR Trust Consumer Staples Index	263 Shares	12,753
	Select Sector SPDR Trust Financial Select Sector Fund	580 Shares	14,343
	Select Sector SPDR Trust Health Care Select Index	265 Shares	18,121
	Select Sector SPDR Trust Industrial Select Index	1,196 Shares	67,670
	Select Sector SPDR Trust Technology Select Index	526 Shares	21,750
	Select Sector SPDR Trust Utilities Select Index	94 Shares	4,439
	Small-Cap Growth Index Inv	154.473 Shares	5,468
	Small-Cap Index Admiral	2,008.47 Shares	112,211
	Small-Cap Value Index Investor	70.740 Shares	1,793
	Spartan 500 Index-Inv	63.102 Shares	4,597
	Spartan US Bond Index Inv	196.738 Shares	2,310
	SPDR S&P MIDCAP 400 ETF TRUST	183 Shares	48,307
	SPDR TR S&P 500 ETF TR	247 Shares	50,768
	State Street Corp	89 Shares	6,987
	Strategic Income Fund	3,717.716 Shares	39,742
	Stock Selector Large Cap Value	292.649 Shares	5,016

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)

IRS Form 5500, Schedule H, Line 4i
EIN: 33-0084251
PLAN: 002
December 31, 2014

(A)	(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(E) Current Value
	Target Retirement 2020 Investor	741.490 Shares	21,103
	Target Retirement 2030 Investor	65.147 Shares	1,892
	Target Retirement 2035 Investor	128.480 Shares	2,292
	Target Retirement 2040 Investor	31.810 Shares	947
	Technology R4	436.488 Shares	10,930
	Telecom & Utilities	23.37 Shares	564
	Teradata Corp	184 Shares	8,037
	Total Bond Market Index Admr	2,039.056 Shares	22,165
	Total Bond Market Index Inv	359.134 Shares	3,904
	Total Return R4	42.791 Shares	779
	Total Stock Market Index Admr	288.712 Shares	14,898
	Total Stock Market Index Inv	156.334 Shares	8,064
	Total Systm Services, Inc.	310 Shares	10,528
	U.S. Value Investor	320.470 Shares	5,637
	Valeant Pharmaceuticals Intl	205 Shares	29,338
	Value Fund	2.262 Shares	256
	Value Index Admiral	2,746.673 Shares	90,474
	Vanguard CRSP US Mid Cap Growth	28 Shares	2,845
	Wellesley Income Investor	3,405.222 Shares	87,072
	Subtotal		4,883,484
	Notes Receivable from Participants (Interest rate 4.25%)		115,659
	Total		$ 4,999,143

See Accompanying Notes and Independent Auditor's Report

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 ☒ a single-employer plan; ☐ a DFE (specify) ____

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

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

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

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)
HILLCREST CONTRACTING, INC.

P.O. BOX 1898

CORONA, CA 92878

2b Employer Identification Number (EIN)
33-0084251

2c Plan Sponsor's telephone number
(951) 273-9600

2d Business code (see instructions)
237310

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	Signature of plan administrator	Date: 10-17-16	Enter name of individual signing as plan administrator: GLENN J. SALSBURY
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**	164
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)**	164
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	124
b	Retired or separated participants receiving benefits	**6b**	53
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	177
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	177
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	164
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:
2D 2E 2F 2G 2J 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)

(1)	[X]	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)	[X]	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)	[X]	1	**A** (Insurance Information)
(4)	[ ]		**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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0084251

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

1 Coverage Information:

(a) Name of insurance carrier

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-1590850	65935	RM-85292-1	0		

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HILLCREST CONTRACTING, INC.

D Employer Identification Number (EIN)
33-0084251

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:	500 INDEX ADMIRAL		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	70712
a Name of MTIA, CCT, PSA, or 103-12 IE:	500 INDEX INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	140
a Name of MTIA, CCT, PSA, or 103-12 IE:	ASSET MANAGER 85 PERCENT		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1371
a Name of MTIA, CCT, PSA, or 103-12 IE:	BALANCED INDEX ADMIRAL		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	260475
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLUE CHIP GROWTH		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	432
a Name of MTIA, CCT, PSA, or 103-12 IE:	DIVERSIFIED EQUITY INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	784
a Name of MTIA, CCT, PSA, or 103-12 IE:	DIVIDEND GROWTH		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32276

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEN GROWTH INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41322
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS DEBT R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41388
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44803
a Name of MTIA, CCT, PSA, or 103-12 IE: EXPLORER NVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	782
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED MARKET INDEX ADMIRAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14024
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED MARKET INDEX FUND INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5411
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2855
a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED-INTEREST OPTION INSTITUTIONAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2135112
a Name of MTIA, CCT, PSA, or 103-12 IE: FOUR-IN-ONE INDEX			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	253
a Name of MTIA, CCT, PSA, or 103-12 IE: FREEDOM 2005 FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	310

a Name of MTIA, CCT, PSA, or 103-12 IE:	FREEDOM 2015 FUND		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	310
a Name of MTIA, CCT, PSA, or 103-12 IE:	GLOBAL EQUITY INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13601
a Name of MTIA, CCT, PSA, or 103-12 IE:	GLOBAL GROWTH R4		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2752
a Name of MTIA, CCT, PSA, or 103-12 IE:	GLOBAL REAL ESTATE SECURITIES I		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28656
a Name of MTIA, CCT, PSA, or 103-12 IE:	GLOBAL STOCK FUND I		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48918
a Name of MTIA, CCT, PSA, or 103-12 IE:	GNMA INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1157
a Name of MTIA, CCT, PSA, or 103-12 IE:	GROWTH & INCOME INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	574
a Name of MTIA, CCT, PSA, or 103-12 IE:	GROWTH & INCOME PORTFOLIO		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	712
a Name of MTIA, CCT, PSA, or 103-12 IE:	GROWTH INDEX ADMIRAL		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	66522
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERMEDIATE BOND FUND		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	280

a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERM-TERM INVESTMENT GRADE INVEST		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55957
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERNATION DIVERSIFICATION R4		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41623
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERNATIONAL EQUITY I		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1233
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERNATIONAL GROWTH R4		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1392
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTM TERM BOND INDEX ADMR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2313
a Name of MTIA, CCT, PSA, or 103-12 IE:	LARGE CAP STOCK		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5635
a Name of MTIA, CCT, PSA, or 103-12 IE:	LARGE-CAP INDEX INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3628
a Name of MTIA, CCT, PSA, or 103-12 IE:	LIFESTRATEGY GROWTH INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4815
a Name of MTIA, CCT, PSA, or 103-12 IE:	LIFESTRATEGY MODERATE GROWTH INV		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4584

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLESLEY INCOME INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	87072
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM GOVT BOND INDEX ADMR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2037
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG-TERM TREASURY INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	817
a Name of MTIA, CCT, PSA, or 103-12 IE: LRG CAP INDEX ADMIRAL			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	136460
a Name of MTIA, CCT, PSA, or 103-12 IE: MA INVESTORS GROWTH STOCK R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5361
a Name of MTIA, CCT, PSA, or 103-12 IE: MAGELLAN FUND			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23005
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH R4			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3624
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX ADMR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	110257
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH INDEX INV			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1811
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP VALUE INDEX INVESTOR			
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY			
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1826

a Name of MTIA, CCT, PSA, or 103-12 IE:	MORTGAGE SECUIRTIES		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5249
a Name of MTIA, CCT, PSA, or 103-12 IE:	NEW MILLENNIUM		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5393
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIME OBLIGATIONS A		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	66259
a Name of MTIA, CCT, PSA, or 103-12 IE:	SMALL CAP INDEX ADMIRAL		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	112212
a Name of MTIA, CCT, PSA, or 103-12 IE:	SMALL CAP GROWTH INV		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5468
a Name of MTIA, CCT, PSA, or 103-12 IE:	SMALL CAP VALUE INDEX INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1793
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN 500 INDEX-INV		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4597
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN U.S. BOND INDEX INV		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2310
a Name of MTIA, CCT, PSA, or 103-12 IE:	STOCK SELECTOR LARGE CAP VALUE		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5016
a Name of MTIA, CCT, PSA, or 103-12 IE:	STRATEGIC INCOME FUND		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39742

a Name of MTIA, CCT, PSA, or 103-12 IE:	TARGET RETIREMENT 2020 INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21103
a Name of MTIA, CCT, PSA, or 103-12 IE:	TARGET RETIREMENT 2030 INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1892
a Name of MTIA, CCT, PSA, or 103-12 IE:	TARGET RETIREMENT 2035 INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2292
a Name of MTIA, CCT, PSA, or 103-12 IE:	TARGET RETIREMENT 2040 INVESTOR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	947
a Name of MTIA, CCT, PSA, or 103-12 IE:	TECHNOLOGY R4		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10930
a Name of MTIA, CCT, PSA, or 103-12 IE:	TELECOM AND UTILITIES		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	564
a Name of MTIA, CCT, PSA, or 103-12 IE:	TOTAL BOND MARKET INDEX INV		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3904
a Name of MTIA, CCT, PSA, or 103-12 IE:	TOTAL RETURN R4		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	779
a Name of MTIA, CCT, PSA, or 103-12 IE:	TOTAL STOCK MARKET INDEX INV		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8064
a Name of MTIA, CCT, PSA, or 103-12 IE:	TTL BD MKT IDX ADMR		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22165

a Name of MTIA, CCT, PSA, or 103-12 IE: TTL STK MKT IDX ADMR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14898

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. VALUE INVESTOR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5637

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

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE INDEX ADMIRAL

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90475

a Name of MTIA, CCT, PSA, or 103-12 IE: INTM TERM GOVT BOND INDEX ADMR

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1798

a Name of MTIA, CCT, PSA, or 103-12 IE: LOAN 1

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115659

a Name of MTIA, CCT, PSA, or 103-12 IE: LOAN 1

b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY

c EIN-PN 74-1625348 002	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115658

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
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0084251

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	8108	115659
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		3714638
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1653639	1168846
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2626986	
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4288733	4999143
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4288733	4999143

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)	490250	
(B) Participants	2a(1)(B)	227629	
(C) Others (including rollovers)	2a(1)(C)	16292	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		734171
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2799	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2799
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	52745	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		52745
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		123480
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		221
d Total income. Add all **income** amounts in column (b) and enter total	2d		913416
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	188548	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		188548
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	14458	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14458
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		203006
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		710410
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: ANTHONY & ASSOCIATES, INC. **(2)** EIN: 33-0146112

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	

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			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
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
33-0084251

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): 13-3786104 _____

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** 17

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):

5% Reportable Transactions Report

REPORTING PERIOD: January 01, 2014 to December 31, 2014

REPORT RUN DATE: June 17, 2015 | 01:20:12 PM

Fund Name	Ticker / Symbol	Purchase	Number of Transactions	Selling	Selling Cost	Net Gain (or Loss)	Number of Transactions	5% Reportable Transactions	20% Reportable Transactions
500 Index Admiral	VFIAX	$3,576.37	123	-$1,106.58	-$938.75	$167.83	4	No	No
500 Index Investor	VFINX	$138.60	7	-$0.82	-$137.28	-$136.46	1	No	No
500 Index Signal (merged into 922908710)	922908496	$36,158.80	573	-$8,855.89	-$2,576.13	$6,279.76	180	No	No
Asset Manager 85 percent	FAMRX	$777.16	52	-$1.20	-$0.95	$0.25	4	No	No
Balanced Index Admiral	VBIAX	$10,501.11	265	-$4,543.16	-$4,129.24	$413.92	8	No	No
Balanced Index Investor	VBINX	$50.28	1	-$427.27	-$245.96	$181.31	5	No	No
Balanced Index Signal (merged into 921931200)	921931408	$154,856.60	867	-$18,840.41	-$5,460.20	$13,380.21	256	No	No
Blue Chip Growth	FBGRX	$419.40	18	$0.00	$0.00	$0.00	0	No	No
Cash	CASH	$0.00	0	$0.00	$0.00	$0.00	0	No	No
Diversified Equity Investor	VDEQX	$168.76	12	-$916.66	-$691.59	$225.07	11	No	No
Dividend Growth	FDGFX	$0.00	0	-$37.34	-$34.61	$2.73	8	No	No
Dividend Growth Investor	VDIGX	$6,152.88	181	-$1,806.73	-$368.08	$1,438.65	31	No	No
Emerging Markets Debt R4	MEDGX	$4,151.38	115	-$59.99	-$58.71	$1.28	23	No	No
Equity Income Investor	VEIPX	$1,575.00	44	-$61.32	-$52.06	$9.26	12	No	No
Explorer Investor	VEXPX	$237.15	13	-$1,484.92	-$1,113.74	$371.18	16	No	No
Extended Market Index Admr	VEXAX	$494.11	20	$0.00	$0.00	$0.00	0	No	No
Extended Market Index Fund Inv	VEXMX	$0.00	0	-$0.25	-$0.20	$0.05	4	No	No
Extended Market Index Signal (merged into 922908694)	922908439	$5,785.66	168	-$2,708.29	-$652.79	$2,055.50	51	No	No
Fidelity Fund	FFIDX	$1,512.32	54	-$6.62	-$5.98	$0.64	7	No	No
Fixed-Interest Option Institutional	922169248	$463,573.16	2984	-$988,736.48	-$982,867.97	-$5,868.51	1170	Yes	Yes
Four-in-One Index	FFNOX	$1,560.47	51	-$2,420.25	-$536.12	$1,884.13	10	No	No
Freedom 2005 Fund	FFFVX	$1,651.71	51	-$2,440.52	-$4,033.59	-$1,593.07	10	No	No
Freedom 2015 Fund	FFVFX	$1,622.01	50	-$2,408.22	-$2,100.70	$307.52	10	No	No
Global Equity Investor	VHGEX	$3,955.64	433	-$239.53	-$38.29	$201.24	43	No	No
Global Growth R4	MWOJX	$1,606.37	54	-$18.01	-$16.02	$1.99	9	No	No
Global Real Estate Securities I	DRLIX	$3,201.20	45	-$30.80	-$28.76	$2.04	17	No	No
Global Stock Fund I (closed to new 3/31/2014)	DGLRX	$1,750.00	44	-$63.75	-$54.62	$9.13	16	No	No

5% Reportable Transactions Report

REPORTING PERIOD: January 01, 2014 to December 31, 2014

REPORT RUN DATE: June 17, 2015 | 01:20:12 PM

Fund Name	Ticker / Symbol	Purchase	Number of Transactions	Selling	Selling Cost	Net Gain (or Loss)	Number of Transactions	5% Reportable Transactions	20% Reportable Transactions
GNMA Investor	VFIIX	$1,146.86	198	-$7.22	-$2.42	$4.80	13	No	No
Growth & Income Investor	VQNPX	$559.20	18	$0.00	$0.00	$0.00	0	No	No
Growth & Income Portfolio	FGRIX	$699.00	18	$0.00	$0.00	$0.00	0	No	No
Growth Index Admiral	VIGAX	$2,360.59	117	-$1,006.07	-$967.66	$38.41	4	No	No
Growth Index Signal (merged into 922908660)	922908470	$26,114.21	290	-$757.49	-$519.31	$238.18	109	No	No
Intermediate Bond Fund	FTHRX	$279.60	18	$0.00	$0.00	$0.00	0	No	No
Intermediate-Term Bond Index Signal (merged into 921937801)	921937843	$1,797.17	138	-$279.19	-$208.31	$70.88	17	No	No
Interm-Term Investment Grade Investor	VFICX	$2,450.00	44	-$80.57	-$80.70	-$0.13	12	No	No
International Diversification R4	MDITX	$2,605.23	56	-$67.33	-$54.88	$12.45	23	No	No
International Equity I	DIERX	$1,311.41	231	-$7.55	-$3.06	$4.49	15	No	No
International Growth R4	MGRVX	$136.56	2	-$38.40	-$39.79	-$1.39	6	No	No
International Value R4	MINHX	$1,447.97	233	-$47.09	-$42.62	$4.47	21	No	No
Intm Term Bond Index Admr	VBILX	$760.25	68	$0.00	$0.00	$0.00	0	No	No
Intm Term Govt Bond Index Admr	VSIGX	$1,468.07	185	-$540.17	-$263.45	$276.72	17	No	No
Large Cap Stock	FLCSX	$0.00	0	-$0.12	-$0.08	$0.04	4	No	No
Large-Cap Index Investor	VLACX	$1,798.92	52	-$3.38	-$1.19	$2.19	4	No	No
Large-Cap Index Signal (closed 10/24/2014)	922908454	$60,299.11	930	-$14,996.22	-$4,106.91	$10,889.31	237	No	No
LifeStrategy Growth Investor	VASGX	$4,963.07	15	-$9,047.61	-$3,168.71	$5,878.90	10	No	No
LifeStrategy Moderate Growth Inv	VSMGX	$0.00	0	-$0.10	-$0.08	$0.02	4	No	No
Loan 1	LOAN1	$133,722.00	36	$0.00	$0.00	$0.00	0	No	No
Loan 2	LOAN2	$10,584.43	2	$0.00	$0.00	$0.00	0	No	No
Long term Govt Bond Index Admr	VLGSX	$1,881.36	2	-$0.74	-$0.71	$0.03	2	No	No
Long-Term Treasury Investor	VUSTX	$750.65	16	-$1.90	-$0.09	$1.81	7	No	No
Lrg Cap Index Admiral	VLCAX	$8,130.07	314	-$2,317.54	-$2,086.86	$230.68	8	No	No
MA Investors Growth Stock R4	MIGKX	$0.00	0	-$0.08	-$0.08	$0.00	4	No	No
Magellan Fund	FMAGX	$10,603.34	63	-$21.60	-$8.86	$12.74	8	No	No
Mid Cap Growth R4	OTCJX	$1,685.90	62	-$895.43	-$662.91	$232.52	16	No	No

5% Reportable Transactions Report

REPORTING PERIOD: January 01, 2014 to December 31, 2014

REPORT RUN DATE: June 17, 2015 | 01:20:12 PM

Fund Name	Ticker / Symbol	Purchase	Number of Transactions	Selling	Selling Cost	Net Gain (or Loss)	Number of Transactions	5% Reportable Transactions	20% Reportable Transactions
Mid Cap Index Admr	VIMAX	$5,391.35	281	-$1,822.97	-$1,693.08	$129.89	6	No	No
Mid-Cap Growth Index Inv	VMGIX	$899.64	52	-$1.66	-$0.54	$1.12	4	No	No
Mid-Cap Index Signal (closed 10/14/2014)	922908447	$44,955.20	678	-$4,324.59	-$1,411.08	$2,913.51	185	No	No
Mid-Cap Value Index Investor	VMVIX	$899.64	52	-$1.70	-$0.55	$1.15	4	No	No
Mortgage Securities	FMSFX	$4,112.29	55	-$4.26	-$3.62	$0.64	6	No	No
New Millenium	FMILX	$0.00	0	-$0.16	-$0.12	$0.04	4	No	No
Prime Obligations A	FIVXX	$1,401,052.50	3749	-$1,371,814.69	-$1,371,814.69	$0.00	3687	Yes	Yes
Small Cap Index Admiral	VSMAX	$4,995.52	290	-$2,242.45	-$2,009.96	$232.49	8	No	No
Small-Cap Growth Index Inv	VISGX	$3,890.34	106	-$5.32	-$3.43	$1.89	11	No	No
Small-Cap Index Signal (closed 10/24/2014)	922908421	$48,601.56	892	-$8,545.85	-$2,501.01	$6,044.84	225	No	No
Small-Cap Value Index Investor	VISVX	$899.64	52	-$1.68	-$0.57	$1.11	4	No	No
Spartan 500 Index - Inv	FUSEX	$10,653.34	64	-$17,531.91	-$7,091.49	$10,440.42	19	No	No
Spartan U.S. Bond Index Inv	FBIDX	$2,293.73	199	-$14.42	-$6.20	$8.22	14	No	No
Stock Selector Large Cap Value	FSLVX	$4,483.94	49	-$4.45	-$3.74	$0.71	6	No	No
Strategic Income Fund	FSICX	$1,750.00	44	-$58.36	-$57.52	$0.84	12	No	No
Target Retirement 2020 Investor	VTWNX	$20,776.97	28	-$7.40	-$7.38	$0.02	8	No	No
Target Retirement 2030 Investor	VTHRX	$1,884.13	2	-$0.68	-$0.68	$0.00	2	No	No
Target Retirement 2035 Investor	VTTHX	$2,220.01	11	-$7.06	-$0.25	$6.81	10	No	No
Target Retirement 2040 Investor	VFORX	$634.81	52	-$0.53	-$0.17	$0.36	4	No	No
Technology R4	MTCJX	$3,858.00	55	-$2.63	-$0.76	$1.87	8	No	No
Telecom and Utilities	FIUIX	$559.20	18	$0.00	$0.00	$0.00	0	No	No
Total Bond Market Index Inv	VBMFX	$0.00	0	-$0.04	-$0.04	$0.00	4	No	No
Total Bond Market Index Signal (closed 10/24/2014)	921937868	$13,373.54	337	-$2,391.04	-$482.59	$1,908.45	44	No	No
Total Return R4	MSFJX	$168.03	12	-$757.72	-$637.99	$119.73	11	No	No
Total Stock Market Index Inv	VTSMX	$5,645.71	2	-$3,229.59	-$3,229.54	$0.05	14	No	No
Total Stock Market Index Signal (merged into 922908728)	922908488	$3,360.30	49	-$861.96	-$837.62	$24.34	23	No	No
Ttl Bd Mkt Idx Admr	VBTLX	$3,046.13	156	$0.00	$0.00	$0.00	0	No	No

5% Reportable Transactions Report

REPORTING PERIOD: January 01, 2014 to December 31, 2014

REPORT RUN DATE: June 17, 2015 | 01:20:12 PM

Fund Name	Ticker / Symbol	Purchase	Number of Transactions	Selling	Selling Cost	Net Gain (or Loss)	Number of Transactions	5% Reportable Transactions	20% Reportable Transactions
Ttl Stk Mkt Idx Admr	VTSAX	$388.82	13	$0.00	$0.00	$0.00	0	No	No
U.S. Value Investor	VUVLX	$0.00	0	-$0.08	-$0.04	$0.04	4	No	No
Value Fund	FDVLX	$1,484.44	54	-$2,401.47	-$2,124.09	$277.38	7	No	No
Value Index Admiral	VVIAX	$3,139.62	162	-$1,221.00	-$1,077.81	$143.19	4	No	No
Value Index Signal (merged into 922908678)	922908462	$40,142.06	575	-$7,207.03	-$2,507.92	$4,699.11	189	No	No
Wellesley Income Investor	VWINX	$3,500.00	44	-$123.19	-$116.41	$6.78	12	No	No

This report reflects market values as of the beginning and ending reporting periods. Values may change after settlement is completed.

Form **5558**
(Rev. August 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**
► **Information about Form 5558 and its instructions is at *www.irs.gov/form5558***

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
HILLCREST CONTRACTING, INC.

Number, street, and room or suite no. (If a P.O. box, see instructions)
P.O. BOX 1898

City or town, state, and ZIP code
CORONA, CA 92878

B **Filer's identifying number (see instructions)**
Employer identification number (EIN) (9 digits XX-XXXXXXX)
33-0084251

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending — MM	DD	YYYY
HILLCREST CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	0 0 2	12	31	2014

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 10 / 15 / 2015 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10 / 15 / 2015 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)

IRS Form 5500, Schedule H, Line 4i
EIN: 33-0084251
PLAN: 002
December 31, 2014

(A)	(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(E) Current Value
	Cash		$ 225,993
	500 Index Admiral	372.382 Shares	70,712
	500 Index Investor	0.736 Shares	140
	Actavis PLC Ord	33 Shares	8,495
	Agilent Technologies, Inc.	148 Shares	6,059
	Allergan, Inc.	50 Shares	10,630
	Apartment Invt & Mgmt Co	197 Shares	7,319
	Apple Inc.	77 Shares	8,499
	Asset Manager 85 percent	83.428 Shares	1,371
	Balanced Index Admiral	8,776.111 Shares	260,474
	Bank of American Corporation	417 Shares	7,460
	Bed Bath & Beyond Inc.	140 Shares	10,664
	Berkshire Hathaway Inc.	58 Shares	8,709
	Blue Chip Growth	6.313 Shares	432
	Cigna Corp	107 Shares	11,011
	Cisco Systems Inc.	381 Shares	10,598
	Citigroup Inc.	126 Shares	6,818
	Clorox Company	89 Shares	9,275
	CVS Health Corporation	96 Shares	9,246
	Diversified Equity Investor	24.224 Shares	784
	Dividend Growth	965.778 Shares	32,276
	Dividend Growth Investor	1,789.606 Shares	41,322
	Du Pont E I De Nemours & Co	128 Shares	9,464
	Emerging Markets Debt R4	2,844.546 Shares	41,388
	Entergy Corp	121 Shares	10,585
	Equity Income Investor	1,435.546 Shares	44,803
	Explorer Investor	8.412 Shares	782
	Extended Market Index Admiral	210.533 Shares	14,024
	Extended Market Index Fund Inv	81.216 Shares	5,411
	Fidelity Fund	66.634 Shares	2,855
	First Trust Morningstar Div Leader	150 Shares	3,596
	Fixed-Interest Option Institutional	1,984,489.452 Shares	2,135,111
	Four-in-One Index	6.824 Shares	253
	Freedom 2005 Fund	25.825 Shares	310
	Freedom 2015 Fund	24.616 Shares	310

HILLCREST CONTRACTING, INC.
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EIN: 33-0084251
PLAN: 002
December 31, 2014

(A)	(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(E) Current Value
	Global Equity Investor	564.143 Shares	13,601
	Global Growth R4	81772 Shares	2,752
	Global Real Estate Securities I	3,166.458 Shares	28,656
	Global Stock Fund I	2,632.81 Shares	48,918
	GNMA Investor	106.911 Shares	1,157
	Goldman Sachs Group Inc.	52 Shares	10,079
	Growth & Income Investor	13.775 Shares	575
	Growth & Income Portfolio	23.566 Shares	712
	Growth Index Admiral	1,238.744 Shares	66,522
	H&R Block Inc.	162 Shares	5,456
	Hewlett-Packard Company	190 Shares	7,625
	Home Depot Inc.	111 Shares	11,652
	Host Hotels and Resorts Inc.	288 Shares	6,846
	Illinois Tool Works Inc.	95 Shares	8,997
	Intercontinental Exchange Inc.	31 Shares	6,798
	Intermediate Bond Fund	25.623 Shares	280
	Intermediate Term Investment Grade Investor	5,692.509 Shares	55,957
	International Diversification R4	2,657.927 Shares	41,623
	International Equity I	36.817 Shares	1,233
	International Growth R4	3.633 Shares	95
	International Value R4	41.997 Shares	1,392
	Intm Term Bond Index Admr	201.826 Shares	2,313
	Intm Term Govt Bond Index Admr	82.724 Shares	1,798
	iShares Core S&P 500	361 Shares	74,679
	iShares NASDAQ Biotechnology ETF	7 Shares	2,123
	iShares Russell 1000 Growth	429 Shares	41,017
	iShares Russell 1000 Value	401 Shares	41,864
	iShares S&P 500 Growth	429 Shares	47,876
	Invesco Ltd	252 Shares	9,959
	Jabil Circuit Inc	423 Shares	9,234
	Jazz Pharmaceuticals Inc.	139 Shares	22,758
	Large Cap Stock	199.469 Shares	5,635
	Large-Cap Index Admiral	2,863.793 Shares	136,460
	Large-Cap Index Investor	95.162 Shares	3,628
	LifeStrategy Growth Investor	167.116 Shares	4,815

HILLCREST CONTRACTING, INC.
401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)

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EIN: 33-0084251
PLAN: 002
December 31, 2014

(A)	(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(E) Current Value
	LifeStrategy Moderate Growth Inv	190.365 Shares	4,584
	Long Term Govt Bond Index Admr	77.998 Shares	2,037
	Long-Term Treasury Investor	62.634 Shares	817
	Lowes COS Inc.	703 Shares	48,366
	MA Investors Growth Stock R4	217.495 Shares	5,361
	Magellan Fund	248.651 Shares	23,005
	McKesson Corp	45 Shares	9,341
	Mid Cap Growth R4	257.193 Shares	3,624
	Mid-Cap Growth Index Inv	45.335 Shares	1,811
	Mid-Cap Index Admr	720.777 Shares	110,256
	Mid-Cap Value Index Investor	51.879 Shares	1,826
	Mortgage Securities	462.427 Shares	5,249
	New Millennium	139.181 Shares	5,393
	Norfolk Southern Corp	78 Shares	8,550
	O'Reilly Automotive Inc.	66 Shares	12,713
	PowerShares QQQ	555 Shares	57,304
	Prime Obligations A	66,259.120 Shares	66,259
	Ryder System, Inc.	108 Shares	10,028
	Select Sector SPDR Trust Consumer DIS Select Index	370 Shares	26,696
	Select Sector SPDR Trust Consumer Staples Index	263 Shares	12,753
	Select Sector SPDR Trust Financial Select Sector Fund	580 Shares	14,343
	Select Sector SPDR Trust Health Care Select Index	265 Shares	18,121
	Select Sector SPDR Trust Industrial Select Index	1,196 Shares	67,670
	Select Sector SPDR Trust Technology Select Index	526 Shares	21,750
	Select Sector SPDR Trust Utilities Select Index	94 Shares	4,439
	Small-Cap Growth Index Inv	154.473 Shares	5,468
	Small-Cap Index Admiral	2,008.47 Shares	112,211
	Small-Cap Value Index Investor	70.740 Shares	1,793
	Spartan 500 Index-Inv	63.102 Shares	4,597
	Spartan US Bond Index Inv	196.738 Shares	2,310
	SPDR S&P MIDCAP 400 ETF TRUST	183 Shares	48,307
	SPDR TR S&P 500 ETF TR	247 Shares	50,768
	State Street Corp	89 Shares	6,987
	Strategic Income Fund	3,717.716 Shares	39,742
	Stock Selector Large Cap Value	292.649 Shares	5,016

HILLCREST CONTRACTING, INC.
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PLAN: 002
December 31, 2014

(A)	(B) Identify of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment	(E) Current Value
	Target Retirement 2020 Investor	741.490 Shares	21,103
	Target Retirement 2030 Investor	65.147 Shares	1,892
	Target Retirement 2035 Investor	128.480 Shares	2,292
	Target Retirement 2040 Investor	31.810 Shares	947
	Technology R4	436.488 Shares	10,930
	Telecom & Utilities	23.37 Shares	564
	Teradata Corp	184 Shares	8,037
	Total Bond Market Index Admr	2,039.056 Shares	22,165
	Total Bond Market Index Inv	359.134 Shares	3,904
	Total Return R4	42.791 Shares	779
	Total Stock Market Index Admr	288.712 Shares	14,898
	Total Stock Market Index Inv	156.334 Shares	8,064
	Total Systm Services, Inc.	310 Shares	10,528
	U.S. Value Investor	320.470 Shares	5,637
	Valeant Pharmaceuticals Intl	205 Shares	29,338
	Value Fund	2.262 Shares	256
	Value Index Admiral	2,746.673 Shares	90,474
	Vanguard CRSP US Mid Cap Growth	28 Shares	2,845
	Wellesley Income Investor	3,405.222 Shares	87,072
	Subtotal		4,883,484
	Notes Receivable from Participants (Interest rate 4.25%)		115,659
	Total		$ 4,999,143

See Accompanying Notes and Independent Auditor's Report