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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1988

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HOFFMAN SOUTHWEST CORP.

23311 MADERO
MISSION VIEJO, CA 92691

2b Employer Identification Number (EIN)
95-2800680

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

2d Business code (see instructions)
811490

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	WENDY CREAMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

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**	842
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)**	655
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	733
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	234
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	969
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	971
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	910
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	110
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 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)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2800680

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	17025	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIRST CLEARING LLC

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	54769	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK US OPPS INV A - BNY MELLON I	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM EQUITY INCOME A - BOSTON FINAN	330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR INTL GROWTH A - OFI GLOBAL	225 LIBERTY STREET NEW YORK, NY 10281	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO COMM REL RET A - BOSTON FINA BFDS BUILDING, 30 DAN ROAD CANTON, MA 02021	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST CLEARING LLC	55	54769

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: KNUF & COMPANY	**b** EIN: 32-0081502	
c Position:		
d Address: 201 EAST SANDPOINTE SUITE 330 SANTA ANA, CA 92707	**e** Telephone: 714-708-5627	

Explanation: PRIOR FIRM MERGED WITH NEW FIRM

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2800680

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	1544394

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2800680

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1120837	1134595
(9) Value of interest in common/collective trusts	1c(9)	1913022	1544394
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20762739	19820466
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	23796598	22499455
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23796598	22499455

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)	415722	
(B) Participants	2a(1)(B)	2308527	
(C) Others (including rollovers)	2a(1)(C)	34318	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2758567
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	56062	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		56062
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	886354	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		886354
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-608
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1057365
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2643010
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3923128	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3923128
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	17025	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17025
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3940153
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1297143
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HEIN & ASSOCIATES **(2)** EIN: 84-0749233

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	N/A	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			1341173
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	N/A	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		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2800680

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001
SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
As of December 31, 2015

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Check here if Late Participant Loan Repayments Are included: ☑		$65,525		
Check here if Late Participant Loan Repayments Are included: ☑		$46,700		
Check here if Late Participant Loan Repayments Are included: ☑		$53,032		
Check here if Late Participant Loan Repayments Are included: ☑		$112,135		
Check here if Late Participant Loan Repayments Are included: ☑		$50,287		
Check here if Late Participant Loan Repayments Are included: ☑		$64,581		
Check here if Late Participant Loan Repayments Are included: ☑		$49,874		
Check here if Late Participant Loan Repayments Are included: ☑		$48,121		

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Check here if Late Participant Loan Repayments Are included: ☑		$51,741		
Check here if Late Participant Loan Repayments Are included: ☑		$45,650		
Check here if Late Participant Loan Repayments Are included: ☑		$54,540		
Check here if Late Participant Loan Repayments Are included: ☑		$47,475		
Check here if Late Participant Loan Repayments Are included: ☑		$47,498		
Check here if Late Participant Loan Repayments Are included: ☑		$48,505		
Check here if Late Participant Loan Repayments Are included: ☑		$46,659		
Check here if Late Participant Loan Repayments Are included: ☑		$45,512		
Check here if Late Participant Loan Repayments Are included: ☑		$44,121		

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Check here if Late Participant Loan Repayments Are included: ☑		$45,144		
Check here if Late Participant Loan Repayments Are included: ☑		$46,598		
Check here if Late Participant Loan Repayments Are included: ☑		$46,316		
Check here if Late Participant Loan Repayments Are included: ☑		$44,414		
Check here if Late Participant Loan Repayments Are included: ☑		$68,124		
Check here if Late Participant Loan Repayments Are included: ☑		$46,370		
Check here if Late Participant Loan Repayments Are included: ☑		$68,506		
Check here if Late Participant Loan Repayments Are included: ☑		$53,745		
Check here if Late Participant Loan Repayments Are included: ☑		$49,865		

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Check here if Late Participant Loan Repayments Are included: ☑		$49,886		
Check here if Late Participant Loan Repayments Are included: ☑		$45,510		
Check here if Late Participant Loan Repayments Are included: ☑		$47,777		
Check here if Late Participant Loan Repayments Are included: ☑		$51,220		
Check here if Late Participant Loan Repayments Are included: ☑		$53,306		
Check here if Late Participant Loan Repayments Are included: ☑		$51,771		
Check here if Late Participant Loan Repayments Are included: ☑		$51,292		
Check here if Late Participant Loan Repayments Are included: ☑		$52,938		

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



Hoffman Southwest 401(k) Savings Plan

Financial Statements and Supplemental Schedules
As of December 31, 2015 and 2014
with Independent Auditor's Report Thereon

HOFFMAN SOUTHWEST 401(k) SAVINGS PLAN

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Supplemental Schedules:

Schedule H: Schedule of Delinquent Participant Contributions – December 31, 2015 ..... S-1

Schedule H: Schedule of Assets (Held at End of Year) for Investment Purposes – December 31, 2015 ..... S-6

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Independent Auditor's Report

Plan Administrator
Hoffman Southwest 401(k) Savings Plan
Mission Viejo, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hoffman Southwest 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the agent on behalf of the trustee as of December 31, 2015, and for the year ended December 31, 2015, that the information provided to the Plan Administrator by the agent on behalf of the trustee is complete and accurate.

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

Emphasis of Matter
As discussed in Note 1 of the financial statements, in 2015 the Plan adopted new accounting guidance related to the presentation of fair value of certain investments and disclosure of investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter
The supplemental schedule H, Line 4a – Schedule of Delinquent Participant Contributions and schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2015 is 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 is presented for the purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Other Matter- 2014 Financial Statements
The financial statements of the Plan as of and for the year ended December 31, 2014, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated September 17, 2015, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements; and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The 2014 financial statements were restated. See Note 9.

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

Hein & associates LLP

Irvine, California
October 17, 2016

HOFFMAN SOUTHWEST 401(k) SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2015	2014, restated
ASSETS:		
Investments:		
Collective investment trust, at contract value	$ 1,529,750	$ 1,890,941
Mutual funds, at fair value	19,820,466	20,762,739
Total investments	21,350,216	22,653,680
Receivables:		
Participant loans	1,134,595	1,120,837
Employer contributions	—	342
Total receivables	1,134,595	1,121,179
NET ASSETS AVAILABLE FOR BENEFITS	$ 22,484,811	$ 23,774,859

The accompanying notes and Independent Auditor's Report are an integral part of these financial statements.

HOFFMAN SOUTHWEST 401(k) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2015

ADDITIONS:	
Investment income (expense):	
Net realized and unrealized depreciation in fair value of investments	$ (1,057,365)
Dividends and interest	904,466
Total investment expense	(152,899)
Participant loan interest	56,746
Total expense	(96,153)
Contributions:	
Employer's	415,722
Participants'	2,308,527
Participants' rollovers	34,318
Total contributions	2,758,567
Total additions	2,662,414
DEDUCTIONS:	
Benefits paid to participants	3,935,437
Administrative fees	17,025
Total deductions	3,952,462
NET DECREASE	(1,290,048)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year, as restated	23,774,859
End of year	$ 22,484,811

The accompanying notes and Independent Auditor's Report are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

1. **THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES**:

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

General – The Plan is a profit sharing plan with a cash or deferred arrangement feature for the benefit of eligible employees of Hoffman Southwest Corp., Hoffman Texas, Inc., Hoffman Utah, Inc., and Western Drain Supply, Inc. The Plan is sponsored by Hoffman Southwest Corp. (the ''Employer"), and became effective on January 1, 1988 (amended February 15, 2013 and December 1, 2015). It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility – All regular employees who are a minimum of 18 years of age and have completed thirty days of service are eligible to participate in the Plan. New participants are automatically enrolled in the Plan after one month of service. Unless a participant affirmatively elects otherwise, automatic enrollment contributions wi1l be made at 3% of compensation, increased annually by 1%, up to a total of 7% of compensation. Under the December 1, 2015 amendment, this provision was changed to increase the automatic enrollment contribution to 4% of compensation, increased annually by 1%, up to a total of 10% of compensation.

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

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

Investment Valuation and Investment Recognition – Investments in registered investment companies are stated at fair value based on quoted market prices in an active market. Participant loans are valued at their outstanding balance, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Collective investment trust funds are stated at contract value.

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

Contributions – Participants may contribute to the Plan through tax deferred salary deductions up to 50% of their compensation. Participants over age 50 may make catch-up contributions limited by provisions in the Internal Revenue Code ("IRC"). With certain limitations, participants may also contribute distributions from other qualified plans ("rollovers"). The Plan received $34,318 in rollover contributions during the year ended December 31, 2015.

1. **THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES** (continued)**:**

The Employer's policy is to match a percentage of the salary deferral amount as determined by the Board of Directors. The Employer matched 33⅓% of participant contributions, up to 4% of eligible compensation for the year ended December 31, 2015.

The Employer may also make an additional discretionary contribution as determined by the Board of Directors each year. This discretionary contribution is allocated only to participants completing at least 1,000 hours of service during the Plan year, based on the percentage relationship of the participant's eligible compensation to the total eligible compensation for all participants. Participants must be employed on the last day of the Plan's year to share in allocations, with the exception of participants retiring during the Plan year. No discretionary contributions were declared or paid during the year ended December 31, 2015.

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

Participant Accounts – Each participant's account is credited with the participant's contribution, the Employer contribution, and an allocation of Plan earnings. Each participant's account is credited with investment gain or loss as of each valuation date. The valuation date occurs daily during the Plan year. Earnings and losses are allocated on the basis of the ratio that a participant's account balance bears to the total account balances of all participants in the same investment. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their rollover contributions and elective contributions plus actual earnings thereon. Employer contributions are vested ratably over a six-year period commencing on the participant's date of hire according to the following schedule:

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

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

NOTES TO FINANCIAL STATEMENTS

1. **THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES** (continued)**:**

Benefits – On termination of service or retirement, participants will receive their entire account balance in a lump sum distribution if the account balance is $1,000 or less. Otherwise, the funds remain in the Plan until the separated participants submit written request for payment. Separated participants may make written, telephonic or electronic distribution requests. A withdrawal from a participant's account may be permitted if the participant has a financial hardship for certain specific reasons as defined in the Plan document. All amounts allocated to withdrawing participants for benefit claims that have been processed and approved for payment prior to December 31, 2015, were paid to the participants on or before year-end.

Participant Loans – A participant can borrow from the Plan in any amount up to 50% of the fair value of the participant's vested account balance reduced by the participant's highest outstanding plan loan balance in the prior twelve months. A participant can have a maximum of one loan at a time and may apply for no more than one loan each calendar year. In no event may the participant borrow more than $50,000.

Loans are for a period not exceeding five years, except for loans used to acquire or construct a principal residence of a participant, which provide for repayment over a reasonable period of time that may exceed five years. Interest rates range from 5.25% to 7.25% per annum at December 31, 2015. The current value of loans to participants was $1,134,595 and $1,121,179 at December 31, 2015 and 2014, respectively.

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

Forfeitures are used to pay the Plan's administrative expenses and to reduce the Employer's matching contributions. Forfeitures used to pay the Plan's administrative expenses and to reduce the Employer's matching contributions were $0 and $77,375, respectively, for the year ended December 31, 2015. The unused forfeiture balance as of December 31, 2015 was $3,500.

General and Administrative Expenses – The Trustee and custodian charges fees for administration, transactions, and brokerage services. Set up, administrative services, compliance fees, and tax return preparation are paid by the Employer on an annual basis. Other fees are paid by the Plan or the Employer on an ad-hoc basis depending on services requested. The Employer pays the annual audit fee to an independent accountant. Other fees, including distribution and loan set-up fees, are charged to participants on a transactional basis. For 2015, fees paid by the Plan were $17,025.

Parties-in-Interest – All investments of the Plan are managed by Fidelity Management Trust Company at December 31, 2015 and 2014, who is the Trustee of the Plan. Additionally, the Plan invested in notes receivable from participants. These transactions qualify as party-in-interest transactions as defined by ERISA. Consequently, such transactions are permitted under the provision of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

NOTES TO FINANCIAL STATEMENTS

1. **THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES** (continued)**:**

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

Recently Adopted Accounting Pronouncements – In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") 2015-07 ("ASU 2015-07"), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also limits certain disclosures to investments for which the entity has elected to measure the fair value using the practical expedient. ASU 2015-07 is effective for periods beginning after December 15, 2016, with early adoption permitted. The Plan adopted ASU 2015-07 for the year ended December 31, 2015, which did not have a material impact to the Plan.

In July 2015, the Financial Accounting Standards Board issued ASU No. 2015-12 ("ASU 2015-12"), which allows the Plan to measure, present, and disclose fully benefit-responsive investment contracts, such as the stable value investment funds, at contract value instead of fair value. Additionally, ASU 2015-12 allows the Plan to no longer disaggregate the net appreciation or depreciation of investments by general investment type. Further, ASU 2015-12 allows plans to no longer disclose individual investments that are greater than 5% of net assets. Finally, ASU 2015-12 allows the Plan to no longer disclose investments based on the nature, characteristics, and risks of the investment. Instead, plans have the ability to aggregate investments by general investment type. ASU 2015-12 is effective for periods beginning after December 15, 2015, with early adoption allowed. The Plan adopted ASU 2015-12 for the year ended December 31, 2015, with retrospective application, which did not have a material impact to the Plan.

Subsequent Events – The Plan has evaluated subsequent events through October 17, 2016, which is the date the financial statements were available to be issued, and has determined that there were no material events requiring recognition or disclosure.

2. **INCOME TAX STATUS**:

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

2. **INCOME TAX STATUS** (continued)**:**

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) upon examination by the Internal Revenue Service, the U.S. Department of Labor (DOL) and other applicable tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is not subject to tax examinations for the years prior to 2011 with regards to the IRS and 2008 with regards to the DOL.

3. **PLAN TERMINATION**:

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

4. **FAIR VALUE MEASUREMENTS**:

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

Level 1:
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2:
Inputs to the valuation methodology include:
Quoted market prices for similar assets or liabilities in active markets;
Quoted prices for identical or similar assets or liabilities in inactive markets;
Inputs other than quoted prices that are observable for the asset or liability;
Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input used must be observable for substantially the full term of the asset or liability.

Level 3:
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
The asset's 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.

There have been no changes in the methodologies used at December 31, 2015 and 2014.

4. **FAIR VALUE MEASUREMENTS** (continued):

Mutual funds are valued at fair value based on quoted market prices reported on the active markets on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

All investments recorded at fair value as of December 31, 2015 and 2014 were mutual funds and consist of Level 1 investments under the fair value hierarchy.

5. **INVESTMENT CONTRACT – COLLECTIVE INVESTMENT TRUST**:

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

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

6. **RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**:

The following is a reconciliation of amounts reported in the financial statements to amounts reported on Form 5500 as of and for the year ended December 31, 2015 and 2014:

	2015	2014, as restated
Statements of Net Assets Available for Benefits:		
Net assets available for benefits per the financial statements	$ 22,484,811	$ 23,774,859
Employer contributions receivable	—	(342)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	14,644	22,081
Net assets available for benefits per Form 5500	$ 22,499,455	$ 23,796,598

	2015
Statement of Changes in Net Assets Available for Benefits:	
Net decrease per the financial statements	$ (1,290,048)
Employer contributions receivable	342
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(7,437)
Net decrease per Form 5500	$ (1,297,143)

7. **INVESTMENTS**:

The Plan Administrator has elected the method of reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations of Reporting and Disclosure under ERISA. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

- Investments at fair value and notes receivable from participants as shown in the Statement of Net Assets Available for Benefits as of December 31, 2015 and December 31, 2014;
- Net increase or decrease in assets available for benefits as shown in Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015;
- Schedule H, Line 4i; Schedule of Assets Held for Investment Purposes as of December 31, 2015 (Fidelity Management Trust Company) and

7. **INVESTMENTS** (continued):

- Net investment income and interest income on notes receivable from participants as reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015 as follows:

For the Year Ended December 31,	2015
Net loss in fair value of investments	$ (1,057,365)
Interest and dividends	$ 904,466
Interest income on notes receivable from participants	$ 56,746

8. **REPORTABLE EVENT:**

During the year ended December 31, 2015, participant contributions and loan payments totaling $1,341,173 were not deposited with the Plan custodian on a timely basis per DOL regulations. These are considered nonexempt prohibited transactions by the DOL. Although the contributions were made during the respective plan year and are therefore not considered payables to the Plan, the Employer must reimburse the Plan for the amount of lost earnings from the dates the payments should have been made to the dates the payments were received by the Plan. Participant loan balances and participant interest earned must also be adjusted for interest that accrued from the dates the payments should have been made to the dates the payments were received by the Plan. The Employer has paid lost earnings of $829 to the Plan in full. No net changes to the balances of participant loans receivable or accrued participant loan interest were necessary.

9. **RESTATEMENT**:

The financial statements have been restated to reflect the correction of an error identified in the value of the collective investment trust in prior periods.

The effects of the restatements on the December 31, 2014 statement of net assets available for benefits are as follows:

	AS PREVIOUSLY REPORTED	RESTATEMENT ADJUSTMENTS	AS RESTATED
Collective investment trust, at contract value	$ 1,874,229	$ 16,712	$ 1,890,941
Net assets available for benefits	$ 23,758,147	$ 16,712	$ 23,774,859

9. **RESTATEMENT** (continued):

The effects of the restatements on the December 31, 2014 statement of changes in net assets available for benefits are as follows:

	AS PREVIOUSLY REPORTED	RESTATEMENT ADJUSTMENTS	AS RESTATED
Net gain in fair value of collective investment trust, included as a component of investment income	$ 10,719	$ 16,712	$ 27,431
Net increase in assets available for benefits	$ 2,409,370	$ 16,712	$ 2,426,082

SUPPLEMENTAL SCHEDULES

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001
SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
As of December 31, 2015

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Check here if Late Participant Loan Repayments Are included: ☑		$65,525		
Check here if Late Participant Loan Repayments Are included: ☑		$46,700		
Check here if Late Participant Loan Repayments Are included: ☑		$53,032		
Check here if Late Participant Loan Repayments Are included: ☑		$112,135		
Check here if Late Participant Loan Repayments Are included: ☑		$50,287		
Check here if Late Participant Loan Repayments Are included: ☑		$64,581		
Check here if Late Participant Loan Repayments Are included: ☑		$49,874		
Check here if Late Participant Loan Repayments Are included: ☑		$48,121		

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Check here if Late Participant Loan Repayments Are included: ☑		$51,741		
Check here if Late Participant Loan Repayments Are included: ☑		$45,650		
Check here if Late Participant Loan Repayments Are included: ☑		$54,540		
Check here if Late Participant Loan Repayments Are included: ☑		$47,475		
Check here if Late Participant Loan Repayments Are included: ☑		$47,498		
Check here if Late Participant Loan Repayments Are included: ☑		$48,505		
Check here if Late Participant Loan Repayments Are included: ☑		$46,659		
Check here if Late Participant Loan Repayments Are included: ☑		$45,512		
Check here if Late Participant Loan Repayments Are included: ☑		$44,121		

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Check here if Late Participant Loan Repayments Are included: ☑		$45,144		
Check here if Late Participant Loan Repayments Are included: ☑		$46,598		
Check here if Late Participant Loan Repayments Are included: ☑		$46,316		
Check here if Late Participant Loan Repayments Are included: ☑		$44,414		
Check here if Late Participant Loan Repayments Are included: ☑		$68,124		
Check here if Late Participant Loan Repayments Are included: ☑		$46,370		
Check here if Late Participant Loan Repayments Are included: ☑		$68,506		
Check here if Late Participant Loan Repayments Are included: ☑		$53,745		
Check here if Late Participant Loan Repayments Are included: ☑		$49,865		

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Check here if Late Participant Loan Repayments Are included: ☑		$49,886		
Check here if Late Participant Loan Repayments Are included: ☑		$45,510		
Check here if Late Participant Loan Repayments Are included: ☑		$47,777		
Check here if Late Participant Loan Repayments Are included: ☑		$51,220		
Check here if Late Participant Loan Repayments Are included: ☑		$53,306		
Check here if Late Participant Loan Repayments Are included: ☑		$51,771		
Check here if Late Participant Loan Repayments Are included: ☑		$51,292		
Check here if Late Participant Loan Repayments Are included: ☑		$52,938		

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

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
As of December 31, 2015

(A)	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment, including maturity date, rate of interest, collateral, par or maturity value	(D) Cost	(E) Current Value
Assets reported at contract value:				
*	Fidelity Advisor Stable Value Fund	Stable Value Investment Fund	N/A	$ 1,529,750
Assets reported at fair value:				
*	Blackrock US Opps Inv A	Mutual Fund	N/A	452,512
*	Fidelity Advisor Diversified International A	Mutual Fund	N/A	555,860
*	Fidelity Advisor Dividend Growth A	Mutual Fund	N/A	1,392,505
*	Fidelity Advisor Equity Income A	Mutual Fund	N/A	862,229
*	Fidelity Advisor Freedom 2005 A	Mutual Fund	N/A	17,162
*	Fidelity Advisor Freedom 2010 A	Mutual Fund	N/A	168,089
*	Fidelity Advisor Freedom 2015 A	Mutual Fund	N/A	165,213
*	Fidelity Advisor Freedom 2020 A	Mutual Fund	N/A	697,548
*	Fidelity Advisor Freedom 2025 A	Mutual Fund	N/A	744,464
*	Fidelity Advisor Freedom 2030 A	Mutual Fund	N/A	1,082,703
*	Fidelity Advisor Freedom 2035 A	Mutual Fund	N/A	911,352
*	Fidelity Advisor Freedom 2040 A	Mutual Fund	N/A	821,284
*	Fidelity Advisor Freedom 2045 A	Mutual Fund	N/A	1,101,418
*	Fidelity Advisor Freedom 2050 A	Mutual Fund	N/A	1,268,414
*	Fidelity Advisor Freedom 2055 A	Mutual Fund	N/A	488,784
*	Fidelity Advisor Freedom Income A	Mutual Fund	N/A	14,625
*	Fidelity Advisor Global Cap App A	Mutual Fund	N/A	443,700
*	Fidelity Advisor Government Income A	Mutual Fund	N/A	757,709
*	Fidelity Advisor High Income A	Mutual Fund	N/A	224,223
*	Fidelity Advisor New Insights A	Mutual Fund	N/A	2,601,184
*	Fidelity Advisor Short Fixed Income A	Mutual Fund	N/A	201,477
*	Fidelity Advisor Small Cap A	Mutual Fund	N/A	1,135,047
*	Fidelity Advisor Stock Selector Mid Cap A	Mutual Fund	N/A	961,420
*	Fidelity Advisor Strategic Income A	Mutual Fund	N/A	982,412
*	Fidelity Advisor Value Strategic A	Mutual Fund	N/A	758,697
*	JP Morgan Equity Income A	Mutual Fund	N/A	553,678
*	Oppenheimer International Growth A	Mutual Fund	N/A	418,056
*	PIMCO Commodity Real Return A	Mutual Fund	N/A	38,701
	Total Mutual Funds			19,820,466
	Participant loans	Varying maturities; interest rates: 5.25% - 7.25%		1,134,595
				$ 22,484,811

* – Represents a party-in-interest as defined by ERISA
N/A - Not applicable for participant-directed plan.

HOFFMAN SOUTHWEST 401(K) SAVINGS PLAN

EIN 95-2800680
PN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
As of December 31, 2015

(A)	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment, including maturity date, rate of interest, collateral, par or maturity value	(D) Cost	(E) Current Value
Assets reported at contract value:				
*	Fidelity Advisor Stable Value Fund	Stable Value Investment Fund	N/A	$ 1,529,750
Assets reported at fair value:				
*	Blackrock US Opps Inv A	Mutual Fund	N/A	452,512
*	Fidelity Advisor Diversified International A	Mutual Fund	N/A	555,860
*	Fidelity Advisor Dividend Growth A	Mutual Fund	N/A	1,392,505
*	Fidelity Advisor Equity Income A	Mutual Fund	N/A	862,229
*	Fidelity Advisor Freedom 2005 A	Mutual Fund	N/A	17,162
*	Fidelity Advisor Freedom 2010 A	Mutual Fund	N/A	168,089
*	Fidelity Advisor Freedom 2015 A	Mutual Fund	N/A	165,213
*	Fidelity Advisor Freedom 2020 A	Mutual Fund	N/A	697,548
*	Fidelity Advisor Freedom 2025 A	Mutual Fund	N/A	744,464
*	Fidelity Advisor Freedom 2030 A	Mutual Fund	N/A	1,082,703
*	Fidelity Advisor Freedom 2035 A	Mutual Fund	N/A	911,352
*	Fidelity Advisor Freedom 2040 A	Mutual Fund	N/A	821,284
*	Fidelity Advisor Freedom 2045 A	Mutual Fund	N/A	1,101,418
*	Fidelity Advisor Freedom 2050 A	Mutual Fund	N/A	1,268,414
*	Fidelity Advisor Freedom 2055 A	Mutual Fund	N/A	488,784
*	Fidelity Advisor Freedom Income A	Mutual Fund	N/A	14,625
*	Fidelity Advisor Global Cap App A	Mutual Fund	N/A	443,700
*	Fidelity Advisor Government Income A	Mutual Fund	N/A	757,709
*	Fidelity Advisor High Income A	Mutual Fund	N/A	224,223
*	Fidelity Advisor New Insights A	Mutual Fund	N/A	2,601,184
*	Fidelity Advisor Short Fixed Income A	Mutual Fund	N/A	201,477
*	Fidelity Advisor Small Cap A	Mutual Fund	N/A	1,135,047
*	Fidelity Advisor Stock Selector Mid Cap A	Mutual Fund	N/A	961,420
*	Fidelity Advisor Strategic Income A	Mutual Fund	N/A	982,412
*	Fidelity Advisor Value Strategic A	Mutual Fund	N/A	758,697
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*	Oppenheimer International Growth A	Mutual Fund	N/A	418,056
*	PIMCO Commodity Real Return A	Mutual Fund	N/A	38,701
	Total Mutual Funds			19,820,466
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				$ 22,484,811

* – Represents a party-in-interest as defined by ERISA
N/A - Not applicable for participant-directed plan.