Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- [ ] a one-participant plan
- [ ] a foreign plan

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
O. TREVINO CONSTRUCTION, L.L.C. EMPLOYEES' 401(K) PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
O. TREVINO CONSTRUCTION, L.L.C.

POB 1910
ROANOKE, TX 76262

2b Employer Identification Number (EIN) 75-2274727

2c Sponsor's telephone number 817-430-2410

2d Business code (see instructions) 237310

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.
a Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	117
b Total number of participants at the end of the plan year	**5b**	82
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	78
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	109
d(2) Total number of active participants at the end of the plan year	**5d(2)**	73
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	19

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	03/11/2016	CAROL TREVINO
	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

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

Preparer's telephone number (optional)

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions)..... [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c 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 III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3751828	3556444
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	3751828	3556444
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)	241857	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-104167	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		137690
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	299463	
e Certain deemed and/or corrective distributions (see instructions)	8e	31138	
f Administrative service providers (salaries, fees, commissions)	8f	2473	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		333074
i Net income (loss) (subtract line 8h from line 8c)	8i		-195384
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		350000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		17872
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		189656
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... [ ] Yes [ ] No

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **11a**

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. [ ] Yes [X] No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. ..... Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII Trust Information (optional)

14a Name of trust	**14b** Trust's EIN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

O. Trevino Construction, L.L.C. Employees 401(k) Plan & Trust

01-OCT-14 to 30-SEP-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
12015M1			438,318.64	440,807.71
12025M1			62,193.39	61,410.77
12035M1			11,117.90	10,924.43
12045M1			10,121.61	10,313.71
12055M1			46,668.29	56,209.71
197AFCW			280,524.31	350,772.90
198AFNP			515,576.11	702,522.94
1IFSOI2			31,475.40	30,694.10
1144OM			3,916.49	3,022.46
1291HVP			59,634.04	57,173.04
1MGRXTM			81,074.45	93,588.48
194MX5			285,739.52	387,392.45
1117VC			308,602.37	494,996.42
1183RR			21,843.79	21,257.07
1BIMPTR			166,025.74	179,730.88
1KGPF		1.200	434,437.60	457,333.07
			2,757,269.65	**3,358,150.14**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	189,655.69	189,655.88
FORFEITURES			8,030.13	8,637.78

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 752274727-001

LEGEND

INVESTMENT OPTION:

12015M1	Great-West Lifetime 2015 Fund II T1	12025M1	Great-West Lifetime 2025 Fund II T1
12035M1	Great-West Lifetime 2035 Fund II T1	12045M1	Great-West Lifetime 2045 Fund II T1
12055M1	Great-West Lifetime 2055 Fund II T1	197AFCW	American Funds Capital World G/I R3
198AFNP	American Funds New Perspective - R3	1IFSOI2	Oakmark International II
1144OM	Oppenheimer Gold & Special Minerals A	1291HVP	Heartland Value Plus
1MGRXTM	Great-West T Rowe Price MidCap Gr Fund I	194MX5	Great-West S&P 500 Index Fund I
1117VC	Invesco Comstock A	1183RR	PIMCO Real Return Admin
1BIMPTR	PIMCO Total Return Admin	1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year