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C Check box if filing under: Generation DFVC program Part II Basic Plan Information—enter all requested information DFVC program Part II Basic Plan Information—enter all requested information 1 1A Name of plan 1 Dreve Copy and the plan number (PN) 001 23 Plan sponsor's name (employer, if for a single-employer plan) 1 Defendentication Number (PN) 021 24 Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, suite no, and street, or P.O. Box) 2 Employer Identification Number (PN) 11.256454.3 25 Fondore NOPONTACION Contract Plan Sponsor's name (employer, if for a single-employer plan) 28.200 11.2567224.4 26 Evanoper VentTer AVENUE 28.200 28.200 28.200 37 Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's ElN 36 Total number of participants at the beginning of the plan year. 5a 6d 6d 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. ElN, and the plan number from the last return/report. 3b Administrator's ElN 36	B This return	n/report is	the first return/report	the final return/repo	rt			
 			an amended return/report	a short plan year re	turn/report (less than 12 m	onths)		
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (20	For Paperworl	k Reduction Act Notice	and OMB Control Numbers, see th	ne instructions for Form 55	500-SF.			Form 5500-SF (2015)

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepei	ndent qualified public a	ccount	ant (IQ	PA)		
	If you answered "No" to either line 6a or line 6b, the plan cann							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
а	Total plan assets	7a			883			691475
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		685	883			691475
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
а	Contributions received or receivable from:							
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)			050			
	Other income (loss)	8b		20	659	_		00050
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		26659
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		21	067			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21067
i	Net income (loss) (subtract line 8h from line 8c)	8i						5592
j	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in t	the instructions:
B	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:
Par	V Compliance Questions					1		
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	x			265000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х			86110
h	2520.101-3.)			10h	х			
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i	х			
j	Did the plan trust incur unrelated business taxable income?	·····		10j			Х	
Part	VI Pension Funding Compliance							

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 5500) and line 11a below)	ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 2	802 of F	RISA2	Yes	X No

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Page **3** - 1

-									
	(lf "`								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted 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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
D		e PBGC?				Yes 🗙	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust		14b Trust's EIN					
14c	Narr	e of trustee or custodian		14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A		

	orm 5500-SF	Short Form Ann	Short Form Annual Return/Report of Small Emp Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				
	partment of the Treasury ternal Revenue Service	This form is required to be fil					
Employee	Department of Labor Benefits Security Administratio	n					
	Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	•	500-SF	This Form is Ope Public Inspection	
Part I	Annual Repor	t identification information	1				
1 Of Calefi	ual plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/	31/2015	
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer list of participating e a foreign plan	plan (not multiemployer) mployer information in a	(Filers chec ccordance wi	king this box must attac th the form instructions	cha \$)
B This re	turn/report is	the first return/report	the final return/report				
_		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)		
C Check	box if filing under:	Form 5558	automatic extension		0	FVC program	
		special extension (enter desc					
Part II	Basic Plan Inf	ormation—enter all requested in	formation			······································	,
1a Name Marange Retire		on Corporation Plan			(PN) 1c Effect	with which we date of plan	
2a Plans	sponsor's name (empl	oyer, if for a single-employer plan)				01/2000	
Mailin	ng address (include roo	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post). Box)	<i>.</i>		yer Identification Numb 11-2554543	ber
Marango	os Constructi	on Corporation	al code (il foreign, see ins	tructions)	2c Spone	sor's telephone number	r
					(718	3) 567-2224	
20 7 77						ess code (see instructio	ons)
Suite 1		venue			2362	200	
	ashington	Ind address XSame as Plan Spons	N	Y 11050	3b Admin	istrator's EIN	
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed 4	For this plan, and a the	44		
name	e, EIN, and the plan nu sor's name	imber from the last return/report.		or this plan, enter the	4b EIN		<u> </u>
		at the beginning of the plan year			4C PN		
b Total	number of participants	s at the beginning of the plan year			5a		42
C Numb	er of participants with	at the end of the plan year account balances as of the end of t	he non ver (defined her	ofit plana da est	5b		42
comp	lete this item)			-	5c		17
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)		33
d(2) Tot	al number of active pa	articipants at the end of the plan yea	ı r		5d(2)		33
e Numb	ber of participants that	terminated employment during the	plan year with accrued he	nefits that were less	5e		
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed			abad	0
SB or Sche	allies of perjury and of	ner penalties set forth in the instruc nd signed by an enrolled actuary, a	tions. I declare that I have	overninged this return from	ant in studies	16 K	lule nd
sign Here	Charhe Mara		3/13/14	Charles Maran	goudakis		
	Signature of plan a		inistrator Date Enter name of individ				
SIGN HERE		rangander 3/13/16 Charles Maran			goudakis		
	Signature of emplo name (including firm n	yer/plan sponsor name, if applicable) and address (inc	Date /	Enter name of individu	al signing as	employer or plan spon	isor
				, , , , , , , , , , , , , , , , , , ,	Preparer's te	elephone number	
For Paperwo	ork Reduction Act Notic	e and OMB Control Numbers, see the	Instructions for Form 5500.	SF.		Earm FEAA as	(204.5)
						Form 5500-SF (v. 1	(2015) 50123

U	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use F o	ndent qualified public ions.) rm 5500-SF and mu	accour	ntant (l ad us	QPA) E Forr	n 5500.		_	Yes 🗍 No
	rt III Financial Information		ogram (see ERISA s	section	4021)?	····· [_ Yes			determined
7	Plan Assets and Liabilities	[<u> </u>				
a	Total plan assets	7a	(a) Beginnir		ear 85,88	33		(b) En	d of Ye	691,475
b		7b								001,410
C	Net plan assets (subtract line 7b from line 7a)	7c	<u></u>		5,88	3				691,475
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo					(b)	Total	001,470
a	Contributions received or receivable from:					\top		<u>(M</u>)	Total	
	(1) Employers	8a(1)	·							······································
	(2) Participants	8a(2)			<u> </u>					
b	(3) Others (including rollovers) Other income (loss)		· · · · · · · · · · · · · · · · · · ·							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		2	6,65	9				
d	Benefits paid (including direct rollovers and insurance premiums	36						·		26,659
	to provide benefits)	8d								
_	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2	1,06	7				
	Other expenses	8g								
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-						21,067
	Net income (loss) (subtract line 8h from line 8c)	8i						-		5,592
	Transfers to (from) the plan (see instructions)	8j	·····						_	
B	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions									
10	During the plan year:	<u> </u>			Yes	No	N/A	<u> </u>	•	
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X	IW/A		Amo	
b 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ii	clude transactions	10b		х				i Di tajo nomeno na na na ili ka kamanga dan
<u>с</u>	Was the plan covered by a fidelity bond?			10c	x					265,000
d	by fraud or dishonesty?	<u></u>		10d		х		-		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e		x				
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			10g	v					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	tions and 29 CER	10g 10h	x x					86,110
î 	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i	x					
j	Did the plan trust incur unrelated business taxable income?			10j			v			
Part	VI Pension Funding Compliance			10			Х			
11	Is this a defined benefit plan subject to minimum funding requirements of the second sec	ents? (If "Ye	es," see instructions a	and con	nplete	Sched	ule SB	(Form	П	Yes 🗍 No
_11a	Enter the unpaid minimum required contribution for all years from S	Schedule S	B (Form 5500) line 40	D		Ī	11a			
12	Is this a defined contribution plan subject to the minimum funding r	equiremer	ts of section 412 of th	ne Code	orse	ction 3		RISA?	Π	Yes 🕅 No

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	Form 5500-SF 2015	Page 3 -					
(lf "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	S			}		
a Ifav	vaiver of the minimum funding standard for a prior year is being amortize	d in this plan year, see in	structions, and Month	enter the Day	e date of t	he letter n Year	uling
If you cr	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (For	n 5500), and skip to line	13.				
b Enter	the minimum required contribution for this plan year			12b			
	the amount contributed by the employer to the plan for this plan year			12c			
d Subtr	ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	enter a minus sign to the	left of a	12d			
	he minimum funding amount reported on line 12d be met by the funding			Π	Yes [No [N/A
Part VII	Plan Terminations and Transfers of Assets						
13a Hasa	a resolution to terminate the plan been adopted in any plan year?			Į	[] Yes	K No	
	es," enter the amount of any plan assets that reverted to the employer th			13a			
of the	e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?					Yes 🕅	No
C If dur which	ing this plan year, any assets or liabilities were transferred from this plar a assets or liabilities were transferred. (See instructions.)	n to another plan(s), ident	ify the plan(s) to)			
13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII	Trust Information						
14a Name	of trust			14b T	rust's EIN		
14c Name	e of trustee or custodian				Frustee's elephone	or custodi number	an's
Part IX	IRS Compliance Questions	······			<u> </u>	, , , , , , , , , , , , , , , , ,	<u> </u>
15a Is the	plan a 401(k) plan?			Yes	1	No	
15b If "Yes match	s," how does the $401(k)$ plan satisfy the nondiscrimination requirements ting contributions (as applicable) under sections $401(k)(3)$ and $401(m)(2)$	for employee deferrals an ?	d employer	bas bas	sign- sed safe bor thod	ADF test	
testing	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for a method" for nonhighly compensated employees (Treas. Reg sections 1)(ii))?	the plan year using the "c I.401(k)-2(a)(2)(ii) and 1.4	urrent year 101(m)-] Yes		No	
	the box to indicate the method used by the plan to satisfy the coverage			□ Rat per tes	centage		erage lefit test
16b Does t this pla	the plan satisfy the coverage and nondiscrimination tests of sections 410 an with any other plans under the permissive aggregation rules?	0(b) and 401(a)(4) by com	bining] Yes		No	
17a Has th	ne plan been timely amended for all required tax law changes?			Yes	i	No	[] N/A
for tax	the last plan amendment/restatement for the required tax law changes v law changes and codes).		Enter the ap			(See inst	
adviso	plan sponsor is an adopter of a pre-approved master and prototype (M&F ry letter, enter the date of that favorable letter	and the letter's serial nu	mber				or
determ	plan is an individually-designed plan and received a favorable determination letter			the plan'	s last favo	orable	
18 Is the made)	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under , American Samoa, Guam, the Commonwealth of the Northern Mariana	ERISA section 1022(i)(2) Islands or the U.S. Virgin	has been Islands)?	Yes		No	
19 Were i	n-service distributions made during the plan year?			Yes		No	
lf "Yes	," enter amount			19			
20 Were r retired	equired minimum distributions made to 5% owners who have attained a	ge 70 ½ (regardless of w	nether or not	∏ Yes		∏ No	∏ N/A

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