Description of Prince The result of Prince The Constrained Prince The Prince The Prince The Prince The Constrained Prince The Prince T	Form 5500-SF		Short Form Annual Return/Report of Small Emp Benefit Plan				OMB Nos. 1210-011 1210-008				
Constructions Provementations Provementations Provementations Provementation Provem	Department of the Treasury Internal Revenue Service					irement	2015				
A Complete all ender loan value (update) A Complete all endre line accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification in formation Por calculated plan value (DS of file all plan value beginning	Employee E	Benefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the			This Form is Open to				
For calcular plan year 2015 or listed plan year beginning 01012016 and andring 040302016 A This return/report is tor: a ningle-employer plan a trutple-employer plan (for multisencyber) (Filers checking this box must attach a last of participating employer information in accordance with the form instructions) B This return/report is tor: an employer plan (for multisencyber) (Filers checking this box must attach a last of participation in accordance with the form instructions) C Check box if filing under: for sign) addition (neter chacroption) a short plan year return/report (see shan 12 months) C Check box if filing under: form 5558 outmatic extension D Thrue-digiting information Ta Names of plan for a single-employer plan (formation) 10 b Thrue-digiting information 10 b Thrue-digiting information Ta Names of plan monthsets constructions & Constructions (for dreign postal code (if foreign, see instructions) 22 b Employer Identification Number (for Name for elegan postal code (if foreign, see instructions) Za Plan administrator's name and address @Bame as Plan Sponsor. 3b Administrator's telephone number Sa Total number of participants at the beginning of the plan year. 55 0 0 Construction & a constructions is a single employer plan year. 55 0 0 Construction & address & @Bame as Plan Sponsor. 3b Administrator's telephone numb					tructions to the Form 550	0-SF.	1 451				
A This return/eport is for: in a ne-participant plan					and ending 05/0	19/2016					
A This return/report is for: is to participating employer information in accordance with the form instructions) B This return/report is in the frat return/report is foreign plan B This return/report is in the frat return/report is short plan year return/report (less than 12 months) C Check box if fling under: in grade detemption in the frat return/report is short plan year return/report (less than 12 months) Part II Basic Plan Information—entrie all requested information in the frat return/report in the frat return/report 10 Three-digt plan number (less than 12 months) 001 if the frat return/report 24 Plan sponsor's name (employer, ff or a single-employer plan) Mating address finduker toom, and, street, or P.0. Box (less name) and street (cking this bo	ox must attach a			
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C Check box if filing under Form 5582	B This ret	urn/report is	the first return/report X the final return/report								
Part II Basice Plan Information—enter all requested information 14 Name of plan PARKS CONSTRUCTION & CONSULTING, LLC 401(K) PLAN 1b Test Basice Plan information—enter all requested information 1c 24 Plan sponsor's name (amployer, If for a single-employer plan) 1c Maining attacks 0.01 24 Plan sponsor's name (amployer, If for a single-employer plan) 2d Maining attacks maining attacks 2d PARKS CONSTRUCTION & CONSULTING, LLC 0.01 2d 24 Plan sponsor's name, and address (finder employer plan) 2d Maining attacks 0.01 2d PLARKS CONSTRUCTION & CONSULTING, LLC 0.01 24 Runs address 2d 25 Seponsor's talephone number 2d 26 Sponsor's name and address Plan address 27 Administrator's telephone number 2d 38 Plan administrator's name and address Plan address 2d 39 Administrator's telephone number 5a 0 54 Total number of participants at the beginning of the plan year. 5a 0 </td <td></td> <td>·</td> <td>an amended return/report</td> <td>🗙 a short plan year retu</td> <td></td> <td></td>		·	an amended return/report	🗙 a short plan year retu							
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than 100% vested	d(2) Tot	tal number of active part	icipants at the end of the plan ye	ar		5d(2)		0			
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HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Filed with authorized/valid electronic signature. 07/28/2016 DONALD PARKS 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 rom or suite number) Preparer's telephone number				07/28/2016	DONALD PARKS						
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) Preparer's telephone number Image: Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number	HERE	Signature of plan ad	ministrator	Date	Enter name of individua	dual signing as plan administrator					
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) Preparer's telephone number	SIGN						·				
						al signing	as employe	r or plan sponsor			
	Preparer's	name (including firm na	me, if applicable) and address (ii	nclude room or suite numb	per) F	^o reparer's	telephone	number			

	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 a lift you answered "No" to either line 6a or line 6b, the plan cann							X Yes No			
	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined			
Par			0 (,						
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year			
	Total plan assets	7a	(<i>u</i>) = • y		748			0			
b	Total plan liabilities	7b			0		0				
С	Net plan assets (subtract line 7b from line 7a)	7c		22748			0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount			(b) Total				
	Contributions received or receivable from:				0						
	(1) Employers	8a(1)			0						
	(2) Participants	8a(2)			0						
-	(3) Others (including rollovers)	8a(3)			0	_					
	Other income (loss)	8b		-	710	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		-710			
1	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		21	788						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0	_					
f	Administrative service providers (salaries, fees, commissions)	8f			250	_					
	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					22038				
i	Net income (loss) (subtract line 8h from line 8c)	8i						-22748			
j	Transfers to (from) the plan (see instructions)	8j			0						
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3B 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:			
Part	V Compliance Questions										
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		x					
b	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X					
С	C Was the plan covered by a fidelity bond?			10c		x					
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		Х					
е	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.).				х			68			
f	Has the plan failed to provide any benefit when due under the plan?			10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10g 10h		Х					
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							
i	j Did the plan trust incur unrelated business taxable income?										
Part	VI Pension Funding Compliance			10j]		1			

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11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 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	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	802 of E	RISA?	Yes X	No

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Page **3** - 1

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(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								
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		12	0				
С	Enter	the amount contributed by the employer to the plan for this plan year		12	C				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12	d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	Ν	lo	N/A	
Part		Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Yes 🗙	No		
104		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h									
	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?	-			X Ye	es	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.)	ify the plan(s) to						
1	3c(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 Name 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?		. 🗌 Yes			No		
15b 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		
15c 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		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Ratio percentage test		ige	Average benefit test		
16b 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			
17a Has the plan been timely amended for all required tax law changes?				Yes		No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instruct for tax law changes and codes).						tructions			
17c 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									
17d 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									
18	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		
19 Were in-service distributions made during the plan year?					Yes		No		
If "Yes," enter amount)				
20	20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						No	N/A	