# 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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
LEE LEWIS CONSTRUCTION 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1995

**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)
LEE LEWIS CONSTRUCTION, INC.

7810 ORLANDO AVENUE
LUBBOCK, TX 79423

**2b** Employer Identification Number (EIN)
75-1680801

**2c** Plan Sponsor's telephone number
806-797-8400

**2d** Business code (see instructions)
236200

**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. | 10/11/2016 | MELINDA HATHORN |
| | **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** | 239 |
| **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)** | 216 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 187 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 18 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 205 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 206 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 124 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **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 2T 3D

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

**(1)** [X] **R** (Retirement Plan Information)

**(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

**(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

**(1)** [X] **H** (Financial Information)

**(2)** [ ] **I** (Financial Information – Small Plan)

**(3)** [ ] ___ **A** (Insurance Information)

**(4)** [X] **C** (Service Provider Information)

**(5)** [ ] **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2015**<br>**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
LEE LEWIS CONSTRUCTION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LEE LEWIS CONSTRUCTION, INC.

**D** Employer Identification Number (EIN)
75-1680801

## 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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**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? |
|---|---|---|---|---|---|---|
| 60 64 65 | RECORDKEEPER | 200 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

RAYMOND JAMES FINANCIAL SERVICES I

880 CARILLON PKWY
PO BOX 12749
ST PETERSBERG, FL 33176

| (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? |
|---|---|---|---|---|---|---|
| 61 | ADVISOR | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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 [ ] |

**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. |
|---|---|---|
| ALZGI NFJ DIV VAL A - BOSTON FINAN | 330 W. 9TH STREET<br>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. |
|---|---|---|
| BLKRK GLOBAL ALLOC A - BNY MELLON | P.O. BOX 9793<br>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. |
|---|---|---|
| BLKRK US OPPS INV A - BNY MELLON I | P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 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. |
|---|---|
| COL SM CAP VAL II A - COLUMBIA MGT<br>P.O. BOX 8081<br>BOSTON, MA 02266 | 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. |
|---|---|
| INVS DEVELOP MKTS A - INVESCO CANA<br>P.O. BOX 219078<br>KANSAS CITY, MO 64121 | 0.35% |

| **(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. |
|---|---|
| JHANCOCK DSCPL VAL A - JOHN HANCOC<br>01-0233346 | 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. |
|---|---|
| PIONEER BOND A - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266 | 0.35% |

| **(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. |
|---|---|
| THORNBURG VALUE R4 - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266 | 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. |
|---|---|
| TRP EQUITY INCOME R - T. ROWE PRIC<br><br>52-2269240 | 0.40% |

## 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 |
|---|---|---|
| RAYMOND JAMES FINANCIAL SERVICES I | 61 | 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. |
|---|---|
| COL SM CAP VAL II A - COLUMBIA MGT<br>P.O. BOX 8081<br>BOSTON, MA 02266 | $0-<$3M=1.00%, $3M-<$50M=0.50%, $50M+=0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| RAYMOND JAMES FINANCIAL SERVICES I | 61 | 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. |
|---|---|
| PIONEER BOND A - PIONEER FUNDS DIS<br>04-3042318 | $0-<$50M=0.50%, $50M+=0.25% |

| **(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: | **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:

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

Explanation:

# 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
LEE LEWIS CONSTRUCTION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LEE LEWIS CONSTRUCTION, INC.

**D** Employer Identification Number (EIN)
75-1680801

## 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) | 374288 | 561990 |
| **(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) | 0 | 0 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(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) | 6510148 | 6466246 |
| **(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 | 6884436 | 7028236 |
| **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 | 6884436 | 7028236 |

## 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) | 289521 | |
| **(B)** Participants | 2a(1)(B) | 505647 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 302334 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1097502 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 236 | |
| **(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) | 0 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 236 |
| **(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) | 298750 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 298750 |
| **(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) | | 0 |
| **(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) | | -374345 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1022143 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 877998 | |
| **(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) | | 877998 |
| **f** Corrective distributions (see instructions) | 2f | | 145 |
| **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) | 200 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 200 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 878343 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 143800 |
| **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: M. WEISS & ASSOCIATES, INC. **(2)** EIN: 41-2148380

**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 | | |
| **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
LEE LEWIS CONSTRUCTION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
LEE LEWIS CONSTRUCTION, INC.

**D** Employer Identification Number (EIN)
75-1680801

## 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 |

**LEE LEWIS CONSTRUCTION 401(k) PLAN** **EIN: 75-1680801**
**SPONSOR: LEE LEWIS CONSTRUCTION CO., INC.** **IRS 3 DIGIT PLAN: 001**

**Attachment to Schedule H, Part IV, Line 4i**
**Schedule of Assets Held for Investment Purposes at the End of Year**

| (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 |
|---|---|---|---|---|
| | | | | |
| | BLKRK US OPPS INV A | 3,770.103 Shares @ 32.69 - Mutual Fund | 125,852.08 | 123,244.67 |
| | COL SM CAP VAL II A | 2,592.146 Shares @ 15.05 - Mutual Fund | 40,571.82 | 39,011.80 |
| | ALZGI NFJ DIV VAL A | 1,910.071 Shares @15.29 - Mutual Fund | 21,679.66 | 29,204.99 |
| | PIONEER BOND A | 1,730.669 Shares @ 9.51 - Mutual Fund | 16,987.55 | 16,458.66 |
| | BLKRK GLOBAL ALLOC A | 5,354.904 Shares @ 17.84 - Mutual Fund | 101,103.42 | 95,531.49 |
| | INVS DEVELOP MKTS A | 1,024.608 Shares @ 24.49 - Mutual Fund | 30,778.60 | 25,092.65 |
| | THORNBURG VALUE R4 | 575.791 Shares @ 52.07 - Mutual Fund | 29,243.23 | 29,981.44 |
| | TRP EQUITY INCOME R | 435.516 Shares @ 28.35 - Mutual Fund | 11,189.17 | 12,346.88 |
| | JHANCOCK DSCPL VAL A | 2,242.123 Shares @ 17.72 - Mutual Fund | 36,780.76 | 39,730.42 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA LEV CO STOCK A 3,812.384 Shares @ 52.55 - Mutual Fund | 169,278.05 | 200,340.78 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA STRAT INCOME A 6,982.805 Shares @ 11.32 - Mutual Fund | 84,337.24 | 79,045.35 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA SMALL CAP A 6,390.091 Shares @ 24.34 - Mutual Fund | 163,913.13 | 155,534.81 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2010 A 4,995.095 Shares @ 11.73 - Mutual Fund | 58,973.93 | 58,592.46 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2020 A 146,026.997 Shares @ 12.42 - Mutual Fund | 1,770,163.70 | 1,813,655.30 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2030 A 38,255.999 Shares @12.99 - Mutual Fund | 490,335.93 | 496,945.43 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2040 A 45,494.773 Shares @ 13.29 - Mutual Fund | 612,396.29 | 604,625.53 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM INC A 1,208.838 Shares @10.49 - Mutual Fund | 12,819.98 | 12,680.71 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA NEW INSIGHTS A 6,594.560 Shares @ 26.15 - Mutual Fund | 149,989.84 | 172,447.74 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2005 A 5,749.898 Shares @ 11.29 - Mutual Fund | 67,034.35 | 64,916.35 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2015 A 74,749.300 Shares @ 11.70 - Mutual Fund | 865,974.80 | 874,566.81 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2025 A 61,523.196 Shares @ 12.23 - Mutual Fund | 725,274.60 | 752,428.69 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2035 A 9,956.880 Shares @ 12.41 - Mutual Fund | 120,985.36 | 123,564.88 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA STRAT DIV INC A 1,193.482 Shares @ 13.54 - Mutual Fund | 16,139.16 | 16,159.75 |
| | FIDELITY MANAGEMENT TRUST COMPANY | FA MID CAP II A 312.453 Shares @ 17.64 - Mutual Fund | 6,009.23 | 5,511.67 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA SMALL CAP GR A 3,278.875 Shares @ 18.12 - Mutual Fund | 58,585.72 | 59,413.22 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA INTL DISCOVERY A 2,314.093 Shares @ 39.19 - Mutual Fund | 74,378.21 | 90,689.30 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2045 A 29,969.352 Shares @ 10.26 - Mutual Fund | 305,433.00 | 307,485.55 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2050 A 11,396.863 Shares @ 10.19 - Mutual Fund | 114,479.69 | 116,134.03 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2055 A 2,044.656 Shares @ 11.05 - Mutual Fund | 23,743.98 | 22,593.45 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA STK SEL ALL CAP A 842.846 Shares @ 33.59 - Mutual Fund | 29,719.59 | 28,311.20 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FID GOV MMKT DM 561,989.730 Shares @ 1.00 - Money Fund | 561,989.73 | 561,989.73 |
| | | | | |
| | | | 6,896,141.80 | 7,028,235.74 |
| * | INDICATES PARTY IN INTEREST | | | |

# LEE LEWIS CONSTRUCTION 401(k) PLAN

**Independent Auditor's Report**

Statement of Net Assets Available for Benefits,
Statement of Changes in Net Assets Available for Benefits,
and Supplemental Information for Employee Benefit Plan Administered by

**Lee Lewis Construction, Inc.**

For the period from
January 1, 2015 to December 31, 2015

**M. WEISS AND ASSOCIATES, INC.** CERTIFIED PUBLIC ACCOUNTANTS

J. Michael Weiss, CPA, J.D.
Ronald J. Sawall, CPA
Sara Hester, CPA
Courtney Brandon, CPA

2222 Indiana Avenue
Lubbock, Texas 79410
(806) 799-0909
FAX (806) 799-7741

## INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Lee Lewis Construction 401(k) Plan

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Lee Lewis Construction 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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 C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

### Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of an Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do no express an opinion on these financial statements.

**Other Matter**

The supplemental schedule of Assets Held for Investment as of the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose 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 schedule referred to above.

**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 by 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.

M. Weiss and Associates, Inc.

**M. Weiss and Associates, Inc.**
**Lubbock, TX**
**September 2, 2016**

**LEE LEWIS CONSTRUCTION 401(k) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2015 and 2014**

| | 2015 | 2014 |
|---|---|---|
| ASSETS | | |
| Receivables: | | |
| Employer Contribution | - | 4,673 |
| Employee Contribution | - | 7,821 |
| Total Receivables (Note B) | - | 12,494 |
| Investments: | | |
| At fair value: | | |
| Interest Bearing Cash (including Money Market Funds) | $ 561,990 | $ 374,288 |
| Interest in Mutual Funds | 6,466,246 | 6,510,148 |
| Total Investments (Note C) | 7,028,236 | 6,884,437 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 7,028,236 | $ 6,896,931 |

See accompanying notes.

**LEE LEWIS CONSTRUCTION 401(k) PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**YEAR ENDED DECEMBER 31, 2015**

| | | Totals |
|---|---|---|
| ADDITIONS | | |
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Interest / Dividends | $ | 298,986 |
| Net Investment Gain or Loss | | (374,346) |
| | | (75,360) |
| Contributions: | | |
| Participant | | 497,826 |
| Employer | | 284,848 |
| Rollovers | | 302,334 |
| | | 1,085,007 |
| TOTAL ADDITIONS | | 1,009,648 |
| DEDUCTIONS | | |
| Deductions from net assets attributed to: | | |
| Fees | | 200 |
| Benefits paid to participants | | 877,998 |
| Corrective distributions | | 145 |
| TOTAL DEDUCTIONS | | 878,342 |
| NET INCREASE (DECREASE) | | 131,305 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | $ | 6,896,931 |
| END OF YEAR | $ | 7,028,236 |

See accompanying notes.

**LEE LEWIS CONSTRUCTION 401(k) PLAN** **EIN: 75-1680801**
**SPONSOR: LEE LEWIS CONSTRUCTION CO., INC.** **IRS 3 DIGIT PLAN: 001**

**Attachment to Schedule H, Part IV, Line 4i**
**Schedule of Assets Held for Investment Purposes at the End of Year**

| (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 |
|---|---|---|---|---|
| | | | | |
| | BLKRK US OPPS INV A | 3,770.103 Shares @ 32.69 - Mutual Fund | 125,852.08 | 123,244.67 |
| | COL SM CAP VAL II A | 2,592.146 Shares @ 15.05 - Mutual Fund | 40,571.82 | 39,011.80 |
| | ALZGI NFJ DIV VAL A | 1,910.071 Shares @15.29 - Mutual Fund | 21,679.66 | 29,204.99 |
| | PIONEER BOND A | 1,730.669 Shares @ 9.51 - Mutual Fund | 16,987.55 | 16,458.66 |
| | BLKRK GLOBAL ALLOC A | 5,354.904 Shares @ 17.84 - Mutual Fund | 101,103.42 | 95,531.49 |
| | INVS DEVELOP MKTS A | 1,024.608 Shares @ 24.49 - Mutual Fund | 30,778.60 | 25,092.65 |
| | THORNBURG VALUE R4 | 575.791 Shares @ 52.07 - Mutual Fund | 29,243.23 | 29,981.44 |
| | TRP EQUITY INCOME R | 435.516 Shares @ 28.35 - Mutual Fund | 11,189.17 | 12,346.88 |
| | JHANCOCK DSCPL VAL A | 2,242.123 Shares @ 17.72 - Mutual Fund | 36,780.76 | 39,730.42 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA LEV CO STOCK A 3,812.384 Shares @ 52.55 - Mutual Fund | 169,278.05 | 200,340.78 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA STRAT INCOME A 6,982.805 Shares @ 11.32 - Mutual Fund | 84,337.24 | 79,045.35 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA SMALL CAP A 6,390.091 Shares @ 24.34 - Mutual Fund | 163,913.13 | 155,534.81 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2010 A 4,995.095 Shares @ 11.73 - Mutual Fund | 58,973.93 | 58,592.46 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2020 A 146,026.997 Shares @ 12.42 - Mutual Fund | 1,770,163.70 | 1,813,655.30 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2030 A 38,255.999 Shares @12.99 - Mutual Fund | 490,335.93 | 496,945.43 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2040 A 45,494.773 Shares @ 13.29 - Mutual Fund | 612,396.29 | 604,625.53 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM INC A 1,208.838 Shares @10.49 - Mutual Fund | 12,819.98 | 12,680.71 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA NEW INSIGHTS A 6,594.560 Shares @ 26.15 - Mutual Fund | 149,989.84 | 172,447.74 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2005 A 5,749.898 Shares @ 11.29 - Mutual Fund | 67,034.35 | 64,916.35 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2015 A 74,749.300 Shares @ 11.70 - Mutual Fund | 865,974.80 | 874,566.81 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2025 A 61,523.196 Shares @ 12.23 - Mutual Fund | 725,274.60 | 752,428.69 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2035 A 9,956.880 Shares @ 12.41 - Mutual Fund | 120,985.36 | 123,564.88 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA STRAT DIV INC A 1,193.482 Shares @ 13.54 - Mutual Fund | 16,139.16 | 16,159.75 |
| | FIDELITY MANAGEMENT TRUST COMPANY | FA MID CAP II A 312.453 Shares @ 17.64 - Mutual Fund | 6,009.23 | 5,511.67 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA SMALL CAP GR A 3,278.875 Shares @ 18.12 - Mutual Fund | 58,585.72 | 59,413.22 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA INTL DISCOVERY A 2,314.093 Shares @ 39.19 - Mutual Fund | 74,378.21 | 90,689.30 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2045 A 29,969.352 Shares @ 10.26 - Mutual Fund | 305,433.00 | 307,485.55 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2050 A 11,396.863 Shares @ 10.19 - Mutual Fund | 114,479.69 | 116,134.03 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA FREEDOM 2055 A 2,044.656 Shares @ 11.05 - Mutual Fund | 23,743.98 | 22,593.45 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FA STK SEL ALL CAP A 842.846 Shares @ 33.59 - Mutual Fund | 29,719.59 | 28,311.20 |
| * | FIDELITY MANAGEMENT TRUST COMPANY | FID GOV MMKT DM 561,989.730 Shares @ 1.00 - Money Fund | 561,989.73 | 561,989.73 |
| | | | | |
| | | | 6,896,141.80 | 7,028,235.74 |
| * | INDICATES PARTY IN INTEREST | | | |

**LEE LEWIS CONSTRUCTION 401(k) PLAN**
**NOTES TO FINANCIAL STATEMENTS**
**December 31, 2015 and 2014**

NOTE A—DESCRIPTION OF PLAN

The following description of the Lee Lewis Construction ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General.* The Plan is a defined contribution plan covering all employees of the Company, except those covered under a collective bargaining agreement for which retirement benefits have been the subject of good faith negotiations, non-resident aliens, and independent contractors for whom the employer does not file Form W-2, who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Contributions.* Each year, participants may contribute up to the maximum percentage allowable not to exceed the limits of Code Sections 401(k), 402(g), and 415, as defined in the Plan. Participants who have attained or are expected to attain age 50 before the close of the Plan year are eligible to make catch-up contributions. Participants may also roll over eligible amounts from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The plan currently offers 30 mutual funds and one money market fund as investment options for participants. Each year, the Company contributes (1) the total amount of the salary reduction each participant elected to defer, (2) a discretionary matching amount equal to a percentage, determined each year by the Company, of the amount of the salary reduction each participant elected to defer, and (3) a discretionary non-elective employer contribution, to be determined each year by the Company. The company contributes matching contributions to the Plan each year equal to 100% of the first 3% of participants' compensation plus 50% of the next 2% of participants' compensation contributed to the Plan. Participants direct the investment of the Company contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.

*Participant Accounts.* Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. 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 contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

*Payment of Benefits.* On termination of service due to death, disability, or retirement, a participant who is entitled to receive a distribution under the Plan will receive a single lump-sum payment equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant will be entitled to receive only the vested percentage of their account balance and the remainder of their account balance will be forfeited.

*Forfeited Accounts.* At December 31, 2015 and 2014, forfeited non-vested accounts totaled $454 and $669 respectively. These accounts will be used to reduce future employer contributions and may be used for plan administration expenses.

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

*Date of Management's Review*

Subsequent events were evaluated through September 2, 2016, which is the date the financial statements were available to be issued.

*Use of Estimates*

The preparation of financial statements in conformity with applicable financial reporting framework requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and change therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

*Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting.

*Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Shares of registered investment companies (mutual funds) are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

*Payment of Benefits*

Benefits are recorded when paid.

*Operating Expenses*

All Expenses of maintaining the plan are paid by the Company.

*Contributions Receivable*

Contributions are made by the Company after payroll checks have been issued. The last paycheck of the year ended December 31, 2014 was issued on December 30, 2014. As a result, the final contributions were made on January 2, 2015. These January 2, 2015 contributions make up the entirety of the December 31, 2014 contributions receivable account. The contributions were made in a timely manner and were not considered past due. No 2015 contributions were paid after December 31, 2015, so the contributions receivable at December 31, 2015 are zero.

NOTE C—INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

The Plan's investments are held by Fidelity Management Trust Company as of December 31, 2015 and December 31, 2014. The following table presents investments at December 31, 2015 and 2014. Investments that represent 5% or more of the Plan's net assets are separately identified.

**2015**

| | |
|---|---|
| Investments at fair value as determined by quoted market price: | |
| Interest in registered investment companies | |
| FID GOV MMKT DM | $ 561,990 |
| FA Freedom 2020 A | 1,813,655 |
| FA Freedom 2030 A | 496,945 |
| FA Freedom 2040 A | 604,626 |
| FA Freedom 2015 A | 874,567 |
| FA Freedom 2025 A | 752,429 |
| Other Mutual Funds | 1,924,024 |
| | 7,028,236 |

**2014**

| | |
|---|---|
| Investments at fair value as determined by quoted market price: | |
| Interest in registered investment companies | |
| Fidelity Prime Fund | $ 374,288 |
| FA Freedom 2020 A | 1,693,491 |
| FA Freedom 2030 A | 506,888 |
| FA Freedom 2015 A | 1,269,195 |
| FA Freedom 2025 A | 833,512 |
| Other Mutual Funds | 2,207,063 |
| | 6,884,437 |

During 2015 and 2014, the Plan's investments (including investments bought, sold and held during the year) decreased in value by $374,346 and decreased in value by $113,226, respectively, as follows:

| | 2015 | 2014 |
|---|---|---|
| Investments at Fair Value as Determined by Quoted Market Price: | | |
| Interest in registered investment Companies – Mutual Funds | ($374,346) | ($113,226) |

NOTE D—FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were available to the Plan.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

*Level 1 Fair Value Measurements*

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

The following table sets forth, by level within the fair value hierarchy, the plan's assets at fair value as of December 31, 2015 and 2014:

| | | **Fair Value Measurements at Reporting Date Using:** |
|---|---|---|
| | **Fair Value** | **Quoted Prices in Active Markets for Identical Assets (Level 1)** |
| **December 31, 2015** | | |
| Mutual funds | $ 7,028,236 | $ 7,028,236 |
| Total assets at fair value | $ 7,028,236 | $ 7,028,236 |
| **December 31, 2014** | | |
| Mutual funds | $ 6,884,437 | $ 6,884,437 |
| Contributions Receivable | $ 12,494 | $ 12,494 |
| Total assets at fair value | $ 6,896,931 | $ 6,896,931 |

NOTE E—RELATED PARTY TRANSACTIONS

All plan assets are held in trust by Fidelity Management Trust Company (the trustee). A significant amount of plan assets are invested in companies advised by the trustee or affiliated entities and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the plan sponsor to the trustee for the years ending December 31, 2015 and December 31, 2014 were $2,300 and $2,875, respectively.

NOTE F—PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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.

NOTE G—TAX STATUS

The Company adopted the Fidelity Prototype Non-Standardized Profit Sharing Plan with CODA on July 15, 2008. Fidelity Management Trust Company became the trustee of the plan. The Internal Revenue Service has informed Fidelity Management & Research Co., by letter dated October 9, 2003, that an employer adopting this plan may rely on the letter with respect to the qualification of its plan under Code Section 401(a). In July 2009 The Company adopted the Fidelity Volume Submitter Profit Sharing Plan with CODA. The Internal Revenue Service notified the plan by letter dated March 31, 2008 that the plan is acceptable under section 401 of the Internal Revenue Code. The Company adopted the Fidelity Volume Submitter Defined Contribution Plan November 30, 2011. The Internal Revenue Service notified the plan by letter dated March 31, 2008 that the plan is acceptable under section 401 of the Internal Revenue Code. The Company adopted the Fidelity Volume Submitter Defined Contribution Plan April 2, 2015. The Internal Revenue Service notified the plan by letter dated March 31, 2014 that the plan is acceptable under section 401 under the Internal Revenue Code. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE H—ADMINISTRATIVE EXPENSES

The plan sponsor absorbs significant plan administrative and audit expenses. The total expense absorbed by the sponsor in 2015 and 2014 was $17,300 and $17,875, respectively.

NOTE I—PARTICIPANTS WITH DEFERRED VESTED BENEFITS.

As of December 31, 2015, $86,719 is allocated to accounts of separated participants with deferred vested benefits.

NOTE J—RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to Form 5500:

| | 2015 | 2014 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 7,028,236 | $ 6,896,931 |
| Less: contributions receivable per the financial statements | (0) | (12,494) |
| Investments per the financial statements | 7,028,236 | 6,884,437 |
| Net assets available for benefits per the Form 5500 | $ 7,028,236 | $ 6,884,437 |

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2015, to Form 5500:

| | |
|---|---|
| Benefits paid to participants per the financial statements | $ 877,998 |
| Benefits paid to participants per Form 5500 | $ 877,998 |

NOTE K—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.