Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Allitual Nepoli	i identification information										
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/	<u>2015</u>	and ending 12	2/31/2015							
A This ret	turn/report is for:	a single-employer plan		olan (not multiemployer) mployer information in ac								
71 11110100		a one-participant plan	a foreign plan	.,.,.		,,,						
B This retu	urn/report is	the first return/report	the final return/report	eport								
		an amended return/report	amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program						
		special extension (enter desc	. ,									
Part II	Basic Plan Info	ormation—enter all requested in	formation		T.							
1a Name PROVIAS C	of plan CONSTRUCTION, LLC	C 401(K) PLAN			1b Three-digit plan number (PN) ▶							
					1c Effective da							
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				dentification Number 20-4719614						
	town, state or proving ONSTRUCTION, LLC	tructions)		telephone number 01-932-1674								
			2d Business c	ode (see instructions)								
P. O. BOX 16 BRANDON, I						236110						
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.		3b Administrat	or's EIN						
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN							
	, EIN, and the plan nu or's name	umber from the last return/report.			4c PN							
5a Total r	number of participants	s at the beginning of the plan year.			5a	48						
_		s at the end of the plan year			5b	39						
		account balances as of the end of	, ,	•	5c	16						
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	41						
d(2) Total	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	33						
e Numb	per of participants that	t terminated employment during the	e plan year with accrued be	enefits that were less	5e	0						
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable car								
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.										
SIGN	Filed with authorized	d/valid electronic signature.	10/14/2016	LOUIS JURNEY								
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	n administrator						
SIGN												
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individual signing as employer or plan								
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numb	er)	Preparer's telepl	none number						

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6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan care	of an independ y and condition not use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) For m	5500.		X Ye	П
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Part III Financial Information					_				
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets				963				170	0099
b Total plan liabilities				425				470	2000
C Net plan assets (subtract line 7b from line 7a)	7с			3538					0099
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)								
(2) Participants	8a(2)		18	3563					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-4	383					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14	1180
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		22	2619					
Certain deemed and/or corrective distributions (see instructions).	1 1								
f Administrative service providers (salaries, fees, commissions)									
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							22	2619
i Net income (loss) (subtract line 8h from line 8c)	8i							-8	3439
j Transfers to (from) the plan (see instructions)	··· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	on feature cod	les from the List of Pl	an Cha	racteris	stic Co	des in th	ne instrud	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	footure code	s from the List of Pla	n Char	octorict	ic Coc	loc in the	inetruet	ions:	
If the plan provides werrare benefits, effer the applicable werrare	realure code	s ironi the List of Fia	ii Cilaia	acterist		162 111 1116	HISHUCI	10115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-intere			401		X				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					50000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	other persons ome or all of the	by an insurance ne benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the p					X				
			10f						
g Did the plan have any participant loans? (If "Yes," enter amount		·	10g		X				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	•		10i						
j Did the plan trust incur unrelated business taxable income?			10j		X				
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Ye	es X No
11a Enter the unpaid minimum required contribution for all years from	m Schedule S	B (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum fundir	ng requiremer	nts of section 412 of t	he Cod	e or se	ction 3	302 of El	RISA?	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information						
For calend	dar plan year 2015 or fi	iscal plan year beginning	01/01/2015	and ending	12/31	1/2015		
↑ Thie re	eturn/report is for:	a single-employer plan				g this box must attach a		
A IIIISTO	stummeport is ior.	a one-participant plan	a foreign plan	mployer information in a	accordance with t	the form instructions)		
B This ref	turn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	rn/report (less than 12 r	months)			
C Check	box if filing under:	X Form 5558	automatic extension		□ nev	C program		
		special extension (enter descri	1		□ 5, 4	O program		
Part II	Basic Plan Info	ormation—enter all requested inf	<u> </u>					
1a Name		onto: di roquotos an	OIIIAGOII		1b Three-die	ait		
		n, LLC 401(k) Plan			plan num			
		,			(PN) •	001		
On Plane					1c Effective 04/15,	/2011		
Mailin	ig address (include rooi	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta	Box)	ruotione)		r Identification Number 0–4719614		
	s Construction		ni code (ii ioreign, see mad	luctions)		's telephone number 932-1674		
~ 0 r	- 1014					code (see instructions)		
P. O. E	3ox 1614				23011	J		
Brandor			MS	39043	1	% W. W. Const.		
3a Pian a	ıdministrator's name ar	nd address XSame as Plan Sponso	Or.		3b Administr	ator's EIN		
						rator's telephone number		
name	, EIN, and the plan nun	e plan sponsor has changed since the plan sponsor has changed since the plant return/report.	he last return/report filed fo	or this plan, enter the	4b EIN			
	sor's name		-		4c PN			
		at the beginning of the plan year				, 48		
b Total	number of participants	at the end of the plan year		***************************************	. 5b	39		
C Numb compl	er of participants with a lete this item)	account balances as of the end of th	ne plan year (defined bene	fit plans do not	. 5c	1.6		
d(1) Tota	al number of active par	ticipants at the beginning of the pla	ın year	••••••	5d(1)	41		
d(2) Tota	al number of active par	rticipants at the end of the plan year	r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5d(2)	33		
than '	100% vested	terminated employment during the p	•		5e	0		
Caution: A	t penalty for the late c	or incomplete filing of this return/	report will be assessed :	uniess reasonable cai	use is establishe	ed.		
SB or Sche	alties of perjury and offi edule MB completed an true, correct, and comp	ner penalties set forth in the instruction of signed by an enrolled aetuary, as olete.	well as the electronic vers	examined this return/report	port, including, if t, and to the best	applicable, a Schedule of my knowledge and		
SIGN	-h	~~/	10/14/2016	Louis Jurney				
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual signing as pla	an administrator		
SIGN					*************************************			
HERE	Signature of employ		Date	Enter name of individ	lual signing as en	nployer or plan sponsor		
Preparer's	name (including firm na	ame, if applicable) and address (inc	lude room or suite number	()	Preparer's telep			
					· · · · · · · · · · · · · · · · · · ·			
						•		

Þ	a	n	e	2

Form	5500	QE.	2015

 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot c If the plan is a defined benefit plan, is it covered under the PBGC in 	an indeper and conditi ot use Fo	dent qualified public a ons.)rm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.	×	Yes No
Part III Financial Information							<u> </u>	
7 Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar			(b) End of Year	·
a Total plan assets	7a	(a) 20g	17	9,96	3			170,099
b Total plan liabilities	7b			1,42	5			
C Net plan assets (subtract line 7b from line 7a)	7c			8,53	_			170,099
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amo		•,••	1		(b) Total	
a Contributions received or receivable from:		(4) / 1110					(5) 10	
(1) Employers	8a(1)							
(2) Participants	8a(2)		1	8,56	3			
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	•	_	4,38	3			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				\top	·		14,180
d Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)	8d		2.	2,61	9			
e Certain deemed and/or corrective distributions (see instructions)	8e				\perp			
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1						22,619
i Net income (loss) (subtract line 8h from line 8c)	8i				Т			-8,439
j Transfers to (from) the plan (see instructions)	8i							
Part IV Plan Characteristics	. 9 1							····
B If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Char	acteris	tic Co	des in th	ne instructions:	
Part V Compliance Questions				Yes	No	N/A	A	
10 During the plan year: a Was there a failure to transmit to the plan any participant contribu	flama tulthin	the time period		res	NO	IWA	Amou	nt
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		Х			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х			
C Was the plan covered by a fidelity bond?		***************************************	10c	Х				50,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	the benefits under	10e		x			
f Has the plan failed to provide any benefit when due under the pla			10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	· · · · · · · · · · · · · · · · · · ·	4,.,.	10h		Х			
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j Did the plan trust incur unrelated business taxable income?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25.41	10j		Х			
Part VI Pension Funding Compliance			-					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								∕es X No
11a Enter the unpaid minimum required contribution for all years from								
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of E	RISA?	∕es X No

If Yes	a if a valver of the minimum funding standard for a prior year is being amonitized in this plan year, see instructions, and enter the date of the better ruling granting the weiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5800), and skip to line 13. Denter the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. 12c d Subtract the amount contributed by the employer to the plan for this plan year. 12d d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Part VIII Plan Terminations and Transfers of Assets 13a Has a reackular to terminate the plan been adopted in any plan year? If Yes, "enter the amount of any plan assets that reverted to the employer this year. If Yes, "enter the amount of any plan assets that reverted to the employer this year. If Yes, "enter the amount of any plan assets that reverted to the employer this year. If Yes, "enter the amount of any plan assets that reverted to the employer this year. If Yes, "enter the amount of any plan assets that reverted to the employer this year. If Yes, "enter the amount of any plan assets that reverted to the employer this year. If Yes, "enter the amount of any plan assets that reverted to the employer this year. If Yes, "enter the control of the PBGC? If during this plan year, any assets or liabilities were transferred, (See instructions.) 13c(1) Name of plan(s): 13c(1) Name of furstee or custodian 14d Trusters or custodians 14d Trusters or custodians 14d Trusters or custodians 14d Trusters or custodians 15a is the plan as 401(6) plan aslety the nondiscrimination requirements for employee defernals and employer matching contributions (see applicable) under sections 401(40)(3) and 401(m)(2); (2)(2)(3) and 1401(m). Fig. 15h If "Ass. The work of the Asset o	F	Form 5500-SF 2015 Page 3 -							
b Enter the minimum required contribution for this plan year	b Enter the minimum required contribution for this plan year	a If a w granti	aiver of the minimum funding standard for a prior year is being amortized in this plan year, s ng the waiver.	Month		e date of t		ling		
C Eleft the amount contributed by the employer to the pian for this pian year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12tb cent the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12tb cent the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12tb cent the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12tb cent the result (enter a minus sign to the left of a negative amount of any plan year). e Will the minimum funding amount reported on the 12tb cent and the 12tb cent amount of any plan year? If Yes \[\] No If Yes \[\] No If Yes, "enter the amount of any plan seases that reverted to the employer this year. If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the 12tb	C Enter the amount contributed by the employer to the plan for this plan year				12h	I				
d Subtract the amount in level 26 from the amount in line 126. Eries the forsult (enter a minus sign to the left of a regalitive amount in line 126. Eries the fire the rosult (enter a minus sign to the left of a regalitive amount in line 126. Eries the fire the rosult (enter a minus sign to the left of a regalitive amount in line 126. Eries the fire the rosult (enter a minus sign to the left of a regalitive amount in line 126. Eries the recreated to the sign of the plan to a section of the plan to the plan been adopted on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Issue a resolution to elementate the plan been adopted on line 12d be met by the funding deadline? Yes No If 'Yes, 'Yes No Yes No Were all the plan sasted distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes No of the PBGC7	C enter the amount in the 2 from the amount in line 12b. Enter the result (enter a minus sign) to the left of a graph of the plan seates the reverted to mental by the funding deadline?						·····			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	d Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign t	o the left of a						
13a Has a resolution to terminate the plan been adopted in any plan year?	13a Has a resolution to terminate the plan been adopted in any plan year? Yes No I''Yes, "anter the amount of any plan assets that reverted to the employer this year		· · · · · · · · · · · · · · · · · · ·			Yes	No 🗌	N/A		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part VII	Plan Terminations and Transfers of Assets					•		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control	b Were alt the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC7. c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(2) EIN(s) 13c(3) PN(s) 13c(3) PN(s) 14d Trust sellN 14d Trust information 14d Trust information 14d Trust sellN 14d Trust sellN 14d Trust sellN 15b If "Yes," how does the 401(k) plan?	13a Hasa	resolution to terminate the plan been adopted in any plan year?		Yes	X No				
of the PBGC?	of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 13c(2) EIN(s) 13c(3) PN(s) 14d Trusts EIN 14d Trusts e or custodian's telephone number 14d Name of trustee or custodian's telephone number 14d Trusts e or custodian's telephone number 15d is the plan a 401(k) plan? 15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (see applicable) under sections 401(k)(3) and 401(m)(2)? 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 (Troas. Reg sections 1.401(k)-2(a)(2)(d)) and 1.401(m) 2(a)(2)(b))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 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 parmissive aggregation rules? 17a Has the plan been timely amended for all required tax law changes? 17b 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). 17b If the plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(0/2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not 1	lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a					
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 14d Trust's EIN 14d Trust's EIN 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number 15d Is the plan a 401(k) plan? 15d Is the plan a 401(k) plan? 15d Is the plan a 401(k) plan perform ADP/ACP tosting for the plan year using the "current year testing method" for nonhighty compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(in)-2(a)(2)(iii))? 16d Chock the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 16d Chock the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 17d Has the plan been timely amended for all required tax law changes was adopted 17d If the plan penentinely an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable letter and determination teleter and the letter's serial number. 18d Is the plan an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable letter and the letter's serial number. 17d If the plan pensors is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a 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 10220(c)) has been made). American Samoa, Guern, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 13c(3) PN(s) 14d Trusts Information 14d Truste or custodian 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number 15d Is the plan a 401(k) plan? 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)? 15c If the ADP/ACP lest 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)(iii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 17a Has the plan been timely amended for all required tax law changes? 17a Has the plan been timely amended for all required tax law changes was adopted Enter the applicable code (See instructions for tax law changes and codes). 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 and wolker plans is an individually-designed plan and received a favorable determination letter from the RR, enter the date of the plan's last favorable determination letter. 17d If the plan is an individually-designed plan and received to fine election under ERISA section 1022(0)(2) has been made). American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? 19 Were in-service distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not I) Yes No No No No No No No N	of the	PBGC?				Yes 🛚	No		
Part VIII Trust Information 14b Trust's EIN 14c Name of trust 14b Trust's EIN 14c Name of trust 14b Trust's EIN 14c Name of trust 14d Trustee's or custodian's telephone number 15b If "Yes," how does the 401(k) plan salisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15b If "Yes," how does the 401(k) plan salisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADPIACP test is used, did the 401(k) plan perform ADPIACP testing for the plan year using the "current year testing method" for nonhighity compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m). 2(a)(2)(iii) and 1.401(m). 2(a)	Part VIII Trust Information 14b Trust's EIN 14d Trust's EIN 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 sate harbor method Design-			identify the plan(s) to	1					
14a Name of truste 14b Trust's EIN 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number 15a is the plan a 401(k) plan? Yes No No No No No No No N	14c Name of trustee or custodian 14d Truste's circustodian's telephone number 14d Trustee's or custodian's telephone number 14d			13c(2)	EIN(s)		13c(3) F	PN(s)		
14a Name of truste 14b Trust's EIN 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number 14d Trustee's or custodian's telephone number 15a is the plan a 401(k) plan? Yes No No No No No No No N	14c Name of trustee or custodian 14d Truste's circustodian's telephone number 14d Trustee's or custodian's telephone number 14d									
14d Trustee's or custodian's telephone number	14d Trustee's or custodian's telephone number	Part VIII	Trust Information							
Part IX IRS Compliance Questions Yes No No	Part IX IRS Compliance Questions Yes No	14a Name	of trust		14b Trust's EIN					
Test	Yes	14c Name of trustee or custodian					•			
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 ADP/ACP matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Part IX	IRS Compliance Questions							
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)?	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)?	15a is the	plan a 401(k) plan?		Ye	s	□No			
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): 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? 17a Has the plan been timely amended for all required tax law changes? 17b Date the last plan amendment/restatement for the required tax law changes was adopted 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 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)? 19 Were in-service distributions made during the plan 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))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				ba ba	sed safe irbor				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	testing	method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) a	nd 1.401(m)-		S	No			
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for tax law changes and codes). 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)?	for tax law changes and codes). 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)? Pes No No If "Yes," enter amount No No No No No No No No	17a Has th	e plan been timely amended for all required tax law changes?	•••••	Ye	s	☐ No	∏ N/A		
advisory letter, enter the date of that favorable letter and the letter's serial number	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)?			Enter the ap	plicable	code	_ (See inst	ructions		
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)?	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)?	adviso	ry letter, enter the date of that favorable letter and the letter's se	rial number				or		
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)?	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)?			RS, enter the date of	the plar	n's last fav	orable			
	If "Yes," enter amount	18 Is the	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 102		Yes	s	□No			
If "Yes," enter amount	20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not	19 Were i	n-service distributions made during the plan year?		Ye	s	No			
					Ye	S	No	∏ N/A		

Attachment to 2015 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan Name Provies Co	onstruction, LLC 401(k) Plan	EIN:	20-4719614
	Provias Construction, LLC	PN:	001

Name of participating employer	EIN	Percent of Total Contributions
New Horizons Management, LLC	26-1643736	57.1
	1	
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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan the first return/report the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number (PN) • 1c Effective date of plan 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number 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) 2c Sponsor's telephone number 2d Business code (see instructions) 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year..... 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete SIGN **HERE**

Date

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning	n of Vo	ar			(b) End of Year		
	Total plan assets	. 7a	(a) Beginning	<i>j</i> 01 100	<u> </u>			(b) Ella of Teal		
	Total plan liabilities	. 7b								
	-									
	Net plan assets (subtract line 7b from line 7a)	. 7c								
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total		
	Contributions received or receivable from: (1) Employers	. 8a(1)								
	(2) Participants	. 8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								
_	Benefits paid (including direct rollovers and insurance premiums	. 60								
	to provide benefits)	. 8d								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i								
j	Transfers to (from) the plan (see instructions)	- 8j								
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instructions:		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in th	ne instructions:		
Dort	V Camplianas Ousstians									
Part					Vaa	l Na	NI/A	<u> </u>		
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		Yes	No	N/A	Amount		
u	described in 29 CFR 2510.3-102? (See instructions and DOL's \									
	Program)			10a						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b						
c	Was the plan covered by a fidelity bond?			10c			i			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d						
е	Were any fees or commissions paid to any brokers, agents, or oth									
	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under							
	the plan? (See instructions.)			10e						
	Has the plan failed to provide any benefit when due under the pla	ın?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g						
h	If this is an individual account plan, was there a blackout period?	•		10h						
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s			10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
<u>j</u>	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	Enter the unpaid minimum required contribution for all years from						11a	_		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ection :	302 of E	RISA? Yes No		

	F	orm 5500-SF 2015 Page 3 -							
а	If a wa	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver.		enter th Day ₋	e date of t	he letter rul Year	ing		
lf	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		1				
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d					
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets		1					
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	s No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broup BGC?		ontrol		Yes 🗌 I	No		
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	1					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)		
Part	: VIII	Trust Information		1					
14a	Name o	f trust		14b ⁻	Trust's EIN	N			
14c	14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	olan a 401(k) plan?		Ye	es	No			
15b		" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals aring contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	Design-based safe ADP/ACI harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "omethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1. (iii))?	401(m)-	Ye		No	No		
		the box to indicate the method used by the plan to satisfy the coverage requirements under sect		∐ р	atio ercentage est		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by cor on with any other plans under the permissive aggregation rules?	•	Ye	es	No			
17a	Has th	e plan been timely amended for all required tax law changes?		Y	es	No	N/A		
17		the last plan amendment/restatement for the required tax law changes was adoptedlaw changes and codes).	Enter the ap	plicable	e code	(See inst	ructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl ry letter, enter the date of that favorable letter and the letter's serial no		t to a fa	avorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter		the pla	n's last fa	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Ye	Yes No				
19	Were i	n-service distributions made during the plan year?		Ye	es	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of weak section 401(a)(9)?		Ye	es	No	N/A		

Attachment to 2015 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan Name _{Provias}	Construction, LLC 401(k) Plan	EIN:	20-4719614
Plan Sponsor's Name	Provias Construction, LLC	PN:	001

Name of participating employer	EIN	Percent of Total	
		Contributions	
New Horizons Management, LLC	26-1643736	57.1	