#### 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.

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part i Annua	Report iden	tinication information						
For calendar plan year			_			2/31/2016		
A This return/report i	<u> </u>	single-employer plan			n (not multiemployer) ployer information in a			
71 This retain, report i		one-participant plan	a foreign p					
<b>B</b> This return/report is	th	e first return/report	the final ret	turn/report				
	aı	n amended return/report	a short plai	n year return	report (less than 12 n	nonths)		
C Check box if filing	under: X F	orm 5558	automatic	extension		DFVC pr	rogram	
	sp	pecial extension (enter des	cription)					
Part II Basic F	Plan Informat	ion—enter all requested i	nformation					
1a Name of plan						1b Three		
PROVIAS CONSTRUC	FION, LLC 401(K	) PLAN					number	001
						(PN)		
						IC Ellec	tive date of 04/15	5/2011
Mailing address (i	nclude room, apt.	for a single-employer plan)	.O. Box)		)	2b Emple (EIN)		ication Number 19614
PROVIAS CONSTRUCT		ntry, and ZIP or foreign pos	stal code (if foreig	gn, see instri	uctions)	2c Spon	sor's telepl 601-932	none number -1674
						2d Busin	ess code (	see instructions)
P. O. BOX 1614 BRANDON, MS 39043							2361	10
BIO (IND COO 40								
3a Plan administrator	's name and add	ress X Same as Plan Spo	onsor.			<b>3b</b> Admir	nistrator's E	
						3c Admii	nistrator's t	elephone number
4 If the name and/o	r FIN of the plan	sponsor has changed since	a the last return/r	eport filed fo	r this plan, enter the	4b EIN		
		rom the last return/report.	e the last return/r	eport med to	i tilis plati, efiter tile	4D EIN		
a Sponsor's name						4c PN		
5a Total number of p	articipants at the	beginning of the plan year				5a		42
·	•	end of the plan year				5b		
•	•	nt balances as of the end o	. , ,	•	•	5c		
<b>d(1)</b> Total number of	of active participa	nts at the beginning of the	plan year			5d(1)		3
<b>d(2)</b> Total number of	of active participa	nts at the end of the plan ye	ear			5d(2)		
		nated employment during th				5e		
Caution: A penalty fo	r the late or inc	omplete filing of this retu	rn/report will be	assessed u	ınless reasonable ca	use is estab	olished.	
	mpleted and sigr	nalties set forth in the instructed by an enrolled actuary,						
SIGN Filed with a		electronic signature.	10/13/2	017	BOB ROBINSON			
HERE Signature	e of plan admini	strator	Date		Enter name of individ	dual signing a	as plan adn	ninistrator
SIGN								
HERE	e of employer/pl	an sponsor	Date		Enter name of individ	dual signing a	as emplove	r or plan sponsor
		if applicable) and address (		suite numbe		Preparer's		

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						ш	ы Ц
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
а	Total plan assets	7a		170099					8011	15
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		170099	)				8011	15
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)		5969						
	(2) Participants	8a(2)		3303						
	(3) Others (including rollovers)	8a(3)		3603						
	Other income (loss)	8b							957	72
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							331	
	to provide benefits)	8d		99556						
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							9955	56
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-8998	34
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3B 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	•	10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-		10g		X				
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)					[	Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C?  s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					[	Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng
	_	g the waiver			Day	/	Yea	ar	
					12b				
	Enter tr	e minimum required contribution for this plan year							
		e amount contributed by the employer to the plan for this plan year			12c				
a		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the /e amount)			12d				
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	∐ N	/A
Part	VII P	Plan Terminations and Transfers of Assets							
13a	Has a ı	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	X No	ı
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 p	olan(s)	) to				
	<b>13c(1)</b> N	ame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part		Trust Information			4.41.				
14a	Name o	f trust			146	Trust's I	ΞIN		
14c	Name o	f trustee or custodian					's or cust ne numb		
Par	t IX	IRS Compliance Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		n-based narbor	d [	"Prior test	r year" A	NDP
	()(.	,		"Curre	ent year test	,,	N/A		
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	st 🗌	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of
17b	If the pletter _	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s	No		
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ during the prior plan year?			Ye	s	No		

### 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).

2016

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110 1210-0089

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

Part !		Identification Information				
For calend	lar plan year 2016 or f	iscal plan year beginning	01/01/2016	and ending	12/31/2	016
A This re	eturn/report is for:	a single-employer plan	X a multiple-employer pl	an (not multiemployer) i aployer information in a		
	·	a one-participant plan	a foreign plan			•
<b>B</b> This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	•
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter descr				
Part II	Basic Plan Info	rmation—enter all requested inf	formation			
<b>1a Name</b> Provias	•	, LLC 401(k) Plan			1b Three-digit plan number	
					(PN) 1c Effective date	001 of plan
0				-	04/15/20	011
Mailin	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O ce, country, and ZIP or foreign post		uctions)	2b Employer Ide (EIN) 20-	ntification Number 4719614
· .	Construction		ai code (ii ioreign, see iiisti	ucqions)	<b>2c</b> Sponsor's te (601) 93	
					<b>2d</b> Business coo	le (see instructions)
Р. О. В	ox 1614		•		230110	
Brandon			MS	39043		
3a Plana	idministrator's name a	nd address 🛭 Same as Plan Spon	isor.		3b Administrator	's EIN
					3c Administrator	's telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed for	or this plan, anter the	4b cm	
name	, EIN, and the plan nu	mber from the last return/report.	ine last return/report med it	or this plant, enter the	4b EIN	
	or's name				4c PN	
		at the beginning of the plan year			5a	42
		at the end of the plan year			5b	. 8
		account balances as of the end of t			5c	8
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	. 35
		rticipants at the end of the plan yea			5d(2)	8
		terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau		
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a slete				
SIGN	F11.	1	10/13/17	Bob Robinson		-
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan a	dministrator
SIGN				-	•	
HERE	Signature of emplo		Date	Enter name of individu		
Preparer's	name (including firm n	ame, if applicable) and address (inc	clude room or suite number	r) ,	Preparer's telepho	ne number

Page	2
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Form	EEUU.	C.C.	20	16
rorm	ກວນນ	-DE	20	ın

b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount t instea	ant (IC	PA) Form	5500.	Yes No
_	rt III   Financial Information		-					
7	Plan Assets and Liabilities		(a) Beginning	of Year	. [			(b) End of Year
a	Total plan assets	7a		170,			1	80,115
b	Total plan liabilities	7b	,					
C.	Net plan assets (subtract line 7b from line 7a)	7c		170,	099	,		80,115
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
а	Contributions received or receivable from:							일 경기 기계
	(1) Employers	8a(1)		E .	969			가을 하고 있는데 보이 되었다. 그런데 강물 강물 강물 강물 등 함께 가는 말 같이 되는
	(2) Participants	8a(2)		٦,	909	<u>- Nest</u> - Nest		
	(3) Others (including rollovers)	8a(3)			603			1949   1945   1946   194
	Other income (loss)	8b		٥,	603	* 174		0. 570
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	sgá rísti		9,572
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		99,	556			
<u>е</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g				Str.		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		- 1 1 N				99,556
ī	Net income (loss) (subtract line 8h from line 8c)	8i			3 11			-89,984
j	Transfers to (from) the plan (see instructions)	8j				12.74		
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3B 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acteris	tic Co	des in t	he instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction			.,,		
	Program)			10a		Χ		
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	*************		10b		Х		
	Was the plan covered by a fidelity bond?		***************************************	10c	Х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х		
g				10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i			100	

	Form 5500-SF 2016 Page	3-					
Part	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins (Form 5500) and line 11a below)						Yes 🛭 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5	500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of sectio	n 412 of the Code o	r section	1 302 of		🔲	Yes 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					f 15 - 1- 10	
	I If a waiver of the minimum funding standard for a prior year is being amortized in this pla granting the waiver.	Month	ons, and	enter t Day		of the lette Year	er ruling
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	l skip to line 13.					
<u>b</u>	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount)	us sign to the left of	а	12d			<del></del>
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************			Yes	∐ No	∐ N/A
Part	VII Plan Terminations and Transfers of Assets						
	Has a resolution to terminate the plan been adopted in any plan year?	***************************************			X Yes	; <u> </u>	10
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	*******************		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anothe control of the PBGC?	plan, or brought u	nder the			Yes [	No
С							
-	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3	3) PN(s)
Part	t VIII Trust Information						
14a	Name of trust			14b <sup>-</sup>	Trust's E	EIN	
				•		1	
14c	Name of trustee or custodian					s or custod ne number	
Par	rt IX IRS Compliance Questions						
15a	a Is the plan a 401(k) plan? If "No," skip b		Yes		· [	No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under 401(k)(3) for the plan year? Check all that apply:	section	safe h	n-based arbor	L	Prior y test	ear" ADP

401(k)(3) for the plan year? Check all that apply:		"Current year" ADP test	□ N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percentage test	Average benefit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes	☐ No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinic			
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, eletter	nter th	e date of the m	ost recent determin	nation
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separately service?		from Yes	∏ No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	☐ No	

# Attachment to 2016 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan NameProvias Construction, LLC 401(k) PlanEIN: 20-4719614Plan Sponsor's NameProvias Construction, LLCPN: 001

Name of participating employer	EIN	Percent of Total Contributions		
New Horizons Management, LLC	26-1643736	100.0		
	·			
	·	4		
	·	* ***		
		b .		
		• .		
		·····		
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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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I An	<u>nual Report Id</u>	dentification Information							
For calendar plan	n year 2016 or fisc	al plan year beginning		and ending					
A This return/re	eport is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
	. [	a one-participant plan	a foreign plan						
<b>B</b> This return/rep	port is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check box if t	filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC pro	ogram			
Dowt II Do	aia Dian Infan								
		mation—enter all requested info	ormation		41				
1a Name of pla	n				1b Three plan n (PN)	number			
					. ,	ive date of plan			
Mailing addr	ess (include room,	er, if for a single-employer plan) , apt., suite no. and street, or P.O			2b Emplo	oyer Identification Number			
City or town,	, state or province,	country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	2c Spons	sor's telephone number			
					<b>2d</b> Busine	ess code (see instructions)			
3a Plan adminis	strator's name and	address Same as Plan Spon	nsor.		<b>3b</b> Admin	nistrator's EIN			
		_			3c Admin	nistrator's telephone number			
		plan sponsor has changed since to ber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN				
<b>a</b> Sponsor's na					4c PN	_			
_		t the beginning of the plan year			5a				
		t the end of the plan year			5b				
		ccount balances as of the end of t		·	5c				
d(1) Total num	nber of active parti	cipants at the beginning of the pla	an year		5d(1)				
d(2) Total num	nber of active parti	cipants at the end of the plan year	ar		5d(2)				
than 100%	vested	erminated employment during the			5e				
		incomplete filing of this return							
SB or Schedule I		er penalties set forth in the instruct I signed by an enrolled actuary, a ete.							
SIGN									
HERE Sign	nature of plan ad	ministrator	Date	Enter name of individ	ual signing a	s plan administrator			
SIGN									
	nature of employe	· · · · · · · · · · · · · · · · · · ·	Date			s employer or plan sponsor			
Preparer's name	(including firm nar	me, if applicable) and address (in	clude room or suite numbe	r)	Preparer's	telephone number			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	If the plan is a defined benefit plan, is it covered under the PBGC in							☐No ☐ Not determined
	rt III   Financial Information	<u> </u>			,		ı	
7	Plan Assets and Liabilities		(a) Beginning o	of Year				(b) End of Year
а	Total plan assets	7a	, ,					. ,
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
а	Contributions received or receivable from:	90/1)						
	(1) Employers	8a(1) 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						
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)							
	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics		1 ( 11 11 ( 17)			0		
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Par	t V   Compliance Questions						I	T
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \		•					
	Program)	-		10a				
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b				
C	Was the plan covered by a fidelity bond?			10c				
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d				
e	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		L		
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				

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Part		Pension Funding Compliance					1		
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the C			n 302 of	;	lr	Yes	No
		4?es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						ı	
<u>а</u>		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver		ns, and	d enter t Day		of the le		ng 
If	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1	,	ī			
b	Enter t	he minimum required contribution for this plan year			12b				
С	Enter t	he amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)			12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	1	I/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	; [	No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	No	)
С		ing 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) l	Name of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part	VIII	Trust Information							
14a 	Name	of trust			14b ⊺	Γrust's Ε	EIN		
14c	Name	of trustee or custodian				Trustee's telephor			
Par	t IX	IRS Compliance Questions							
15a	Is the	olan a 401(k) plan? If "No," skip b		Yes			No		
		id the plan satisfy the nondiscrimination requirements for employee deferrals under section  3) for the plan year? Check all that apply:		safe h			erio fest	r year" <i>i</i>	ADP
				ADP t		"	N/A		
	year?	esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	st	N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the let								
	letter	olan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	e date	of the m	ost rece	ent dete	rminatio	n
18	Were	d Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep e?		from	Yes	s [	No		
19	Was a	ny plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Yes	s	No		

# Attachment to 2016 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan NameProvias Construction, LLC 401(k)PlanEIN: 20-4719614Plan Sponsor's NameProvias Construction, LLCPN: 001

		Percent
Name of participating employer	EIN	of Total Contributions
New Horizons Management, LLC	26-1643736	100.00
	<del>                                     </del>	