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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		Complete all entries in accorda	ince with the instruc	tions to the Form 550	JU-5F.		
Part I		Identification Information					
For calend	lar plan year 2013 or fis	scal plan year beginning 09/01/2013		and ending	08/31/2	2014	
A This re	turn/report is for:			an (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report	he 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	utomatic extension			DFVC progra	am
		special extension (enter description))				
Part II	Basic Plan Info	rmation—enter all requested informati	ion				
1a Name	of plan				1b	Three-digit	
MELLO COI	NSTRUCTION COMPA	NY, INC. PROFIT SHARING PLAN				plan number	001
					10	(PN) ▶ Effective date o	
					.	09/01	•
	ponsor's name and add	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
87 BEACON	N STREET					401-84	
	WN, RI 02842				2d	Business code (see instructions)
						23890	00
3a Plan a	administrator's name an	d address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4 16.0	1/ EIN 611				4.		
		 plan sponsor has changed since the las nber from the last return/report. 	st return/report filed to	or this plan, enter the	4b	EIN	
	sor's name	mon the last retain report.			4c	PN	
		at the beginning of the plan year			5a		22
b Total	number of participants	at the end of the plan year			5b		18
		account balances as of the end of the pla	• •	•	5c		16
6a Were	e all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
		the annual examination and report of an					
		(See instructions on waiver eligibility an					X Yes No
		ther line 6a or line 6b, the plan cannot					7
C If the	plan is a defined benefi	t plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	A penalty for the late of	or incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	use is	established.	
Under pen	alties of perjury and oth	ner penalties set forth in the instructions,	I declare that I have	examined this return/re	port, in	ncluding, if applic	
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as well plete.	as the electronic vers	sion of this return/repor	t, and t	to the best of my	knowledge and
SIGN	Filed with authorized/v	valid electronic signature.	05/29/2015	JOHN MELLO, JR.			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	dual sig	ining as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional)

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Pai	rt III Financial Information								
7			(a) Deninning of Yes				(h) Ford of Voca		
	Plan Assets and Liabilities Total plan assets	7-	(a) Beginning of Yea				(b) End of Year 332240		
	Total plan assets Total plan liabilities	7a 7b	31000	<u> </u>			332240		
	Net plan assets (subtract line 7b from line 7a)	76 7c	31993	5			332240		
	· · · · · · · · · · · · · · · · · · ·	76							
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	698	0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	3449	3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					41473		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2140	5					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	776	3					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					29168		
i_	Net income (loss) (subtract line 8h from line 8c)	8i					12305		
j_	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	X		26206		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		260000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,						
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	40		X			
	instructions.)			10e		X			
				10f					
g				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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
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 current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk								
h	Enter the minimum required contribution for this plan year					12b			

Page	3 -		1
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С	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 minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	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 another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

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Part I		Identification Information								
For calen	dar plan year 2013 or t	iscal plan year beginning	09/01/2013	and ending	08/31/20)14				
A This r	eturn/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemployer)	/er) a one-participant plan					
B This r	eturn/report is:	the first return/report	the final return/report			1				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)					
C Check	box if filing under:	X Form 5558	automatic extension	o da yaza da jirahi gana yana da ja k arangan ta jarah ya karangan karangan ya jirah a na karan a birahi.	☐ DFVC pro	oram				
		special extension (enter descr			_ bi vo pio	gram				
Part II	Basic Plan Info	prmation—enter all requested infe	A CONTRACTOR OF THE CONTRACTOR							
1a Name		an requestion in	omation		1b Three-digit					
MELLO	CONSTRUCTION	COMPANY, INC. PROFIT	SHARING PLAN		plan number					
					(PN) Þ	001				
					1c Effective date 09/01/198	of plan 88				
2a Plan	sponsor's name and ac CONSTRUCTION	dress; include room or suite numbe	r (employer, if for a single	-employer plan)	2b Employer Idea (EIN) 05-02					
					2c Sponsor's tel					
87 BEA	CON STREET				401-847-					
					2d Business cod	e (see instructions)				
MIDDLE		RI 02842			238900	17				
Sa Plan a	administrator's name a	nd address XSame as Plan Sponso	or Name XSame as Plai	Sponsor Address	3b Administrator	s EIN				
					3c Administrator	's telephone number				
4 If the	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b EIN	2-00				
	e, EIN, and the plan nur sor's name	nber from the last return/report.			45 50					
		at the beginning of the plan year			4c PN					
		at the end of the plan year		Manager and the second	5a	22				
		account balances as of the end of the			5b	18				
comp	lete this item)				5c	16				
		during the plan year invested in eli				X Yes No				
b Are you	29 CFR 2520.104-463	the annual examination and report (See instructions on waiver eligibili	of an independent qualifie ty and conditions.)	d public accountant (IQI	PA)	X Yes No				
If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form 5500.	F 100 110				
		t plan, is it covered under the PBG0				Not determined				
		or incomplete filing of this return/								
		er penalties set forth in the instructi				icoble a Cabadula				
SB or Sche	edule MB completed ar true, correct, and comp	d signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report,	and to the best of m	ly knowledge and				
SIGN	MIL	Well/2	11	JOHN MELLO, JR	١.					
HERE	Signature of/plan a	Iministrator /	Date 5 /28/15	Enter name of individu	ual signing as plan ac	Iministrator				
SIGN	SAVL	Mell!	111	JOHN MELLO, JR		THE TOTAL CO.				
HERE	Signature of employ	ver/plan sponsor	Date 5 128/15	Enter name of individu	al signing as employ	er or plan sponsor				
Preparer's		ame, if applicable) and address; incl			Preparer's telephone					
	A STATE OF THE STA				MANAGEMENT AND ADDRESS OF THE PARTY OF THE P	Annual Control of the				

7	rt III Financial Information								W 100 7 00 7 00
	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Yea	ar
a	Total plan assets	7a	3	199	35				33224
b	Total plan liabilities	7b					***************************************		
C	Net plan assets (subtract line 7b from line 7a)	7c	3	199	35		W		33224
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a	Contributions received or receivable from:	0 (1)							
	(1) Employers	8a(1)		C 0.4	20				
	(2) Participants	8a(2)		698	80				
h	(3) Others (including rollovers) Other income (loss)	8a(3)		2444	22				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		3449	93				
	Benefits paid (including direct rollovers and insurance premiums	8c			_				4147
-	to provide benefits)	8d		2140	05				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		776	53		tion		
g	Other expenses	8g	que apor				***************************************		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					V Market		2916
	Net income (loss) (subtract line 8h from line 8c)	8i					100		1230
j	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics	-,							
9a b Part	If the plan provides pension benefits, enter the applicable pension of 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fellows V Compliance Questions								
10	During the plan year:				Yes	No	**************************************		
a		ions within the	time period described in		165	NO		Amou	nt
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X				2620
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c	X				26000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bond, t	hat was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all cinstructions.)	er persons by of the benefits	an insurance carrier, under the plan? (See	10e	2	х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		х			
g									
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		Х			
		e required not	ice or one of the	10h					
h	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required not	ice or one of the						
h i Part	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required not	ice or one of the	10i		X ule SB (ГПү	es 🗌 No
h i Part	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	e required not	ice or one of the	10i		X ule SB (П	es No
h i Part 11	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	e required not -3nts? (If "Yes,	ice or one of the "see instructions and com	10i		X ule SB (es No
h i Part 11 11a 12	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to the minimum funding requirement of the subject to the subject to the minimum funding requirement of the subject to the su	nts? (If "Yes,	see instructions and com (SB (Form 5500) line 39	10i		X ule SB (
h i Part 111 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding regular (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a straightful of the minimum funding standard for a prior year is being granting the waiver.	nts? (If "Yes, m Schedule sequirements as applicable, g amortized in	' see instructions and com SB (Form 5500) line 39 of section 412 of the Code) this plan year, see instructions	plete s	ction 3	X ule SB (11a 02 of E	RISA?	Т	es X No
h i Part 11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding regular (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as If a waiver of the minimum funding standard for a prior year is being	nts? (If "Yes, m Schedule sequirements as applicable, g amortized in	' see instructions and com SB (Form 5500) line 39 of section 412 of the Code) this plan year, see instructions	plete s	ction 3	X ule SB (11a 02 of E	RISA?	Y he letter	es X No

V	Form 5500-SF 2013 Page 3 -				
		18 Var et 200			
C	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 minus negative amount)	sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	□ No □ N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X N	0
	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 another plan of the PBGC?	an, or brought under the o	ontrol		☐ Yes ☒ N
С	If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	an(s), identify the plan(s) t	0		
1	13c(1) Name of plan(s):	13	c(2) El	N(s)	13c(3) PN(s)
-					

Part	VIII Trust Information (optional)	1			<u> </u>

14b Trust's EIN

14a Name of trust