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

2014

This Form is Open to **Public Inspection**

Part I		t Identification Information	n			
For calenda	ar plan year 2014 or	fiscal plan year beginning 11/01/	2014	and ending 10	/31/2015	
A This ret	turn/report is for:	X a single-employer plan		olan (not multiemployer) oyer information in accor		
	·	a one-participant plan	a foreign plan	•		,
B This retu	urn/report is	the first return/report	the final return/report			
	•	an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC pro	gram
		special extension (enter des	cription)			
Part II	Basic Plan Info	ormation—enter all requested i	nformation			
1a Name SQUANTUM	of plan	PROFIT SHARING PLAN			1b Three-digit plan number	
					(PN) •	001
					1c Effective dat	e of plan /01/1998
	ponsor's name and a ASSOCIATION, INC	ddress; include room or suite num	ber (employer, if for a single	-employer plan)	' '	entification Number -0221470
222 CHESTN	NUT STREET				2c Sponsor's te	lephone number -434-8377
	E, RI 02903-4700					de (see instructions)
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrato	
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	e the last return/report filed t	for this plan, enter the	4b EIN	
name		umber from the last return/report.		or the plan, enter the	4c PN	
5a Total	number of participant	s at the beginning of the plan year			5a	11
b Total i	number of participant	s at the end of the plan year			5b	11
		account balances as of the end o			5c	10
•	,	articipants at the beginning of the			5d(1)	11
d(2) Tot	al number of active p	articipants at the end of the plan y	ear		5d(2)	11
		terminated employment during the			5e	(
Caution: A Under pena SB or Sche	A penalty for the late alties of perjury and o	or incomplete filing of this retu other penalties set forth in the instra and signed by an enrolled actuary,	rn/report will be assessed uctions, I declare that I have	unless reasonable cau examined this return/re	port, including, if ap	
SIGN		d/valid electronic signature.	05/31/2016	PETER M. LOESCHE	ER	
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN	ga.a.o o. pian		24.0		o.gg do pidir	
HERE			5.	I =		
HERE	Signature of empl	oyer/plan sponsor name, if applicable) and address (Date	Enter name of individ		oyer or plan sponsor one number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable to the considerable	an indeper and condit	ndent qualified public accounta	nt (IC	PA)				<u>. </u>	es [No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No		lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
<u>a</u>	Total plan assets	7a	1363		_				13	4932	
	Total plan liabilities	7b	4000	0	_				4.0	0	
	Net plan assets (subtract line 7b from line 7a)	7c	1363	373	+				13	4932	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	-14	141							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-	1441	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-	1441	
j	Transfers to (from) the plan (see instructions)	8j									
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions										
10	During the plan year:			1	Yes	No		Α	moun	t	
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					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х					
	Was the plan covered by a fidelity bond?			10c	Χ					10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	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	ne required	notice or one of the	10i							
Part							•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding					30 <u>2</u> of	ERISA'	?	Y	es 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.	-			, and e	enter th Day			letter ear _	rulin	g

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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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**

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

	t Identification information	11/01/01/		10/21/20	1 E
For calendar plan year 2014 or		11/01/2014	and ending	10/31/20	
A This return/report is for:	🛚 a single-employer plan	a multiple-employer plan of participating employer i	(not multiemployer) (Finformation in accorda	Filers checking this bance with the form in	oox must attach a list estructions)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
,	an amended return/report	a short plan year return/re	eport (less than 12 mo	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC prog	ram
	special extension (enter desc	ription)			
Part II Basic Plan In	formation—enter all requested in	formation			1000
1a Name of plan				1b Three-digit	
Squantum Associati	on Inc Profit Sharing	Plan		plan number (PN) ▶	001
				1c Effective date 11/01/199	
2a Plan sponsor's name and Squantum Associati	address; include room or suite numb	er (employer, if for a single-em	nployer plan)	2b Employer Ider (EIN) 05-02	
				2c Sponsor's tele (401) 434-	No. of the second second
222 Chestnut Stree	:t			2d Business code	
Providence		RI 0	2903-4700	813000	
	and address XSame as Plan Spon	sor.		3b Administrator	s EIN
			1	100 100 100 100 100 100 100 100 100 100	s telephone number
			*		
name, EIN, and the plan	the plan sponsor has changed since number from the last return/report.	the last return/report filed for the	his plan, enter the	4b EIN	
name, EIN, and the plan a Sponsor's name	number from the last return/report.			4c PN	11
name, EIN, and the plan a Sponsor's name 5a Total number of participal	number from the last return/report. Its at the beginning of the plan year			4c PN 5a	11
name, EIN, and the plant a Sponsor's name 5a Total number of participal b Total number of participal	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year			4c PN	11 11
name, EIN, and the plant a Sponsor's name 5a Total number of participat b Total number of participat c Number of participants with complete this item)	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year	the plan year (defined benefit	plans do not	4c PN 5a 5b 5c	
name, EIN, and the plant a Sponsor's name 5a Total number of participat b Total number of participat c Number of participants with complete this item)	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year	the plan year (defined benefit	plans do not	4c PN 5a 5b	11
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name, EIN, and the plant a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants with complete this item)	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year Ith account balances as of the end of the plan year ints at the beginning of the plants at the beginning of the plants.	the plan year (defined benefit blan year	plans do not	4c PN 5a 5b 5c 5d(1)	11 10 11
name, EIN, and the plant a Sponsor's name 5a Total number of participat b Total number of participat c Number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the la	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year ints at the end of the plan year interpolation at the beginning of the plan year participants at the beginning of the plan year terminated employment during the interpolation.	the plan year (defined benefit plan year plan year with accrued benefits	plans do not s that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established.	11 10 11 11
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name, EIN, and the plant a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perfuny and SB or Schedule MB completed belief, it is true, correct and or SIGN	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year. Into account balances as of the end of the plan year into account balances as of the end of the plan year interpretation at the beginning of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year participants at the beginning of the plan year participants at the end of the plan year participants at th	the plan year (defined benefit plan year	plans do not s that were less reasonable cau famined this return/report on of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. cort, including, if applic, and to the best of richer	11 10 11 11 0 slicable, a Schedule my knowledge and
name, EIN, and the plant a Sponsor's name 5a Total number of participal b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late under penalties of perfury and SB or Schedule MB completed belief, it is true, correct, and complete signature of plant.	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year. Into account balances as of the end of the plan year into account balances as of the end of the plan year interpretation at the beginning of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year terminated employment during the interpretation of the plan year participants at the beginning of the plan year participants at the end of the plan year participants at th	the plan year (defined benefit plan year	plans do not s that were less reasonable cau amined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. cort, including, if applic, and to the best of richer	11 10 11 11 0 slicable, a Schedule my knowledge and
name, EIN, and the plant a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the late of the penalties of perfury and SB or Schedule MB completed belief, it is true, correct, and constant of the penalty of plants. SIGN HERE Signature of plants SIGN HERE	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year Ith account balances as of the end of the plan year participants at the beginning of the plan year participants at the end of the plan year terminated employment during the terminated employment during the land signed by an enrolled actuary, burglets.	the plan year (defined benefit plan year with accrued benefits plan year with accrued benefits plan year will be assessed undefined by the plan year.	plans do not s that were sless reasonable cau amined this return/report on of this return/report Peter M. Loes Enter name of individi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. oort, including, if app it, and to the best of r cher ual signing as plan a	11 10 11 11 0 slicable, a Schedule my knowledge and
name, EIN, and the planta a Sponsor's name 5a Total number of participal b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the late under penalties of perfury and SB or Schedule MB completed belief, it is true, correct, and complete the signature of plata. Sign HERE Signature of plata.	number from the last return/report. Ints at the beginning of the plan year ints at the end of the plan year Ith account balances as of the end of participants at the beginning of the plan year participants at the end of the plan year terminated employment during the end of the plan year terminated employment during the end of this return other penalties set forth in the instrument of the plan year and signed by an enrolled actuary, brighter.	the plan year (defined benefit plan year with accrued benefits plan year will be assessed under the plan year. Date	plans do not s that were sless reasonable cau ramined this return/report on of this return/report Peter M. Loes Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if applic, and to the best of recher ual signing as plan and a signing as employed.	11 10 11 11 0 llicable, a Schedule my knowledge and
name, EIN, and the plant a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the less than 100% vested Caution: A penalty for the late of the less than 100% vested and SB or Schedule MB completed belief, it is true, correct and complete states and selections. Sign HERE Signature of pla Signature of pla Signature of em	number from the last return/report. Into at the beginning of the plan year into at the end of the plan year Ith account balances as of the end of the plan year participants at the beginning of the plan year participants at the end of the plan year terminated employment during the terminated employment during the land signed by an enrolled actuary, burglets.	the plan year (defined benefit plan year with accrued benefits plan year will be assessed under the plan year. Date	plans do not s that were sless reasonable cau ramined this return/report on of this return/report Peter M. Loes Enter name of individent	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. Fort, including, if applic, and to the best of recher ual signing as plan and a signing as employed.	11 10 11 11 0 slicable, a Schedule my knowledge and

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 Were all of the plan's assets during the plan year invested in elig 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 can If the plan is a defined benefit plan, is it covered under the PBGC 	f an independe y and conditio not use Forn	ent qualified public accountar ns.) n 5500-SF and must instead	nt (IQI	PA) Form	5500.		⊠ ⊠ Not	Yes	No No
Part III Financial Information				1					
7 Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End	of Ye		4 022
a Total plan assets		136	, 37	3				13	4,932
b Total plan liabilities		126	, 37	2				13	4,932
c Net plan assets (subtract line 7b from line 7a)	7с		, 31	3		/b\ 7	Fotal	10	4, 552
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount		0		(0)	Total		
(2) Participants				0					
(3) Others (including rollovers)				0					
b Other income (loss)		-1	, 44	1					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									1,441
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
e 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)				-					0
Net income (loss) (subtract line 8h from line 8c)				+					1,441
j Transfers to (from) the plan (see instructions)	··· 8j								
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	, catale code:	S. S. Tari Grand							
10 During the plan year:				Yes	No		Am	ount	
a Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi	duciary Corre	ction Program)	10a		Х				
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Χ				
C Was the plan covered by a fidelity bond?			10c	Х		ļ		10	0,000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х				
• Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or a instructions.)	all of the bene	fits under the plan? (See	10e		Х				
f Has the plan failed to provide any benefit when due under the p	lan?		10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount	t as of year er	nd.)	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 exceptions to providing the notice applied under 29 CFR 2520.			10i				,		
Part VI Pension Funding Compliance					3. 10000				
11 Is this a defined benefit plan subject to minimum funding requir 5500 and line 11a below)							<u>. </u>	Yes	X No
11a Enter the unpaid minimum required contribution for current yea	r from Schedu	le SB (Form 5500) line 39			11a				
12 Is this a defined contribution plan subject to the minimum funding	ng requiremer	nts 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 belo	ow, as applica	ble.)							
If a waiver of the minimum funding standard for a prior year is b granting the waiver.	eing amortize	d in this plan year, see instru 	ctions nth	s, and	enter t Day		f the le	etter ru ar	ling

granting the waiver. Month

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and s	skip to line 13.				
b	Enter the minimum required contribution for this plan year				12b		
С	Enter the amount contributed by the employer to the plan for this plan yea	ır			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resungative amount)			a 	12d		
е	Will the minimum funding amount reported on line 12d be met by the fund	ling deadline?				Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets	0.0550 0.09	50.00				
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 employe	r this year			13a		
b	Were all the pian assets distributed to participants or beneficiaries, transfe of the PBGC?	erred to another p	lan, or brought un	der the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another pl	lan(s), identify the	plan(s) t	0		
	13c(1) Name of plan(s):			13	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust				14b ⊤r	ust's EIN	
	The state of the s						

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