Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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

2015

This Form is Open to Public Inspection

Part I		t Identification Information				
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2015		and ending 12/3	31/2015	
A This retu	urn/report is for:		list of participating em	an (not multiemployer) (Faployer information in acco	-	
			a foreign plan			
B This retu	rn/report is	님 ' 님	ne final return/report			
		an amended return/report	short plan year return	n/report (less than 12 mor	nths)	
C Check b	oox if filing under:	片	automatic extension		DFVC progr	ram
Dort II	Basis Blan Infe	special extension (enter description	<u>, </u>			
Part II	•	ormation—enter all requested informa	tion		1h Throp digit	
1a Name o	•	ERVICE CORPORATION 401(K) PROFIT	SHARING PLAN		1b Three-digit plan number (PN) ▶	001
					1c Effective date of	f plan 1/1991
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box			2b Employer Identification (EIN) 05-0	fication Number 350115
		ce, country, and ZIP or foreign postal coc RVICE CORPORATION	e (if foreign, see instri	uctions)	2c Sponsor's telep	hone number 61-8100
					2d Business code (see instructions)
235 GEORGI. PROVIDENC					2361	110
3a Plan ac	 dministrator's name a	and address XSame as Plan Sponsor.			3b Administrator's B	EIN
					3c Administrator's t	elephone number
4 If the n	name and/or EIN of th	ne plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN	
name,	, EIN, and the plan nu	umber from the last return/report.	-			
a Sponso					4c PN	27
_		s at the beginning of the plan year		<u> </u>	5a	37
		s at the end of the plan year		-	5b	55
comple	ete this item)	account balances as of the end of the pl			5c	37
d(1) Tota	al number of active pa	articipants at the beginning of the plan ye	ar	-	5d(1)	40
d(2) Tota	al number of active pa	articipants at the end of the plan year		<u> </u>	5d(2)	47
than 1	100% vested	t terminated employment during the plan			5e	1
		or incomplete filing of this return/reported penalties set forth in the instructions				eable a Schedule
SB or Sche		and signed by an enrolled actuary, as wel				
SIGN	Filed with authorized	d/valid electronic signature.	08/01/2016	JUDITH L SANTOS		
HERE	Signature of plan a	administrator	Date	Enter name of individua	al signing as plan adr	ninistrator
SIGN						

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not determ	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End		
a Total plan assets	7a		2013	520				227404	1 3
b Total plan liabilities	7b		2042	.500				00740	10
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A	2013	520			(L) T	227404	Ю
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	otai	
(1) Employers	8a(1)		27	694					
(2) Participants	8a(2)		153	8007					
(3) Others (including rollovers)	8a(3)		64	554					
b Other income (loss)	8b		39	741					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28499	36
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10	000					
e Certain deemed and/or corrective distributions (see instructions)	8e		14	338					
f Administrative service providers (salaries, fees, commissions)	8f			135					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2447	73
i Net income (loss) (subtract line 8h from line 8c)	8i							26052	23
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2E 2T 3D	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in th	e instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instruction	ons:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					201352
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					X				
			10f		^				50404
g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?	•	· ·	10g	X					52464
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						
j 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)								Yes	No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
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 EF	RISA?	Yes	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	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?		П	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 brough	ght under the co	ontrol		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	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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 yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		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 fav	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	;	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

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

2015

This Form is Open to Public Inspection

Part I Annual Re	port Identification Information	1	The state of the s	3000-01.	
For calendar plan year 201	5 or fiscal plan year beginning	01/01/2015	and ending	12/31/2	015
A This return/report is for	a single-employer plan a one-participant plan	a multiple-emplo list of participatir a foreign plan	yer plan (not multiemployer ng employer information in a) (Filers checking the accordance with the	is box must attach a form instructions)
B This return/report is	the first return/report an amended return/report	the final return/re	port return/report (less than 12 r	months)	
C Check box if filing unde	Form 5558 special extension (enter desc	automatic extens		DFVC p	rogram
Part II Basic Plan	Information—enter all requested in	formation			
1a Name of plan	G AND SERVICE CORPORATION		IT SHARING PLAN	1b Three-digit plan numbe (PN) ▶ 1c Effective da 01/01/1	e of plan
Mailing address (included City or town, state or programmer) REGAN ENGINEERI 235 GEORGIA AVE	employer, if for a single-employer plan) de room, apt., suite no. and street, or P.C rovince, country, and ZIP or foreign post NG AND SERVICE CORPORATI	al code (if foreign, see	instructions)	2b Employer Ide (EIN) 05-0 2c Sponsor's te 401-461	entification Number 0350115 elephone number
PROVIDENCE	RI 02905				
4 If the name and/or EIN name, EIN, and the pla	of the plan sponsor has changed since an number from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of partici	pants at the beginning of the plan year			5a	37
b Total number of partici	pants at the end of the plan year		***************************************	5b	55
C Number of participants complete this item)	with account balances as of the end of t	the plan year (defined t	penefit plans do not	5c	31
	ve participants at the beginning of the pla			5d(1)	4(
d(2) Total number of acti	ve participants at the end of the plan year	ır		5d(2)	47
e Number of participants than 100% vested	that terminated employment during the	plan year with accrued	benefits that were less	5e	
Caution: A penalty for the Under penalties of perjury a SB or Schedule MB complete belief, it is true, correct, and	late or incomplete filing of this return nd other penalties set forth in the instruc- ted and signed by an enrolled actuary, a complete	/report will be assess	ed unless reasonable car ave examined this return/re version of this return/repor	port, including, if app t, and to the best of	olicable, a Schedule my knowledge and
HERE Signature of p	lan administrator	Date 8/1/20	JUDITH L SANT		dministrator
SIGN HERE	eth Sans	1/1	JUDITH L SANT		Minimisualoi
Signature of e	mployer/plan sponsor firm name, if applicable) and address (in	Date 8 // // Clude room or sufte nur	Enter name of individ	ual signing as emplo Preparer's telepho	

F0III 550	J-SF 2015		Page 2								
D Are you claiming under 29 CFR 25	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must					accountant (IQPA)					No No
C If the plan is a de	ined benefit plan, is it covered under the PBG	C insurance prod	ram (see EDISA	st inste	402412	e Forr	n 5500.]N= []	New		
	ial Information	o madrance prog	Italii (See ERISA :	section	4021)?		_ Yes _	No [Not de	etern	nined
7 Plan Assets and						1					
		7a	(a) Beginnin		ear 13,52	20		(b) End o			
	S			2,0.	13,5,	20			۷,	211	4,043
	subtract line 7b from line 7a)			2.01	13,52	20			2	27	4,043
	s, and Transfers for this Plan Year		(a) Amo		13,3.			(L) T		21	1,043
a Contributions rec	eived or receivable from:	8a(1)	(a) Allic		27,69	94		(b) To	otai		
(2) Participants.		8a(2)		15	53,00	7					
(3) Others (include	ing rollovers)	8a(3)		E	54,55	54					
b Other income (los	s)	8b		3	39,74	11		701			
	lines 8a(1), 8a(2), 8a(3), and 8b)									284	1,996
d Benefits paid (included to provide benefits	uding direct rollovers and insurance premiums)	8d		1	10,00	00					
	nd/or corrective distributions (see instructions			1	4,33	8					
f Administrative ser	vice providers (salaries, fees, commissions)	8f			13	5					
				American Marian Marian Company							
h Total expenses (a	dd lines 8d, 8e, 8f, and 8g)	8h								24	,473
	(subtract line 8h from line 8c)								N	260	,523
j Transfers to (from	the plan (see instructions)	8ј									
Part IV Plan C	haracteristics			The state of the s							
	s welfare benefits, enter the applicable welfar	c leature codes i	TOTAL CITE CITE OF FIRE	in Chan	acteris		des in the	instructio	ns:		
10 During the plan y					Yes	No	N/A		Amou	nt	
described in 29	re to transmit to the plan any participant contr CFR 2510.3-102? (See instructions and DOL	s Voluntary Fiduo	ciary Correction	10a		х					
b Were there any r	onexempt transactions with any party-in-inter	est? (Do not inclu	ide transactions	10b		х					
C Was the plan co	vered by a fidelity bond?			10c	Х					20	1,352
d Did the plan have by fraud or disho	a loss, whether or not reimbursed by the planesty?	n's fidelity bond, t	hat was caused	10d		Х				10000	
carrier, insurance	commissions paid to any brokers, agents, or service, or other organization that provides s structions.)	ome or all of the	benefits under	10e		х					
	d to provide any benefit when due under the			10f		х		MOSTIFICATION OF THE STATE OF T			
g Did the plan have	any participant loans? (If "Yes," enter amoun	t as of year end.)	(l	10g	Х		1000			5	2,464
h If this is an individ	lual account plan, was there a blackout period	? (See instruction	ns and 29 CFR	10g		Х					2,404
i If 10h was answe	red "Yes," check the box if you either provider viding the notice applied under 29 CFR 2520.	the required not	tice or one of the	101							
The second secon	incur unrelated business taxable income?			10j							
Part VI Pension	Funding Compliance										
4.4	and a company of					2000	The second secon	AND DESCRIPTION OF THE PARTY OF			
11 Is this a defined b 5500) and line 11	enefit plan subject to minimum funding require	ements? (If "Yes,	see instructions	and con	mplete	Sched	ule SB (F	orm	_ Y	es [No
5500) and line 11							ule SB (F	orm	_ Y	es [No

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Form	5500-SF 2015	Page 3 -						
(If "Yes," c	omplete line 12a or lines 12b, 12c, 12d, and 12e below, as applical	ble.)						
a If a waiver	of the minimum funding standard for a prior year is being amortize waiver.	d in this plan	year, s	see instructions, and	d enter the Day		ne letter ru Year	uling
	eted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn							
b Enter the m	inimum required contribution for this plan year				12b			
AND PROCESSION OF THE PROCESSI	nount contributed by the employer to the plan for this plan year				Townson of the			
d Subtract th	e amount in line 12c from the amount in line 12b. Enter the result (mount)	enter a minu	s sign t	o the left of a	404			
	nimum funding amount reported on line 12d be met by the funding					Yes	No [N/A
Market Na Access Co.	Terminations and Transfers of Assets							
	ution to terminate the plan been adopted in any plan year?					☐ Yes	X No	
	nter the amount of any plan assets that reverted to the employer this							
b Were all th	e plan assets distributed to participants or beneficiaries, transferred	d to another	plan, or	brought under the	control		Yes X	No
C If during th	is plan year, any assets or liabilities were transferred from this planets or liabilities were transferred. (See instructions.)							
13c(1) Name				13c(2	EIN(s)		13c(3)	PN(s)
Part VIII Tru	ust Information				445			
◆a Name of trus	ST.				140 1	rust's EIN		
14c Name of tru	ustee or custodian					Trustee's telephone		ian's
Part IX IR	S Compliance Questions							
5a Is the plan	a 401(k) plan?				Ye	s	No	
matching co	w does the 401(k) plan satisfy the nondiscrimination requirements fontributions (as applicable) under sections 401(k)(3) and 401(m)(2)	?			ba	esign- ised safe irbor ethod	ADI	
testing meth	ACP test is used, did the 401(k) plan perform ADP/ACP testing for the form nonhighly compensated employees (Treas. Reg sections 1	.401(k)-2(a)	(2)(ii) ar	nd 1.401(m)-	Ye:	5	No	
	ox to indicate the method used by the plan to satisfy the coverage		The state of the s	The second of th		atio rcentage st		erage nefit test
6b Does the plan wit	an satisfy the coverage and nondiscrimination tests of sections 410 th any other plans under the permissive aggregation rules?	(b) and 401	a)(4) b	y combining	Ye	5	No	
7a Has the plan	n been timely amended for all required tax law changes?				Ye	S	No	NIA
for tax law o	st plan amendment/restatement for the required tax law changes was changes and codes).	Section and Managers.		Enter the	Constitution of	electrical term	300000000	nstructio
advisory let	ponsor is an adopter of a pre-approved master and prototype (M&F ter, enter the date of that favorable letter	and the le	tter's se	erial number				or
7d If the plan is determinated	s an individually-designed plan and received a favorable determination letter	tion letter fro	m the II	RS, enter the date of	of the plan	's last favo	orable	
	maintained in a U.S. territory (i.e., Puerto Rico (if no election under crican Samoa, Guam, the Commonwealth of the Northern Mariana				Yes		No	
19 Were in-ser	vice distributions made during the plan year?				Ye	8	No	
If "Yes," ent	er amount				19			
	ed minimum distributions made to 5% owners who have attained a	ge 70 ½ (reg	ardless	of whether or not	Yes	S	No	N/A