## 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 06/30/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit THE JOHNSTON CORPORATION PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1985 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number THE JOHNSTON CORPORATION (EIN) 05-0379261 Sponsor's telephone number 401-737-3050 2363 POST ROAD WARWICK, RI 02886 Business code (see instructions) 236110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	08/11/2016	SEAN FECTEAU				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponse				
Preparer's name (including firm name, if applicable) and address (include room or su			r) (optional)	Preparer's telephone number (optional)			

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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 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition	ent qualified public accountans.)	nt (IQ	PA)				X Y	es [	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)?		Yes	No		Not det	ermi	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	20709						173	7955	
b	Total plan liabilities	. 7b	00700	0					470	0	
	Net plan assets (subtract line 7b from line 7a)	. 7c	20709	0/6					1/3	7955	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(k	b) 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	507	76							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							5	0776	i
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3837	'97							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
	Administrative service providers (salaries, fees, commissions)	. 8f		0							
	Other expenses			0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)								38	3797	
	Net income (loss) (subtract line 8h from line 8c)								-33	3021	
j	Transfers to (from) the plan (see instructions)	. 8i		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides	eature codes	s from the List of Plan Charac	cterist	ic Coc	des in 1	ne instr	uction	ns:		
10	During the plan year:				Yes	No		A	moun	t	
а				10a		X					0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	clude transactions reported	10b		Χ					0
С	Was the plan covered by a fidelity bond?			10c	X					2	25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					0
е		her persons I of the benef	by an insurance carrier, its under the plan? (See	10e		X					0
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					0
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	d.)	10g		X	<del>                                     </del>				0
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	he required r	notice or one of the	10i							
Part						1	•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									es >	No
11a	Enter the unpaid minimum required contribution for current year fi					11a				<u> </u>	0
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA'	?	Y	es >	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 being ranting the waiver.	-			, and e	enter t Day			e letter 'ear	rulin	g 

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If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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 X 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 t	this year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		ler the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the p	olan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Emptoyee 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

		7/4/0044		0.100.1004	<u></u>
For calendar plan year 2014 or	fiscal plan year beginning	7/1/2014	and ending	6/30/201	5
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer pl	an (not multiemployer)		
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		☑ DFVC p	program
	special extension (enter desc	ription)			
Part II Basic Plan In	formation—enter all requested in	formation			<del>-</del>
1a Name of plan				1b Three-digit	t
, , , , , , , , , , , , , , , , , , ,	DRPORATION PROFIT SHAI	RING PLAN		plan numb	oer 001
				(PN)	late of slap
				1c Effective d	1/1/1985
2a Plan sponsor's name and THE JOHNSTON COR	address; include room or suite numb	per (employer, if for a single-	employer plan)	2b Employer	Identification Number
	CONTON			(EIN)	050379261 telephone number
2363 POST ROAD				1	017373050
WARWICK	RI				code (see instructions)
02886					236110
	and address Same as Plan Spon	sor.		<b>3b</b> Administra	itor's EIN
				3c Administra	ttor's telephone number
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
	number from the last return/report.			4c PN	
5a Total number of participar				1	
ou Total number of participal	nts at the beginning of the plan year.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5a	4
	nts at the beginning of the plan year. nts at the end of the plan year			· · · · · · · · · · · · · · · · · · ·	4
<ul><li>b Total number of participar</li><li>c Number of participants wi</li></ul>	nts at the end of the plan year th account balances as of the end of	f the plan year (defined bene	fit plans do not	5a	
<ul> <li>b Total number of participar</li> <li>c Number of participants wi complete this item)</li> </ul>	nts at the end of the plan year	f the plan year (defined bene	efit plans do not	5a 5b	
<ul> <li>b Total number of participar</li> <li>c Number of participants wi complete this item)</li></ul>	nts at the end of the plan yearth account balances as of the end of	f the plan year (defined bene	efit plans do not	5a 5b 5c	1
<ul> <li>b Total number of participars</li> <li>c Number of participants wincomplete this item)</li> <li>d(1) Total number of active</li> <li>d(2) Total number of active</li> <li>e Number of participants that</li> </ul>	nts at the end of the plan yearth account balances as of the end of	I the plan year (defined bene plan yearear. plan year with accrued bene	efit plans do not	5a 5b 5c 5d(1)	1
b Total number of participars c Number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants tha less than 100% vested Caution: A penalty for the la	the end of the plan year	olan year (defined bene olan year ear	efit plans do not	5a 5b 5c 5d(1) 5d(2) 5e use is established	1 1 4 1 0
b Total number of participars c Number of participants wi complete this item) d(1) Total number of active d(2) Total number of active e Number of participants tha less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed	the at the end of the plan year	olan year (defined bene olan year	efit plans do not efits that were unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if	1 4 1 0 ed. applicable, a Schedule
b Total number of participants wi complete this item)	the at the end of the plan year	olan year (defined bene olan year	efit plans do not efits that were unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best	1 4 1 0 ed. applicable, a Schedule
b Total number of participants wi complete this item)	the action to be a set of the end of the plan year	olan year (defined bene olan year	efit plans do not efits that were unless reasonable ca examined this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best	1  4  1  0  ed. applicable, a Schedule of my knowledge and
b Total number of participants wi complete this item)	the action to be a set of the end of the plan year	f the plan year (defined bene plan year	efit plans do not efits that were unless reasonable ca examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best	1 4 1 0 ed. applicable, a Schedule of my knowledge and
b Total number of participants wi complete this item)	the act the end of the plan year	plan year (defined beneather) plan year with accrued beneather will be assessed actions, I declare that I have as well as the electronic ver	efit plans do not  efits that were  unless reasonable ca examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if t, and to the best control to the best cont	1 4 1 0 ed. applicable, a Schedule of my knowledge and
b Total number of participants wi complete this item)	the action to be a set of the end of the plan year	plan year (defined beneficially	efit plans do not  efits that were  unless reasonable ca examined this return/resion of this return/repor  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if it, and to the best dual signing as planting as planting as endual signing as er	1 4 1 0 ed. applicable, a Schedule of my knowledge and
b Total number of participants wi complete this item)	th account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction and signed by an enrolled actuary, emplete.  In administrator	plan year (defined beneficially	efit plans do not  efits that were  unless reasonable ca examined this return/resion of this return/repor  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if it, and to the best dual signing as planting as planting as endual signing as er	1 4 1 0 ed. applicable, a Schedule of my knowledge and an administrator

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<ul> <li>6a Were all of the plan's assets during the plan year invested in eli</li> <li>b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil If you answered "No" to either line 6a or line 6b, the plan ca</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGs</li> </ul>	of an indeper lity and condit annot use Fo	ndent qualified public accountar ions.) rm 5500-SF and must insteac	nt (IQF I use !	PA) Form	5500.	□	No No
	o insulance p	logiani (see Elvion section 40		···· []	- 100		
Part III Financial Information	26 - TOMONY	(-) Devianing of Voc		1		(b) End of Year	
7 Plan Assets and Liabilities		(a) Beginning of Yea	0976			17379	)55
a Total plan assets		201	0070	-		1,010	0
C Net plan assets (subtract line 7b from line 7a)		207	0976	<del></del>		17379	<u></u> 955
8 Income, Expenses, and Transfers for this Plan Year	32.56	(a) Amount				(b) Total	
a Contributions received or receivable from:         (1) Employers	8a(1)		(	ו	7 - 2 E	dengan Employee Tankan	
(2) Participants	8a(2)		(	) ###		A substitution of the subs	processor
(3) Others (including rollovers)	8a(3)		(	- i			
b Other income (loss)	8b	The state of the s	0776	3			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)d  d Benefits paid (including direct rollovers and insurance premiums				(1) (1)	in a	507	<u>776</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		38	3797	7			
e Certain deemed and/or corrective distributions (see instructions	) 8e		(	)	T S		
f Administrative service providers (salaries, fees, commissions)	8 <del>f</del>		(	)	C. Porti		Parada (M
g Other expenses	8g	NAME OF THE PROPERTY OF THE PR	(	)			
h Total expenses (add lines 8d, 8e, 8f, and 8g)		Allege and the second s		Sign Use Hebri		3837	
i Net income (loss) (subtract line 8h from line 8c)				. A 100 to	≨6.vtu*/est	-3330	)21
j Transfers to (from) the plan (see instructions)  Part IV: Plan Characteristics	8j	<u> </u>				- th	
b If the plan provides welfare benefits, enter the applicable welfa	re feature cod	des from the List of Plan Chara	cterist	c Coc	ies in ti	ne Instructions:	
Part V Compliance Questions			ļ	Yes	No	Amount	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant cont</li></ul>	ributione with	in the time period described in		165	NO	Amount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary  b Were there any nonexempt transactions with any party-in-inte	Fiduciary Cor	rection Program)	10a		✓		
on line 10a.)	······························	***************************************	10b		✓		
c Was the plan covered by a fidelity bond?			10c	<b>\</b>			25000
d Did the plan have a loss, whether or not reimbursed by the plant or dishonesty?			10d		1		C
Were any fees or commissions paid to any brokers, agents, o insurance service, or other organization that provides some or instructions.)	r all of the bei	nefits under the plan? (See	10e		✓		(
${f f}$ Has the plan failed to provide any benefit when due under the	plan?		10f		✓		(
g Did the plan have any participant loans? (If "Yes," enter amou	int as of year	end.)	10g		1		(
h If this is an individual account plan, was there a blackout period 2520.101-3.)	***************************************	***************************************	10h		<b>✓</b>		
i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2520			10i	!			
Part VI Pension Funding Compliance			/				
11 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)							No
11a Enter the unpaid minimum required contribution for current ye		///			11a	<u> </u>	
12 Is this a defined contribution plan subject to the minimum fun			e or se	ection	302 of	ERISA? Yes	✓ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be a If a waiver of the minimum funding standard for a prior year is	being amorti	zed in this plan year, see instru	ctions	, and			ıling
granting the waiver.	****************	IVIOI	ш1		Day	Year	

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If '	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		12b			
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 negative amount)		12d			-1
e	Will the minimum funding amount reported on line 12d be met by the fundin	g deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
20.2 (20.0)	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer t					
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	red to another plan, or brought unde			Yes	No No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plant	en(s) to			
	3c(1) Name of plan(s):		13c(2) ⊟	lN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				J	
A	Name of trust		14b 7	rust's EIN		