## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN 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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information									
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/2	015	and ending 12	/31/2015						
<b>A</b> This ref	-	ox must attach a n instructions)									
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 months)											
C Check	box if filing under:	X Form 5558  special extension (enter descr	automatic extension iption)	nsion DFVC program							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation								
1a Name					<b>1b</b> Throplar (PN	n number	001				
					1c Effe	ective date of 01/0	f plan 1/2005				
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O		(marking and	2b Emp (EIN	fication Number 370376					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MARDO, LACHAPELLE & CO., INC.					2c Sponsor's telephone number 401-274-8400						
					2d Bus	iness code (	see instructions)				
221 BROADWAY PROVIDENCE, RI 02903						541211					
3a Plan a	dministrator's name a	and address XSame as Plan Spons	sor.		<b>3b</b> Administrator's EIN						
					<b>3c</b> Adm	ninistrator's t	elephone number				
		ne plan sponsor has changed since tumber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
<b>a</b> Spons	or's name				4c PN	1					
5a Total	number of participants	s at the beginning of the plan year			5a		6				
<b>b</b> Total	number of participants	s at the end of the plan year			5b		4				
	er of participants with lete this item)	account balances as of the end of t	the plan year (defined ber	nefit plans do not	5c						
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)						
d(2) Total number of active participants at the end of the plan year					5d(2)						
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					<b>5e</b> 0						
		or incomplete filing of this return					-1-1 0-1- 1-1				
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.									
SIGN	Filed with authorized	d/valid electronic signature.	10/12/2016	MR. ROLAND LACHA	PELLE, C	PA, MBA					
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing	as plan adr	ninistrator				

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

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an independent	dent qualified public a	ccount	ant (IQ	PA)			□ □ .	/es No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	termined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		857	071				7	51848
<b>b</b> Total plan liabilities	7b		0.57	2074				7/	74040
Net plan assets (subtract line 7b from line 7a)      Income. Expenses, and Transfers for this Plan Year	7с	(a) A		071			(L.) :		51848
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total	
(1) Employers	8a(1)		5	117					
(2) Participants	8a(2)		1	870					
(3) Others (including rollovers)	<del>                                     </del>								
<b>b</b> Other income (loss)			-2	935					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4052
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		95	736					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g		13	539					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								09275
i Net income (loss) (subtract line 8h from line 8c)								-10	05223
j Transfers to (from) the plan (see instructions)	·· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2R 3D	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	odes in t	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruc	tions:	
Part V   Compliance Questions				1	ī	1			
10 During the plan year:		de come e estad		Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a	X					40284
<b>b</b> Were there any nonexempt transactions with any party-in-interes					V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					50000
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 ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther persons me or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					X				
			10f	V	^				000.40
g Did the plan have any participant loans? (If "Yes," enter amount a		· · · · · · · · · · · · · · · · · · ·	10g	Х					28049
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ				
i If 10h was answered "Yes," check the box if you either provided 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						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)									′es No
11a Enter the unpaid minimum required contribution for all years from	n Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	\	′es X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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 number				
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)?		Design- based safe ADP/ACP harbor test method				
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	

QMB Nos, 1210-0110

## 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).

1210-0089

2015

This Form is Open to **Public Inspection** 

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instr	ructions to the Form 550	00-SF.	i ubile mapeetien			
Part I		t Identification Information							
For calenda	ar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending		/31/2015			
		X a single-employer plan				cking this box must attach a with the form instructions)			
A Inis ret	ium/report is for:	a one-participant plan	a foreign plan	ipioyer irriormation in acc	ordance v	with the form instructions)			
			☐ a totalign plan						
B This return/report is the first return/report the final return/report						-			
		an amended return/report	a short plan year return	n/report (less than 12 mo	nths)				
C. Check h	box if filing under:		automatic extension			DFVC program			
• Shook I	oox is linking distance.	岩				Di VC program			
- Francis	Basia Blan Inf	special extension (enter descri	· · · · · · · · · · · · · · · · · · ·						
Part II  1a Name	•	ormation—enter all requested info	ormation		<b>1b</b> Thre	ae_dinit			
		01(k) Retirement Plan				number 001			
	<del>-</del>					) ▶ _			
						ctive date of plan			
2n Dlan av	annada nama (annal	lavor if for a single ampleyer night				/01/2005			
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	. Box)			oloyer Identification Number I) 05-0370376			
City or	town, state or provin	nce, country, and ZIP or foreign postal		ructions)		nsor's telephone number			
Mardo,	Lachapelle	& Co., Inc.			•	L-274-8400			
221 12~	oodway		•			ness code (see instructions)			
221 PI	oadway				541211				
Provid	lence	RI 02903							
	dministrator's name a		<b>3b</b> Adm	ninistrator's EIN					
					3c Adm	ninistrator's telephone number			
A Isther			to be the water water and filed for	or this plan outer the	All and				
		he plan sponsor has changed since the plan sponsor has changed since the last return/report.	ne jast returmebort liled is	or this plan, enter the	4b EIN	. <u> </u>			
a Sponso	· · · · · ·	·			4c PN				
5a Total r	number of participant	is at the beginning of the plan year			5a	6			
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	4			
		account balances as of the end of the			5c				
	•			T		4			
		articipants at the beginning of the pla	-	-	5d(1)	5			
		articipants at the end of the plan year			5d(2)	2			
		at terminated employment during the p			5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	uniess reasonable caus		blished.			
Under pena	alties of perjury and o	other penalties set forth in the instruct and signed by an enrolled actuary, as	tions, I declare that I have	examined this return/report	ort, includ	ing, if applicable, a Schedule			
	rue, correct, and con		s well as the electronic ver	sion of this returnineport,	and to the	e best of my knowledge and			
SIGN	Black O.	Lagalle, CA, MBA	10/12/14	Mr. Roland Lac	hapell	le, CPA, MBA			
HERE	Signature of plan	•	Date	Enter name of individua	al signing	as plan administrator			
eich			1 14.	Mr. Roland Lac					
SIGN HERE		2 Languelle, C.CA, m.B.	Date			· · · · · · · · · · · · · · · · · · ·			
Preparer's		loyer/plan sponsor name, if applicable) and address (inc				as employer or plan sponsor s telephone number			
		, , ,			•	-			
1									

	Form 5500-SF 2015		Page <b>2</b>									
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 cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and cond not use Fe	endent qualified public itions.)orm 5500-SF and mus	account	tant (IC	QPA) • Fom	n 5500.	•••••		X Ye	es [	No No
	rt III Financial Information					······ L	] .00			or aci	-11111	neu
7	Plan Assets and Liabilities	10.045	(a) Bardanda			Т						
_ <u></u>	Total plan assets	. 7a	(a) Beginnin		ar 7,07	,,		(b) En	a ot		51	,848
	Total plan liabilities	7b	· · · · · · · · · · · · · · · · · · ·		,,,,,	╫				<del></del>	ĴΙ	,040
	Net plan assets (subtract line 7b from line 7a)	70 7c	<del></del> -	85	7,07	,,		_		7	51	,848
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo		,,,,,,,	╫	-	(6)	T-4		<u> </u>	,040
	Contributions received or receivable from:	Leader Make	(a) Ailio	unt		7.5	. \$1104	(0)	Tota	<u> </u>	ŢŢ.	7. T. S.
	(1) Employers	8a(1)			5,11	7	Jan Valla					
	(2) Participants	8a(2)			1,87	0						
	(3) Others (including rollovers)	8a(3)				. 6						
<u> </u>	Other income (loss)	8b		_	2,93	5	ors contact					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				10#. - 12					4	,052
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9	5,73	26				14104		
е	Certain deemed and/or corrective distributions (see instructions)	8e						1.11, 121, 2197 15 (9.95) (41)			yeg. Jed?	
<del>-</del>	Administrative service providers (salaries, fees, commissions)	8f				\$ 50°					7.5	
_ <u>.</u>	Other expenses		<del></del>	1	3,53	Q ·	(14.3.40 Vil. (15.4)					
<del></del>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				27,700.7	11991199	er jarrijaja	A1800 S		<u>. (.) - (.)</u> Д. ()	,275
<del></del>	Net income (loss) (subtract line 8h from line 8c)	8i		and the second		60	-					,2/3
Ť	Transfers to (from) the plan (see instructions)				<u> </u>	1998		Sec. (2)		6 . (\$1. c)	1.41.	
Dai	rt IV Plan Characteristics	8j				15.50°	dan griden.	<u> </u>	lajir ia	en en kilon	200	VES 15 /5
B Par		eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in th	ne instruc	tion	<b>3</b> :		
10	During the plan year:				Yes	No	N/A		A	mount		
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a	x						4 (	0,284
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х						
Ċ	Was the plan covered by a fidelity bond?		***************************************	10c	х						5	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х						
е	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.)	e or all of	the benefits under	10e		х						
f	•			10f		х						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end.)	10g	х			<del></del>			25	3,049
h				iog								
1	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th	ne require	d notice or one of the	10h		Х						<del></del>
i	exceptions to providing the notice applied under 29 CFR 2520.101  Did the plan trust incur unrelated business taxable income?			10i			<u> </u>					
Part				10 <u>j</u>	<u> </u>		<u> </u>	<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirements 11 below)	ents? (If "	Yes," see instructions	and con	nplete	Sched	lule SB	(Form	T	] Yes	<u>-</u>	No
	Enter the unpaid minimum required contribution for all years from						11a		1			1
12	Is this a defined contribution plan subject to the minimum funding							DISA2	П	7 Ye	, lv	No
· <del>-</del> -	and a common common plant cooper to the minimal full ding	dancing	ATTO OF SCHOOL 4 IZ OF I	10 000	- VI 38	OUO!!	JUZ UI	-NOA!	11	_ ' ' '		170

From:

10/12/2016 10:18

#319 P.007/007

	Form 5500-SF 2015 Page 3 -							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		nter the Day_	date of t	he letter rui Year	ling		
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			•			
<u>b</u>	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 (enter a minus sign to the 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?			Yes	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 the PBGC?	ght under the co	ntrol		Yes 🗓	No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	VIII Trust Information							
14a	Name of trust		<b>14b</b> T	rust's EIN	I			
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number					
Parl	IRS Compliance Questions							
15a	Is the plan a 401(k) plan?		Yes	3	No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	sign- sed safe rbor ethod	ADP			
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "ci testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Yes		No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section.	on 410(b):	☐ Ra pe tes	rcentage		rage efit test		
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Yes	5	No			
	Has the plan been timely amended for all required tax law changes?		Yes		∏No	□ N/A		
	for tax law changes and codes).	Enter the a				nstructions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial n	umber				ог		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, et determination letter		the plan	i's last fav	orable			
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No	No		
19	Were in-service distributions made during the plan year?		Yes	3	□ No			
	If "Yes," enter amount		19			'		
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wiretired), as required under section 401(a)(9)?	nether or not	Yes	3	No	∏ N/A		