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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part	I Annual Report	Identification Information				
For cal	endar plan year 2015 or fi	scal plan year beginning 09/01/2	2015 and ending 0	8/31/20	016	
A This	s return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
B This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)		
C Che	eck box if filing under:	Form 5558 special extension (enter descr	1 ,		DFVC progr	ram
Part	II Basic Plan Info	ormation—enter all requested inf	formation			
	me of plan CONSTRUCTION COMP	PANY, INC. PROFIT SHARING PLA	AN	1b	Three-digit plan number (PN)	001
				1c	Effective date of 09/0	f plan 1/1988
Ma	ailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		2b	Employer Identification (EIN) 05-0	ication Number 253257
	y or town, state or provinc		al code (if foreign, see instructions)	2c	Sponsor's telep	hone number 47-3377
				2d	Business code (see instructions)
	ON STREET FOWN, RI 02842				2389	900
3a Pla	an administrator's name a	nd address XSame as Plan Spons	sor.	3b	Administrator's I	ΞIN
				3с	Administrator's t	elephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b		
a Sp	onsor's name			4c		
5a To	tal number of participants	s at the beginning of the plan year		5a	a	14
b To	tal number of participants	at the end of the plan year		51	b	14
			the plan year (defined benefit plans do not	50	С	13
d(1)	Total number of active pa	articipants at the beginning of the plant	an year	5d((1)	9
d(2)	Total number of active pa	articipants at the end of the plan yea	ar	5d((2)	7
e N	umber of participants that nan 100% vested	terminated employment during the	plan year with accrued benefits that were less	56		0
			n/report will be assessed unless reasonable ca			
Under	penalties of perjury and of	ther penalties set forth in the instruc-	ctions, I declare that I have examined this return/re	port, in	iciuaing, it applic	able, a Schedule

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 true, correct, and complete

belief, it is t	rue, correct, and complete.			
SIGN	Filed with authorized/valid electronic signature.	02/25/2017	JOHN MELLO, JR.	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number

Form 5500-SF 2015		Page 2							
 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 a 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 cann 	an indepen and conditi	ident qualified public a	ccount	ant (IQ	PA)				Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not d	etermined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning					(b) End	d of Yea	
a Total plan assets	7a		304	472				3	316704
b Total plan liabilities	7b		204	472					316704
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		412			(b)	Total	510704
a Contributions received or receivable from:		(a) Amot	ant				(D)	TOLAI	
(1) Employers	8a(1)								
(2) Participants	8a(2)		6	240					
(3) Others (including rollovers)	8a(3)			200					
b Other income (loss)	8b		14	893					21122
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c								21133
to provide benefits)	8d		1	590					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		7	'311					
g Other expenses	8g								0004
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								8901 12232
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i								12232
Part IV Plan Characteristics	8j								
 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 3D B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits. 									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature cod	es from the list of Plai	n Chara	acterist	10 000	ies in in	e mstruc	uons.	
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a	X				7	26206
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	Х					260000
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	the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		X				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			10)	<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								.] п	Yes No
11a Enter the unpaid minimum required contribution for all years from						11a		··	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	.[П	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

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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**

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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part		rt Identification Information				
For calend	ar plan year 2015 o	fiscal plan year beginning	09/01/2015	and ending	08/31/20)16
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer nployer information in a		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 r	months)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
Don't II	Daria Dia L	special extension (enter desc	and the same of th			
Part II		formation—enter all requested in	formation			
1a Name MELLO (COMPANY, INC. PROFIT	SHARING PLAN		1b Three-digit plan number (PN) ▶	001
		= 5.0			1c Effective date 09/01/19	
Mailing	g address (include re	ployer, if for a single-employer plan) com, apt., suite no. and street, or P.C	D. Box)		2b Employer Ide (EIN) 05-0	
MELLO	CONSTRUCTIO	nce, country, and ZIP or foreign post N COMPANY, INC.	al code (If foreign, see insti	ructions)	2c Sponsor's tel 401-847-	The state of the s
87 BEA	ACON STREET				2d Business cod 238900	e (see instructions)
MIDDLE		RI 02842				
3a Plan a	dministrator's name	and address XSame as Plan Spon	sor.		3b Administrator	s EIN
					3c Administrator	's telephone number
4 1011						
4 If the r	name and/or EIN of FIN and the plan r	the plan sponsor has changed since number from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	_
	or's name	idinaci irom the last return/report.			4c PN	
		ts at the beginning of the plan year			-	1.4
						14
C Numb	er of participants wit	ts at the end of the plan year	the plant of the second of the		. 5b	14
compl	ete this item)	h account balances as of the end of	the plan year (defined bene	efit plans do not	5c	13
		participants at the beginning of the pl			5d(1)	
						9
e Numb	per of participants th	participants at the end of the plan yea at terminated employment during the	nlan year with accrued he	nofits that were loss		7
than	100% vested				5e	0
Caution: A	penalty for the lat	e or incomplete filing of this returi	/report will be assessed	unless reasonable ca	use is established.	
SB or Sche	alties of perjury and dule MB completed rue, correct, and co	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/repo	eport, including, if app rt, and to the best of r	licable, a Schedule ny knowledge and
SIGN	///	1111	2/25/2017	JOHN MELLO, J	TP.	
HERE			0/00/0011	COM HELEO, C	TC.	
	Signature of plan	administrator	Date		dual signing as plan a	dministrator
SIGN	11	IC Men!	2/25/2017	JOHN MELLO, J	TR.	
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as emplo	yer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (in	clude room or suite numbe	r)	Preparer's telephor	

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6a 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	dent qualified public	accour	ntant (I	QPA)				Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA s	ection	4021)?	[Yes	No	Not d	etermined	
Pa	rt III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ear			(b) End	d of Yea	r	
a	Total plan assets	7a			04,4	72				316,704	
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c		3 (04,4	72				316,704	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amo	unt				(b)	Total		
	(2) Participants	8a(2)			6,24	10					
	(3) Others (including rollovers)	8a(3)			0,24						
b	Other income (loss)	8b		1	4,89	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								21,133	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	700		1,59	0				21,133	
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f_	Administrative service providers (salaries, fees, commissions)	8f			7,31	.1					
<u>g</u>	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8,90			
	Net income (loss) (subtract line 8h from line 8c)	8i					12,23			12,232	
BECKE WALLE	Transfers to (from) the plan (see instructions)	8j									
Pai 9a	t IV Plan Characteristics										
B Part					acteris	tic Cod	des in th				
	During the plan year: Was there a failure to transmit to the plan any participant contribut				Yes	No	N/A		Amou	nt	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	oluntary Fidu	uciary Correction	10a	х					26,20	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	lude transactions	1. 150		Х					
	reported on line 10a.)			10b							
C	Was the plan covered by a fidelity bond?			10c	Х					260,00	
d 	by fraud or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of the	henefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х					
h		See instructi	ons and 29 CFR	10g 10h		Х					
i	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 n	otice or one of the	10ii							
j	Did the plan trust incur unrelated business taxable income?										
Part				10j							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Yes	s," see instructions a	and com	nplete :	Sched	ule SB	(Form			
11a	Enter the unpaid minimum required contribution for all years from S	chedula CD	/Form 5500\ !:== 40	······					Y	es No	
12	Is this a defined contribution plan subject to the minimum funding r							DICT		🗔	
	a domined dominibation plan subject to the minimum funding r	equirements	or section 412 of th	ne Code	orse	ction 3	02 of E	RISA?	Y	es X No	

	F	Form 5500-SF 2015 Page 3 -			
	(If "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		Т	
a	If a w	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and ting the walver	enter th	ne date o	f the letter ruling Year
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			1001
b	Enter	the minimum required contribution for this plan year	12b		
		the amount contributed by the employer to the plan for this plan year	12c		
d	Subtr	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?	T	Yes	□ No □ N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?		Y	es 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 brought under the co PBGC?	ontrol		Yes X No
С	If duri	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to a assets or liabilities were transferred. (See instructions.)		1	
1	13c(1) N	Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information			
	Name o				
			14D	Γrust's ΕΙ	IN
14c	Name	of trustee or custodian	444		
14c	Name	of trustee or custodian	14d		s or custodian's se number
14c Part		IRS Compliance Questions	14d		
Part	: IX		14d	telephon	
Part 15a 15b	Is the pure of the state of the	IRS Compliance Questions plan a 401(k) plan?	Ye De ba	telephon	No
Part 15a 15b	Is the I	IRS Compliance Questions plan a 401(k) plan?	Ye De ba	s esign- ased safe arbor ethod	No ADP/ACP
Part 15a 15b 15c	Is the part of the A testing 2(a)(2)	IRS Compliance Questions plan a 401(k) plan?	☐ Ye ☐ ba ha m ☐ Ye	s esign- sed safe arbor ethod s	No Average
Part 15a 15b 15c	Is the If "Yes, matchill If the A testing 2(a)(2) Check Does the this plant	IRS Compliance Questions plan a 401(k) plan?	Ye Do baham Ye	s esign- ased safe arbor ethod s atio ercentage st	No ADP/ACP test No Average
Part 15a 15b 15c 16a 16b	Is the Information If the A testing 2(a)(2) Check Does the this plate Has the	IRS Compliance Questions plan a 401(k) plan?	Ye baaha my Ye Rape tes	s esign- esed safe or border of the control of the	No ADP/ACP test No Average benefit test
Part 15a 15b 15c 16a 16b	Is the If "Yes, matchi If the A testing 2(a)(2) Check Does the this plate the for tax	IRS Compliance Questions plan a 401(k) plan?	Ye baham Ye Ye Rape tes	s esign- used safe urbor ethod s atio errcentage st s s s esign-	No ADP/ACP test No Average benefit test No
Part 15a 15b 15c 16a 16b 17a 17b 17c 17c	Is the If "Yes, matchi If the A testing 2(a)(2) Check Does the this plate the for tax If the plate the pla	IRS Compliance Questions plan a 401(k) plan?	Ye baham Ye Ye Rape tes	s esign- used safe urbor ethod s atio errcentage st s s s esign-	No ADP/ACP test No Average benefit test No
Part 15a 15b 15c 16a 16b 17a 17b 17c 17d 17d 1	Is the If "Yes, matching If the A testing 2(a)(2) Check Does the this plate the for tax If the plate the	IRS Compliance Questions plan a 401(k) plan?	Ye Do ba ha m Ye Ye Ye Ye Ye Ye The periods Ye The policable The polica	s esign- used safe urbor ethod s atio errcentage st s s elle code evorable I	No ADP/ACP test No Average benefit test No
Part 15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the If "Yes, matchi If the A testing 2(a)(2) Check Does the this plate the for tax If the plate the pla	IRS Compliance Questions plan a 401(k) plan?	Ye Do ba ha m Ye Ye Ye Ye Ye Ye The periods Ye The policable The polica	s esign- used safe urbor ethod s atio ercentage st s s lele code	No ADP/ACP test No Average benefit test No
Part 15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plant of th	IRS Compliance Questions plan a 401(k) plan?	Ye Do ba ha m Ye Ye Ye Ye Ye The periods Ye The policab Ye Policab The plant	s esign- used safe urbor ethod s atio errcentage st s s elle code ever experience s s s elle code ever experience elle	No ADP/ACP test No Average benefit test No
Part 15a 15b 15c 16a 16b 17a 17b 17c 17d 17d 18	Is the If "Yes, matchi If the A testing 2(a)(2) Check Does the this plate the for tax If the pladvisor If the pladvisor Is the Fmade), Were in	IRS Compliance Questions plan a 401(k) plan?	Ye bahamm Ye Rape tes Ye Ye Ye Ye Ye Ye Ye Ye Ye Pplicab	s esign- used safe urbor ethod s atio errcentage st s s elle code ever experience s s s elle code ever experience elle	No ADP/ACP test No Average benefit test No