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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information

For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 12	2/31/2016			
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac				
		a one-participant plan						
B This retu	urn/report is	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter desc	• •					
Part II		ormation—enter all requested in	nformation		45	1		
1a Name REGAN ENG		RVICE CORPORATION 401(K) PI	ROFIT SHARING PLAN		1b Three-digit plan number (PN) ▶	001		
					1c Effective date 01	of plan /01/1991		
Mailing	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	otu (otiono)	2b Employer Ide (EIN) 05	ntification Number -0350115		
		ce, country, and ZIP or foreign pos RVICE CORPORATION	stal code (il loreign, see in	structions)	2c Sponsor's tel	ephone number 61-8100		
005 05000	IA AVENUE				2d Business cod	e (see instructions)		
235 GEORG PROVIDENC	DE, RI 02905				23	6110		
3a Plan a	dministrator's name a	and address \overline{X} Same as Plan Spo	onsor.		3b Administrator	s EIN		
					3c Administrator	s telephone number		
		ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed	I for this plan, enter the	4b EIN			
	or's name	amber nom the last return/report.			4c PN			
		s at the beginning of the plan year			5a	62		
		s at the end of the plan year			5b	59		
C Numb	er of participants with	account balances as of the end o	f the plan year (only define	ed contribution plans	5c	41		
d(1) Tot	al number of active p	articipants at the beginning of the p	olan year		5d(1)	54		
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	48		
e Numb	ber of participants tha	t terminated employment during th	e plan year with accrued b		5e	2		
		or incomplete filing of this retu		d unless reasonable ca	use is established.			
Under pena SB or Sche	alties of perjury and cedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/re	port, including, if app			
SIGN	Filed with authorized	d/valid electronic signature.	06/16/2017	JUDITH L SANTOS				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	administrator		
SIGN								
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emplo	yer or plan sponsor		
Preparer's		name, if applicable) and address (include room or suite num		Preparer's telepho	•		
	and Built offers And Made	ica can the Instructions for Form FEC				Earm EE00 SE (2016)		

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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		` ,						X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the state of t	and condit	tions.)						X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		274043		2470447				
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2	274043	3				2470447	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from:			19945						
	(1) Employers	8a(1)		141582						
	(2) Participants	8a(2)		141302						
	(3) Others (including rollovers)	8a(3)		140324						
	Other income (loss)	8b		140024					301851	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							301031	
d	to provide benefits)	8d		104622	2					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		825	5					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							105447	
i	Net income (loss) (subtract line 8h from line 8c)	8i				196404				
j	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics	, ,	l.							
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2E 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С				10c	X					227405
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e	Х					12128
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					45283
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			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

v.160205 For Paperwork Reduction Act Motice, see the Instructions for Form 5500-SF. Form 5500-SF (2016) Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number Enter name of individual signing as employer or plan sponsor Date 6 Sighature of employer/plan sponsor 1 HEKE SIGN SOTNAR I HTIGUT Enter name of individual signing as plan administrator Sate 6 Signature of plan administrator HERE SIGN SOTNAR 1 HTIGUT belief, it is true, corfect, and complete. 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 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 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Mumber of participants that terminated employment during the plan year with accrued benefits that were less d(2) Total number of active participants at the end of the plan year 8 1 2q(S) ₽S d(1) Total number of active participants at the beginning of the plan year (L)pg TĐ 20 c Number of participants with account balances as of the end of the plan year (only defined contribution plans b Total number of participants at the end of the plan year 69 **99** 29 5a Total number of participants at the beginning of the plan year................ 29 MC bN name, EIN, and the plan number from the last return/report. TP EIN If the name and/or EIM of the plan sponsor has changed since the last return/report filed for this plan, enter the 3C Administrator's telephone number 3b Administrator's EIN 33 Plan administrator's name and address 🛛 Same as Plan Sponsor. 90620 PROVIDENCE 236110 S32 GEORGIA AVENUE 2d Business code (see instructions) 0018-191-101 Regan Engineering and Service Corporation Sc Sponsor's telephone number City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN)02-0320112 Mailing address (include room, apt., suite no. and street, or P.O. Box) Sb Employer Identification Number 2a Plan sponsor's name (employer, if for a single-employer plan) T66T/T0/T0 1c Effective date of plan (Nd) Regan Engineering and Service Corporation 401(K) Profit Sharing Plan plan number 1b Three-digit 1a Name of plan Basic Plan Information—enter all requested information special extension (enter description) DFVC program automatic extension Form 5558 C Check box if filing under: a short plan year return/report (less than 12 months) an amended return/report the final return/report the first return/report B This return/report is a foreign plan a one-participant plan list of participating employer information in accordance with the form instructions.) A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan 12/31/2016 and ending 01/01/2016 For calendar plan year 2016 or fiscal plan year beginning Annual Report Identification Information ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection Pension Benefit Guaranty Corporation Department of Labor Employee Benefits Security Administration Revenue Code (the Code). This Form is Open to Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2018 Department of the Treasury Internal Revenue Service Benefit Plan

Short Form Annual Return/Report of Small Employee

Form 5500-SF

1210-0089

OMB Nos. 1210-0110

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Form 5500-SF 2016

				101			If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 25 CFR 2520.101	1
		Х		401	***************************************		2520.101-3.)	
45,283	200 m		Х	601			Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (
		37		101				
		Х	_				the plan? (See instructions.)	ì
12,128			Х	901	he benefits under	e or all of t	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.)	ə
		Х		10d			Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	р
227,405			Х	10c	•••••		Was the plan covered by a fidelity bond?	0
		Х		10b			reported on line 10a.)	
		х		50t	duciary Correction	oluntary Fi	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	В
JunomA	A/N	oN	SƏY				During the plan year:	10
							V Compliance Questions	Part
atructions:	ni ədt ni sə	po Cod	cteristi	n Chara	se from the List of Plan	sature code	It the plan provides welfare benefits, enter the applicable welfare fe	q
							SE SG SJ SK SE SL 3D	<u> </u>
nstructions:	i ədt ni səb	oO oit	.acteris	an Chai	des from the List of Pla	feature coc	If the plan provides pension benefits, enter the applicable pension	_
	merchania sa					T fo	t IV Plan Characteristics	
+0+10CT						[8	Transfers to (from) the plan (see instructions).	
40 θ '96 T Δ θ θ ' S O T						!8 '48	Net income (loss) (subtract line 8h from line 8c)	
200 301						68	Other expenses (add lines 8d, 8e, 8f, and 8g)	
			928	1		18	Administrative service providers (salaries, fees, commissions)	
			100			98	Certain deemed and/or corrective distributions (see instructions)	
	-		229	'#0I		p8	to provide benefits)	
/							Benefits paid (including direct rollovers and insurance premiums	
301,851						28	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
The state of the s			324	'01T		(c)no	Other income (loss)	-
			700	/		8a(2) 8a(3)	(2) Participants	
	16 (16 (16 C)) 16 (16 (16 C))			151		83(1)	(*) Employers (*)	
			576	'6T		(1)08	Contributions received or receivable from:	
b) Total	1)			Ji	nuomA (s)		Income, Expenses, and Transfers for this Plan Year	8
7440,447			643	, 47S	۲ ک	υV	Net plan assets (subtract line 7b from line 7a)	0
						٩٧	Total plan liabilities	
7470,447	- (=)			'₽LZ		ΒŢ	Total plan assets	В
nd of Year	(P) E			nseY fo	(a) Beginning		Plan Assets and Liabilities	L
							t III Financial Information	
benimeteb to l							If the plan is a defined benefit plan, is it covered under the PBGC in	Э
ON Sey X	2200			account	s oilduq bəlified public s ons.)	an indeperanditi	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	pg pg

oN		S9Y			She and the property of the state of the state of the state of the prior of
oN		Sə\ [mon		Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?
rt determination	st recer	of the mo	e date	er the	TAD If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter
					17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the plan is a master and prototype plan (M&P) or volume submitter plan that the plan is a master and prototype plan (M&P) or volume submitter plan that the plan is a master and prototype plan (M&P) or volume submitter plan that the plan is a master and prototype plan (M&P) or volume submitter plan that the plan is a master and prototype plan (M&P) or volume submitter plan that the plan is a master and prototype plan (M&P) or volume submitter plan that the plan is a master and prototype plan (M&P) or volume submitter plan that the plan is a master plan that the plan that the plan is a master plan that the plan that t
oN [_		Yes		16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?
A\N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		əbeşu	Ratio perce test		16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan
Α\N		ant year"			401(k)(3) for the plan year? Check all that apply:
"Prior year" ADA sest		n-based	Design Safe h		15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section
oN			SƏY		15a is the plan a 401(k) plan? If "No," skip b
					Part IX IRS Compliance Questions
or custodian's number					14C Name of trustee or custodian
	u= 0.10n				14a Name of trust
	1l∃ e'ter	nT db1			Part VIII Trust Information
13C(3) PN(s)	-	EIN(s)	(3)32(5)		13c(1) Name of plan(s):
		ot	yan(s)	the p	c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)
Nes ⊠ No		1	er the	pun :	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?
		138			If "Yes," enter the amount of any plan assets that reverted to the employer this year
on ⊠	SəY				13a Has a resolution to terminate the plan been adopted in any plan year?
			1		Part VII Plan Terminations and Transfers of Assets
A\N	sə)				negative amount) • Will the minimum funding amount reported on line 12d be met by the funding deadline?
		124		s io i	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let
		12c			C Enter the amount contributed by the employer to the plan for this plan year
		12b			b Enter the minimum required contribution for this plan year
1821		(na			granting the waiver
the letter ruling Year	date of	enter the Day	s, and		a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instra
ou ₩ so. □					ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
ON X səY		302 of			11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40
	1				(Form 5500) and line 11s below)
ON Sey		as əlub	эцэς е	nplet	Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and col
					Part VI Pension Funding Compliance

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