## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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

2018

This Form is Open to Public Inspection

Part I		Identification Information						
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018			
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac	_			
		a one-participant plan	a foreign plan					
<b>B</b> This re	turn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	ım		
	_	special extension (enter descr	' '					
Part II	Basic Plan Info	rmation—enter all requested in	formation					
1a Name REGAN EN	•	RVICE CORPORATION 401(K) PR	OFIT SHARING PLAN		<b>1b</b> Three-dig plan numl (PN) ▶	ber 001		
					1c Effective	date of plan 01/01/1991		
		yer, if for a single-employer plan)	) D)		<b>2b</b> Employer	Identification Number		
		m, apt., suite no. and street, or P.C e. country, and ZIP or foreign post		structions)	(EIN)	05-0350115		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  REGAN ENGINEERING AND SERVICE CORPORATION						s telephone number 01-461-8100		
					2d Business	code (see instructions)		
235 GEORGIA AVENUE PROVIDENCE, RI 02905				236110				
TROVIDEN	OL, 102303							
3a Plan	administrator's name an	nd address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN			
					<b>3c</b> Administrator's telephone number			
					3C Administra	ator's telephone number		
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN			
	sor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN			
<b>C</b> Plan	Name							
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	65		
_	• •	at the end of the plan year			5b	74		
<b>C</b> Num	ber of participants with a	account balances as of the end of	the plan year (only define	ed contribution plans	5c	57		
	,	rticipants at the beginning of the pl			= 1/4)			
<b>d(2)</b> To	otal number of active par	rticipants at the end of the plan yea	ar		5d(2)	57		
		terminated employment during the			5e 0			
Caution:	A penalty for the late of	or incomplete filing of this returi	n/report will be assesse	d unless reasonable car				
SB or Sch		her penalties set forth in the instructed signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized/	valid electronic signature.	05/10/2019	KRISTEN REGAN				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator		
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor		

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b Are you claiming a warever of the annual examination and report of an independent qualified public accountant (IOPA)  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Part III Financial Information  Part III Financial Information  7 Plan Assets and Liabilities  1 Total plan liabilities  2 Net plan liabilities  2 Net plan liabilities  2 Net plan liabilities  3 Contribution raceweld or reviewable from:  (1) Employers  3 Contribution raceweld or reviewable from:  (2) Participants  3 Contribution raceweld or reviewable from:  (3) Others (molliding rollovers)  3 Sal(1)  3 Others (molliding rollovers)  3 Sal(2)  4 Bad 1 Total plan liabilities  4 Destruction (bos)  4 Bad 1 Total plan liabilities  5 Destruction (bos)  5 Bad 1 Total plan liabilities  6 Contribution of the Sal (both line from 1 to 1	6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No	
If you answered "No" to either line Sa or line 6b, the plan cannot use Form 5500-SF and must instead use F	b								X Yes	П Мо
Bart III   Financial Information   (See instructions.)   Financial Information   (See instructions.)   (a) Beginning of Year   (b) End of Year   298709   (b) End of Year   298709   (c) End of Year   298709   (c) End plan labilities.										□
Part III   Financial Information 7 Plan Assets and Liabilities   7a   2917152   2969709 b Total plan assets   7b   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   7c   2917152   2969709 c Net plan assets (subtract line 7b from line 7a)   8a(3)   39677 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8a(2)   1671   8b   139005 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8b   139005 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   91627 d Benefits paid (including direct rollovers and insurance premiums to provide benefits)   8d   38370 e Certain deemed and/or corrective distributions (see instructions)   8d   38370 e Certain deemed and/or corrective distributions (see instructions)   8g   700 f Administrative service providers (salaries, lees, commissions)   8f   8f   9f   9f   9f   9f   9f   9f	С	<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No								ermined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a 2917162 2998709  8 Total plan isbelties 7b 1 2917162 2989709  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers 8a(1) 33867 (2) Participants 8a(2) 194154 (3) Others (including rollovers) 8a(1) 1671  b) Other income (dos) 8a(1), 8a(2), 8a(3), and 8b) 8b -138065  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -138065  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -138065  C Pertain deemed and/or corrective distributions (see instructions) 8c -138065  C Pertain deemed and/or corrective distributions (see instructions) 8c -138065  F Administrative service providers (saliaries, foes, commissions) 8t -138065  G Other expenses (add lines 8d, 8e, 8f, and 8g) 8h -30070  I Net income (loss) (subtract line 8h from line 8c) 8l -138065  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was serve a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  a Was serve a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there arry ronexempt transactions with any party-in-interest? (Do not include transactions reported on line 10s)  c Was the plan overved by a fidelity bond?		If "Yes" is checked, enter the My PAA confirmation number from the $\ensuremath{\text{\textsc{T}}}$	ie PBGC p	remium filing for this p	lan yea	r			(See instru	ıctions.)
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a 2917162 2998709  8 Total plan isbelties 7b 1 2917162 2989709  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers 8a(1) 33867 (2) Participants 8a(2) 194154 (3) Others (including rollovers) 8a(1) 1671  b) Other income (dos) 8a(1), 8a(2), 8a(3), and 8b) 8b -138065  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -138065  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c -138065  C Pertain deemed and/or corrective distributions (see instructions) 8c -138065  C Pertain deemed and/or corrective distributions (see instructions) 8c -138065  F Administrative service providers (saliaries, foes, commissions) 8t -138065  G Other expenses (add lines 8d, 8e, 8f, and 8g) 8h -30070  I Net income (loss) (subtract line 8h from line 8c) 8l -138065  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was serve a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  a Was serve a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there arry ronexempt transactions with any party-in-interest? (Do not include transactions reported on line 10s)  c Was the plan overved by a fidelity bond?	Pa	rt III Financial Information								
a Total plan assets				(a) Beginning	of Year			(b) End	of Year	
b Total plan liabilities	а		7a					(0) =:::		
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 33867 (2) Participants. 8a(2) 194154 (3) Others (including rollovers)										
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	29	17152				2969709	
(1) Employers 8a(1) 33867 (2) Participants 8a(2) 194154 (3) Others (including rollovers). 8a(3) 1671 (b) Others (including rollovers). 8a(3) 1671 (c) Others (including rollovers). 8a(3) 1671 (d) Other income (loss)	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b) <sup>7</sup>	Γotal	
(2) Participants	а		0=(4)		22067					
(3) Others (including rollovers)										
b Other income (loss)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				13						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·		-1:						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` '			00000				91627	
to provide benefits)			00						31021	
f Administrative service providers (salaries, fees, commissions)			8d	;	38370					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 39070  i Net income (loss) (subtract line 8h from line 8c) 8i 52557  j Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2E 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year: Yes No Amount  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c Was the plan covered by a fidelity bond? 10c X 291716  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 291716  d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10c X 2253  f Has the plan failed to provide any benefit when due under the plan? 10c X 2530.101-3) 10c X 53552  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3) 10c X	f	Administrative service providers (salaries, fees, commissions)	ministrative service providers (salaries, fees, commissions) 8f							
i Net income (loss) (subtract line 8h from line 8c)		ner expenses			700					
Transfers to (from) the plan (see instructions)	<u>h</u>	otal expenses (add lines 8d, 8e, 8f, and 8g)							39070	
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2F 2G 2J 2K 2E 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  10c X 291716  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  6 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions).  10d X  2253  10d X  2253  10d X  2253  10f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  53552  10h X  10h X	<u>.</u>								52557	
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2F 2G 2J 2K 2E 2T 3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         C       Was the plan covered by a fidelity bond?       10c       X       291716         d       During the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         291716         d       Were any fees or commissions paid to any brokers, agents, or ot		, , , , ,	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  Description of the plan year:  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Description of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Description of the plan participant loans? (If "Yes," enter amount as of year-end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  If 10h was answered "Yes," check the box if you either provided the required notice or one of the										
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  53552  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X	9а		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ins	tructions:	
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  53552  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  11f 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in the instr	uctions:	
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  53552  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).  11f 10h was answered "Yes," check the box if you either provided the required notice or one of the										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		· ·					1	<u> </u>		
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u> </u>	نطفان د حدداد			Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С				10c	Х			2917	716
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			X		2011	10
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under				Х			22	253
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>				10g	Χ			535	552
	h	2520.101-3.)	· ·····		10h		Χ			
	i				10i					

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Part	VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	:	Y	es X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling		
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left of a 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	× N	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

## 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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	t Identification Information	<u>n</u>	40/04/00			
For calendar plan year 2018 or f	fiscal plan year beginning	01/01/2018 and ending	12/31/20			
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a				
	a one-participant plan	a foreign plan				
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 r	months)			
C Check box if filing under:	☐ <b>50cm 5550</b>	automatic extension	DFVC program			
Officer box is filling direct.	Form 5558 special extension (enter des		☐ bi vo biogram			
Part II Basic Plan Info	ormation—enter all requested in					
1a Name of plan	ormation enter an requested in	THO MICHOLOGIC	1b Three-digit			
Regan Engineerin	g and Service Corpora	ation 401(K) Profit Sharing	plan number	001		
FIGH			1c Effective date 01/01/19			
2a Plan anoncor's name /empl	oyer, if for a single-employer plan)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·	entification Number		
Mailing address (include ro	om, apt., suite no. and street, or P.	.O. Box)	(EIN) 05-03			
		stal code (if foreign, see instructions)	2c Sponsor's te	lephone number		
Regan Engineerin	g and Service Corpora	ation	401-461-			
235 GEORGIA AVEN	UE		2d Business cod	de (see instructions)		
PROVIDENCE	RI 029	905	236110			
3a Plan administrator's name a	and address X Same as Plan Sp	onsor.	3b Administrator	r's EIN		
The fall definition of the first and decrease and decreas						
			3c Administrator	r's telephone number		
4 If the name and/or EIN of the	no plan spansor or the plan name	has changed since the last return/report filed for	4b EIN			
this plan, enter the plan sp	onsor's name, EIN, the plan name	and the plan number from the last return/report.				
a Sponsor's name			4d PN			
C Plan Name						
E2 Total number of participant	en at the heginning of the plan year	·	5a	65		
, ,	* * * * * * * * * * * * * * * * * * * *		5b	74		
		of the plan year (only defined contribution plans				
complete this item)			5c	57		
d(1) Total number of active p			54/1\			
	articipants at the beginning of the	plan year		51		
	participants at the end of the plan y	rear	5.1(0)	51		
Number of participants whethen 100% vested	participants at the end of the plan y to terminated employment during t	he plan year with accrued benefits that were less	5d(2) 5e	57 0		
Number of participants whether than 100% vested  Caution: A penalty for the late.	participants at the end of the plan y to terminated employment during the	he plan year with accrued benefits that were less	5d(2) 5e ause is established	57 0		
Number of participants whether than 100% vested      Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed.	participants at the end of the plan y to terminated employment during the or incomplete filling of this return other penalties set forth in the instructionary signed by an enrolled actuary.	he plan year with accrued benefits that were less	5e sause is established report, including, if ap	57 0 pplicable, a Schedule		
Number of participants whether than 100% vested      Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and dot.	participants at the end of the plan y to terminated employment during the or incomplete filling of this return other penalties set forth in the instructionary signed by an enrolled actuary.	he plan year with accrued benefits that were less  Irn/report will be assessed unless reasonable conditions, I declare that I have examined this return/report well as the electronic version of this return/report.	5e ause is established report, including, if aport, and to the best of	57 0 pplicable, a Schedule		
Number of participants whethan 100% vested      Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed belief, it is true, correct, and soot SIGN	participants at the end of the plan y to terminated employment during to or incomplete filling of this return the penalties set forth in the instrand signed by an enrolled actuary in the legister.	he plan year with accrued benefits that were less arm/report will be assessed unless reasonable conditions, I declare that I have examined this return/report will be allowed the place of	5e sause is established report, including, if aport, and to the best of	57 0 pplicable, a Schedule f my knowledge and		
Number of participants whether than 100% vested      Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and and SIGN	participants at the end of the plan y to terminated employment during to or incomplete filling of this return the penalties set forth in the instrand signed by an enrolled actuary in the legister.	he plan year with accrued benefits that were less arm/report will be assessed unless reasonable conditions, I declare that I have examined this return/report will be allowed the place of	5e ause is established report, including, if aport, and to the best of the bes	57 0 pplicable, a Schedule f my knowledge and		

Page	2
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Form	5500-SF	(2018)

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligib</li> <li>b 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 elther line 6a or line 6b, the plan cann</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the plan is a defined benefit plan.</li> </ul>	an indepen and condition and use For nsurance pr	dent qualified public a ons.) m 5500-SF and must ogram (see ERISA se	ccounta instea ction 46	ant (IQ d <b>use</b> 021)?	PA) Form	X Yes No  5500.  Yes No Not determined	
If "Yes is checked, enter the My PAA confirmation number from the	ie PBGC pi	erilani illing for this pi	all year			(Occ instructions.)	
Part III Financial Information	La version and the second						
7 Plan Assets and Liabilities	10 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Beginning o				(b) End of Year	
a Total plan assets	. 7a	2,	917,	152		2,969,709	
b Total plan liabilities	. 7b			$\rightarrow$			
C Net plan assets (subtract line 7b from line 7a)	. 7c	2,	917,	152		2,969,709	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
Contributions received or receivable from:     (1) Employers	. 8a(1)		33,	_		Listano de la como	
(2) Participants	8a(2)		194,	-			
(3) Others (including rollovers)	. 8a(3)			571			
b Other income (loss)	. 8b	_	138,	065			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			1117		91,627	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		38,	370			
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f						
g Other expenses	. 8g	700					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					39,070	
i Net income (loss) (subtract line 8h from line 8c)	. 8i				52,55		
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	n feature cod	des from the List of Pla	an Chai	racteris	stic Cod	des in the instructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plan	n Chara	cterist	ic Code	es in the instructions:	
Part V Compliance Questions		<del></del>					
10 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's '	Voluntary Fi	duciary Correction	400		х		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	10a 10b		х		
			-	Х		291,716	
			10c		$\vdash$		
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
carrier, insurance service, or other organization that provides sor	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			х		2,253	
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount			10g	х		53,552	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	·····		10h		х		
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				

	Form 5500-SF (2018)	Page 3-		]						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," (Form 5500) and line 11a below)						B		Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB	(Form 5500)	line 40	o		11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of ERISA?	of section 41					f		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.	)						-645 - 1-		
а	If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	this plan yea	ar, see	instruc Mon	tions, and	enter Day	tne date y	of the le	r	ing
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and sk	ip to lir	ne 13.						
	Enter the minimum required contribution for this plan year					12b	ļ			
С	Enter the amount contributed by the employer to the plan for this plan year					12c				
		er a minus si	ign to th			12d	<u> </u>	222		
е	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?					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 ye	ar				13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to control of the PBGC?		n, or br	ought	under the			Yes	X N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred.	another pla	n(s), ide	entify 1	he plan(s	) to				
1	13c(1) Name of plan(s):				13c(2	EIN(s)		130	(3) P	V(s)