## 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

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	JU-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011		
A	This return/report is for: $\overline{igwedge}$ a single-employer plan $igwedge$	a multiple-employer plan (not multiemployer)					
В	This return/report is: the first return/report	the final re	eturn/report				
	x an amended return/report	a short pla	an year return/report (less than 12 n	nonths)			
С	Check box if filing under: Form 5558	automatic	extension	Ī	DFVC program		
·	special extension (enter descriptio			L			
De		,					
		ation		1h	Three-digit		
	Name of plan PENDENCE SQUARE FOUNDATION RETIREMENT SAVINGS PLA	ΔΝ			plan number		
	TEMPEROE OGO, IKE TOONE, KITON KETIKEMENT OA VIINGO FE				(PN) • 002		
				1c	Effective date of plan		
					09/15/2002		
2a	Plan sponsor's name and address; include room or suite number (exPENDENCE SQUARE FOUNDATION, INC.	mployer, if	for a single-employer plan)		Employer Identification Number		
INDE	PENDENCE SQUARE FOUNDATION, INC.			<b>—</b>	(EIN) 22-2527265		
				2c	Sponsor's telephone number		
	EST INDEPENDENCE WAY STON, RI 02881			24			
KING	310N, RI 02001			Zu	Business code (see instructions) 531120		
	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	s")	3h	Administrator's EIN		
	PENDENCE SQUARE FOUNDATION, INC. 25 WEST IND	PEPENDE			22-2527265		
	KINGSTON, F		3c	Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la	oot roturn/	report filed for this plan, enter the	1h	401-722-9540		
4	name, EIN, and the plan number from the last return/report.	asi returri	report filed for trils plant, enter the	4b EIN			
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	8		
b	Total number of participants at the end of the plan year		5b	7			
С	Number of participants with account balances as of the end of the p	olan year (d	defined benefit plans do not				
	complete this item)			. 5c			
6a	Were all of the plan's assets during the plan year invested in eligible		•		X Yes No		
b	Are you claiming a waiver of the annual examination and report of a				X Yes □ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
Pa	rt III Financial Information	0000	or and mast motoda abo r orm o				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a	Total plan assets	. 7a	162901		169418		
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	162901		169418		
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total		
а	Contributions received or receivable from:		(a) Amount		(b) Total		
-	(1) Employers	8a(1)	11901				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	1000				
b	Other income (loss)	8b	-5166				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			7735		
d	Benefits paid (including direct rollovers and insurance premiums		267				
_	to provide benefits)	. 8d	367				
e	Certain deemed and/or corrective distributions (see instructions)	8e	801				
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g	50		1015		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1218		
į	Net income (loss) (subtract line 8h from line 8c)				6517		
j	Transfers to (from) the plan (see instructions)	8j					

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Form	5500.	-25	2011	

Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 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	<u> </u>		Yes	No		A		
	During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in		162	No		Amo	unt	
а	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				
С	Was the plan covered by a fidelity bond?	10c	X					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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 the plan? (See instructions.)				133			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					17131
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		· ·					
	2520.101-3.)	10h	X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compared to the second of the second o	olete	Sched	lule SB	(Form			
	5500))						Yes	X No
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete 12a or 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 instruc							
14.	granting the waiver	h		Day <sub>-</sub>		Year	·	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
	Enter the minimum required continuation for this plan year.							
a	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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
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 which assets or liabilities were transferred. (See instructions.)	e pla	n(s) to			Ш		
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)	1	3c(3)	PN(s)
-				· / = ··	<u> </u>		(-)	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	establi	shed.			
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/07/2012	JOHN PADIEN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor