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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	urn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan
B This ret	urn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	irn/report (less than 12 m	onths)	_	
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descri	ption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name	•	•			1b	Three-digit	
		ROFIT SHARING PLAN AND TRUS	ST			plan number	
						(PN)	002
					1c	Effective date o	•
3 0 Diam		des estado de marco en estado como de	. /		O.L.	01/01	
	ponsor's name and ad EMARTINO MD LTD	dress; include room or suite numbe	r (employer, if for a single	e-employer plan)	20	Employer Identi (EIN) 05-03	fication Number 85493
					2c	Sponsor's telep	hone number
C/O PROFE	SSIONAL PRACTICE	MGMT INC				401-48	
35 CEDAR E WARWICK,					2d	Business code	see instructions)
						62111	
		nd address Same as Plan Spons	—	an Sponsor Address	3b	Administrator's 05-03	EIN 85493
OSEPH DEM	MARTINO MD LTD		ESSIONAL PRACTICE N BAY DRIVE	MGMT INC	3c		telephone number
		WARWICK				401-487	
		e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
	•	mber from the last return/report.			4c	DNI	
	or's name	at the beginning of the plan year				FIN	2
		0 0 1 7			5a		2
		at the end of the plan year			5b		1
		account balances as of the end of t	. , ,	•	5c		1
_		s during the plan year invested in el					X Yes No
_	·	the annual examination and report	•	•			
		? (See instructions on waiver eligibi					X Yes No
If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	annot use Form 5500-S	F and must instead use	Form	5500.	
		or incomplete filing of this return					
		her penalties set forth in the instruc					
	true, correct, and comp	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	ersion of this return/report	i, and i	to the best of my	knowledge and
·	<u> </u>		<u> </u>	T			
SIGN HERE	Filed with authorized/	valid electronic signature.	03/12/2013	JOSEPH DEMARTING	O MD		
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor
		ame, if applicable) and address; inc	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)
	MPBELL CHBC EA ONAL PRACTICE MG	MT INC				401-463	3-7149
35 CEDAR		WIT HAO					
WARWICK,	RI 02888						

Form 5500-SF 2012 Page **2**

Par	t III Financial Information		<u> </u>					
			(a) Denimina of Ver				(h) Fuel of Veen	
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a	142156	50			1519572	
	Total plan liabilities	7b	440456	20			4540570	
	Net plan assets (subtract line 7b from line 7a)	7c		1421560			1519572	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	15270)9				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					152709	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5347	' 5				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	122	22				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					54697	
i	Net income (loss) (subtract line 8h from line 8c)	8i					98012	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics		•					
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Pari	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a				10a		X	Amount	
b		? (Do not	include transactions reported	10b		X		
С				10c	X		450000	
	Did the plan have a loss, whether or not reimbursed by the plan's			100			150000	
	or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a					X		
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X		
i	2520.101-3.) 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							
Part		1-0		10i				
11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	103 100	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)					
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2012 Page 3 - 1			
	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 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 under the of the PBGC?	control		Yes X 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	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treesury Internal Revenue Service

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).

2012

This Form is Open to Public

Employee Deneral Security Administration				rabection			
Pension Benefit Gueranty Corporation Complete all entries in accordance	ce with the instructi	ons to the Form 5500)-SF.				
Part Annual Report Identification Information			12/31/20	12			
FOI CONTINUE DIGIT YOUR EVIEW.	1/2012	and ending	N. A				
A This return/report is for:	nultiple-employer pla	n (not multiemployer)	a one-parti	cipant pian			
B This return/report is:	noqen/muten lanift:						
an amended return/report as	hort plan year return/	report (less than 12 mo	onths)				
	tomatic extension		DFVC prog	lusu			
special extension (enter description)							
Part II Basic Plan Information—enter all requested informatio	n						
1a Name of plan			1b Three-digit				
Joseph DeMartino MD Ltd Profit Sharing Plan	and Trust		plan number	002			
			(PN) 1C Effective date	of plan			
•			01/01/19				
Za Plan sponsor's name and address; include room or suite number (emp	lower if for a single-e	mplover olan)	2b Employer Ide	ntification Number			
Joseph DeMartino MD Ltd	byer, ir lor a single o	mpleyer pilling	(EIN) 05-0				
			2c Sponsor's tel	ephone number			
c/o Professional Practice Mgmt Inc			401-487-				
35 Cedar Bay Drive				e (see instructions)			
Warwick RI 02888			621111				
3a Plan administrator's name and address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b Administrator 05-03854				
Joseph DeMartino MD Ltd			3c Administrator's telephone number				
			401-487-	•			
c/o Professional Practice Mgmt Inc							
35 Cedar Bay Drive			ł				
Warwick RI 02888	<u></u>	,					
4 If the name and/or EIN of the plan spongor has changed since the last	return/report filed for	rthis plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report.			4c PN				
Sponsor's name Total number of participants at the beginning of the plan year			5a	2			
				1			
Number of participants with account balances as of the end of the plar complete this item)			5c	1			
6a Were all of the plan's assets during the plan year invested in eligible a	essets? (See instruct	ions.)	***************************************	X Yes No			
h. Are you disliming a walver of the annual examination and report of an	independent qualifier	d public accountant (IQ	(PA)				
under 29 CFR 2520.104–46? (See Instructions on waiver eligibility and	d conditions.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*141	Pd 100 [] 100			
If you answered "No" to either line 6a or line 6b, the plan cannot	use Form 5000-Sr a	olean mattingali use	en is ortablished				
Caution: A penalty for the late or incomplete filling of this return/report. Under penalties of periory and other penalties set forth in the instructions, i	T will be assessed t	mess reasonable cal	port, including, if and	Alcable, a Schedule			
Under penalties of periory and other penalties; set form in the instructions, it SB or Schedule MB completed and signed by an enrolled actuary, as well in	es the electronic vers	ion of this return/report	t, and to the best of	my knowledge and			
belief, it is true, correct, and complete.							
A HOWAI	2/11/2012	Joseph DeMart	ino MD				
SIGN (MAGNAGO -	5/4/1017		dual signing as plan administrator				
Signature of plan administrator/	Date			editin iis veidi			
SIGN LIGHT B MANTING	14/8/13_	Joseph DeMart					
HERE Signature of employer/plan sponsor	Date	Enter name of individ	Jual signing as emple I Preparede telepho	oyer or plan sponsor one number (optional)			
Preparer's fame (including firm name, if applicable) and address; include (TOOM OF SUITE NUMBER	(optional)					
John J. Campbell, CHBC, EA Professional Practice Management, Inc.			401-4	63-7149			
35 Cedar Bay Drive							
33 00422 207 2227							
Warwick RI 02888							
For Beneroust Reduction Act Motion and OMB Control Numbers, see the instru	ctions for Form 5500-	3f.		Form 5500-SF (2012)			

Pai	rt III	Financial Information				T		(b) End			
7	Plan /	Assets and Liabilities		(a) Beginning of Year 142				(b) End	JI 166		9572
а	Total	plan assets	7a	146	130	Ÿ					
		plan llabilities.	7b	142	156					1519	9572
С	Net p	lan assets (subtract line 7b from line 7a)	7c		170			#\ T			
8	Incon	ne, Expenses, and Transfers for this Plan Year		(a) Amount		┩		(b) T	otai		
. a	Cont	ibutions received or receivable from:	Ba(1)			0					
		mployers	8a(2)			1					
		Participants		· · · · · · · · · · · · · · · · · · ·		1					
		others (including rollovers)	8a(3)	15	270	9					
		r income (loss)	8b			1				15	2709
_ <u>c</u>	Total	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc_			1					
d	Bene	fits paid (including direct rollovers and insurance premiums ovide benefits)	8d	5	347	5					
_		in deemed and/or corrective distributions (see instructions)	8e			<u>. </u>	ــــنـ				
		Inistrative service providers (salaries, fees, commissions)	8f								_ -
'		r expenses	8g		122	2		-			
_ a		expenses (add lines 8d, 8e, 8f, and 8g)	8h								4697
		ncome (loss) (subtract line 8h from line 8c)	8i							9	8012
-		sfers to (from) the plan (see instructions)	8)								
			1 9								
	rt IV	Plan Characteristics e plan provides pension benefits, enter the applicable pension	(oatura co	des from the List of Plan Chara	cteris	tic Co	des in	the instruc	tions:		
⁻ 9a	If the		IRBINIE CO	des from the Bet of the Branch	•						
b	If th	e plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	terlst:	ic Cod	les in ti	ne instruct	ions:		
_	{" "	e prati provides troites a social participation of the provides and the pr									
Par	rt V	Compliance Questions									
10	Du	ring the plan year.	•			Yes	No-		Атто	unt	·
	= W-	them a falling to transmit to the plan any participant contribu	dions with	n the time period described in		·	x				
	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		-	<u>,</u>			
	b We	ere there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions reported	10b		X				
	ОП	line 10a.)			10c	×				15	0000
	C W	as the plan covered by a fidelity bond?			100			-			
(d Dia	I the plan have a loss, whether or not reimbursed by the plan's dishonesty?	fidelity bo	and, that was caused by Iraud	10d	<u>L</u> .	X				
	2 101	any free or commissions paid to any brokers, agents, or of	her persor	is by an insurance carrier,							
	Inc	urance service or other organization that provides some or all	of the ben	BUZ ALIGAL DIR bigus (Dec	10e		х				
	ins	structions.)				 	X				
	f Ha	is the plan falled to provide any benefit when due under the pla	an?	***************************************	10#						
	g Di	d the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	<u> </u>	X				
	h If t	his is an individual account plan, was there a blackout period? 20.101-3.)	(See instr	uctions and 29 CFR	10h		×				
	i H	10h was answered "Yes," check the box if you either provided ceptions to providing the notice applied under 29 CFR 2520.10	the require	id notice or one of the	10i			L			
Do	rt VI	Pension Funding Compliance									
11	le i	this a defined benefit plan subject to minimum funding requirer	nents? (If	Yes," see Instructions and com	plete	Sche	dule \$8	3 (Form	1 17	Ves	No.
	55	00) and line 11a below)				·····		1	للل	105	<u> </u>
11	a Er	ter the amount from Schedule SB line 39					11a	<u> </u>			- Na
12	is	this a defined contribution plan subject to the minimum funding	g requirer	ents of section 412 of the Code	e or s	ection	302 of	ERISA?.	للن	1 62	X No
		"Yes," complete line 128 or lines 12b, 12c, 12d, and 126 88181				. 					
_	a if	a walver of the minimum funding standard for a prior year is be anting the weiver.	ing amorti	zed in this plan year, see instru	ctions	s, and					ng
		completed line 12a, complete lines 3, 9, and 10 of Schedu					Day		Yea		
		nter the minimum required contribution for this plan year		······································			12b	1			
-					********			ــــــــــــــــــــــــــــــــــــــ			

Form 5500-SF 2012		Page 3 -		•		
						
C Enter the amount contributed by the employ	er to the plan for this plan year			12c		
d Subtract the amount in line 12c from the am	ount in line 12b. Enter the resul	t (enter a minus si	In to the left of a	12d		No NA
Will the minimum funding amount reported	on line 12d be met by the fundir	ıg deadline?			Yes	No NA
art VII Plan Terminations and Tran						
13a Has a resolution to terminate the plan been ad	opted in any plan year?			<u> [] `</u>	Yes X No	
if "Yes," enter the amount of any plan asset	s that reverted to the employer	this year		13a		
b Were all the plan assets distributed to particular the PRGC?	ipants or beneficiaries, transfer	red to another plan	, or brought under th	e control		Yes X N
C If during this plan year, any assets or liability which assets or liabilities were transferred.	ties were transferred from this p	lan to another plan	(s), identify the plan(5) to		42-(2) BN/a
13c(1) Name of plan(s):				13c(2) E	IN(5)	13c(3) PN(s
					<u> </u>	
art VIII Trust Information (optional)	···					
4a Name of trust				14b T	rust's EIN	

.

•