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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Part I	Annual Report	Identification Information									
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012					
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	oant plan				
B This ref	turn/report is:	the first return/report	the final return/repo	rt							
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)						
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program						
		special extension (enter description	ription)								
Part II	Basic Plan Info	prmation—enter all requested inf	ormation								
1a Name					1b	Three-digit					
		(K) PROFIT SHARING PLAN				plan number					
						(PN) ▶	001				
					1c	Effective date of					
						01/01/	/2004				
	ponsor's name and ad PIANKA MD INC.	ldress; include room or suite numbe	er (employer, if for a sing	e-employer plan)	2b	Employer Identif					
JOOLI II D.	TIANNA MED INO.					(=114)	01466				
					2c	Sponsor's telep					
33 STANIFO	ORD STREET, 2ND FL CE, RI 02905	LOOR			0-1						
T NOVIDEIN	02, 111 02000				Zu	62111	(see instructions)				
3a Dian a	dministrator's name a	nd address Deams as Dian Crans	or Nama Deama as Di	on Changer Address	2h						
		nd address Same as Plan Spons	<u></u>	an Sponsor Address	30	Administrator's I	201466				
05EPH D. P	IANKA MD INC.	PROVIDEI	FORD STREET, 2ND FLO NCE, RI 02905	JUR	3c	Administrator's	telephone number				
						401-421					
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN					
	•	mber from the last return/report.			4.	5					
	or's name				4c	PN					
_		at the beginning of the plan year			5a		1				
b Total	number of participants	at the end of the plan year			5b		0				
		account balances as of the end of	. , ,	•	5c		0				
		s during the plan year invested in e					X Yes No				
		f the annual examination and repor					M 100 110				
		? (See instructions on waiver eligib					X Yes No				
If you	answered "No" to e	ither line 6a or line 6b, the plan o	annot use Form 5500-S	F and must instead use	Form	5500.					
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	ise is	established.					
Under pena	alties of perjury and ot	her penalties set forth in the instruc	ctions, I declare that I have	re examined this return/rep	ort, in	cluding, if applic	able, a Schedule				
		nd signed by an enrolled actuary, a	s well as the electronic v	ersion of this return/report	, and t	to the best of my	knowledge and				
belief, it is	true, correct, and com	plete.									
SIGN	Filed with authorized	/valid electronic signature.	06/20/2013	JAMES W. STAUFFEI	R						
HERE	Signature of plan a	ndministrator	Date	Enter name of individu	ual sin	ninistrator					
OLONI	orginature or planta		Date	Enter name of marvia	aar oig	ining as plan aan	imiotrator				
SIGN HERE											
	Signature of emplo	pyer/plan sponsor name, if applicable) and address; in	Date	Enter name of individual							
riepaieis	name (including ilm r	iame, ii applicable) and address; in	ciade room of Suite numi	υσι (υμιιυπαι)	riep	arer s rereprione	number (optional)				

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	or			(b) End o	f Va	ar		
	Total plan assets	7a	39966				(b) Lilu c	1 10	(ai)	
	Total plan liabilities	7b	00000							,	
	Net plan assets (subtract line 7b from line 7a)	7c	39966	S1					()	
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	, ,			(b) To	tal		,	
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2573	81							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	25731		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	41971	9							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	567	'3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	25392	2	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-3	9966	1	
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 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Cod	des in t	he instruction	ns:			
Part	V Compliance Questions										
10	During the plan year:			Ī	Yes	No		١mo	unt		
а				10a		X					
b		? (Do not	include transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X					-
	or dishonesty?			10d							
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 plan					X					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g		X					
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	ne required	d notice or one of the	10i							
Part											
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)											
112	Enter the amount from Schedule SB line 39					11a		Ш		Н	
12	Is this a defined contribution plan subject to the minimum funding				otion		EDIGVO	П	Yes	Y	No
14	· · · · · ·	•		or se	CHOH	JUZ ÜÍ	LNIOA!	Ц	103	^	. 40
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being grapting the waiver.	ng amortiz	ed in this plan year, see instru		and e	_				ing	
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule					Day		Year			
	Enter the minimum required contribution for this plan year	•				12b					
	= ino minimani roquirou dontribution for tillo piari year										

Form 5500-SF 2012 Page 3 - 1				
Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	0		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

HERE

Preparer/s

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

OMB Nos. 1210-0110 1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant 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 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit JOSEPH D. PIANKA MD INC. 401(K) PROFIT SHARING PLAN plan number 001 (PN) 🕨 1C Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JOSEPH D. PIANKA MD INC. (EIN) 20-1201466 2c Sponsor's telephone number 33 STANIFORD STREET, 2ND FLOOR 401-421-8800 2d Business code (see instructions) PROVIDENCE 02905 RT 621111 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 20-1201466 JOSEPH D. PIANKA MD INC. 3C Administrator's telephone number 401-421-8800 33 STANIFORD STREET, 2ND FLOOR PROVIDENCE 02905 RTIf the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4C PN 5a Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, (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. JAMES W. STAUFFER SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator JAMES W. STAUFFER SIGN

Dáte

name (including firm name, if applicable) and address; include room or suite number (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (galaries, fees, commissions) 8f f Administrative service providers (galaries, fees, commissions) 8f g Other sepanes 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)	Pa	rt III Financial Information		·				<u> </u>	
a Total plan assets D Total plan assets (subtract line 7b from line 7a) C Not plan assets (subtract line 7b from line 7a) C Not plan assets (subtract line 7b from line 7a) C Not plan assets (subtract line 7b from line 7a) C Not plan assets (subtract line 7b from line 7a) C Total a Contribution scelector or receivable from: (1) Employers (2) Farticipants Ba(2) (3) Others (produting rollovers) Ba(3) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), 8a(3) C Total income (add lines 8a(1), 8a(3), 8a(3), 8a(3) C Total income (add lines 8a(1), 8a(3), 8a(3), 8a(3), 8a(3) C Total income (add lines 8a(1), 8a(3), 8a(3), 8a(3), 8a(3), 8a(3) C Total income (add lines 8a(1), 8a(3), 8a	7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	
C. Not plan assets (subtract line 7 in form inn 7 a). 8 Income, Expenses, and Transfers for this Plan Year 1 (1) Employers 1 (2) Participanis 3a(1) 2 (2) Participanis 3a(2) 3 (3) Others (including roblevers) 8a(3) 5 Other Income (das) 6 Other Income (das) 6 Section (das) 7 (1) Employers 8 (3) 6 Other Income (das) 8 (3) 7 (2) Participanis 8 (3) 8 (3) 8 (4) 9 Other Income (das) 8 (5) 9 Other Income (das) 1 (6) Expenses 9 (7) Expenses 9 (8) 1 Other Seponses 9 (8) 1 Other Seponses 9 (8) 1 Other Seponses 9 (9) 1 Note appeares 9 (9) 1 Transfers to (from) the plan (eas) 1 Note plan provides wefare benefits, enter the applicable wefare leature codes from the List of Plan Characteristic Codes in the instructions: 1 Part IV Plan Characteristics 9 all If the plan provides wefare benefits, enter the applicable wefare leature codes from the List of Plan Characteristic Codes in the instructions: 10 During the plan year: 11 West was any west or commission and OOL's Voluntary Fishology Correction (Program). 10 During the plan year: 10 During the plan year: 11 West was any west or commissions and OOL's Voluntary Fishology Correction Program). 12 During the plan year: 13 West was any west or commissions paid to any brokers, agents, or other peans of the plan (eas) and the peans of the plan (eas) and the peans (eas) and t	a	Total plan assets	7a	3	9960	51	_		
8 Incurse, Expenses, and Transfers for this Plan Year a Contributions received or receivable from. (1) Employers. (2) Participants. (3) Other income (does). 58(3) 59(3) 50 Other income (does). 68(3) 60 Other income (does). 61 Replay (and including direct rollovers and insurance premiums or provides pension good directioning direct rollovers and insurance premiums or provides pension good directioning direct rollovers and insurance premiums or provides pension good directioning direct rollovers and insurance premiums or provides pension provides pensions and insurance premiums or provides pension provides goldriens, feet, commissions). 6 Certain deemed and/or corrective distributions (see instructions). 6 Certain deemed and/or corrective distributions (see instructions). 8 d	<u>b</u>	Total plan liabilities	7b					· · · · · · · · · · · · · · · · · · ·	
a Controlutions received or receivable from. (1) Employers	<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	3	9966	51		Č	
a Contributions received or receivable from (1) Employers Sa(1) (2) Participants Sa(2) Sa(2)	8	Income, Expenses, and Transfers for this Plan Year	come, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total	
23 Participants Sa(2)	a				-			(,	
3) Others (including relievers). 8b 25731 b Other income (loss). 8b 25731 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 25731 d Benefits paid (including direct rollowers and insurance premiums to provide benefits). 8d 41.9719 e Certain deemed and/or corrective distributions (see instructions). 8e 6 f Administrative service providers (salaries, fees, commissions). 8f 5673 g Other appearses. 8g 1 5673 h Total expenses (add lines 8a, 8e, 8f, and 8g). 8h 4255 i Net income (loss) (subtract line 8h from line 8c). 8f 1 7.3391 j Transfers to (from) the plan (see instructions). 8j 7.3391 j Transfers to (from) the plan (see instructions). 8j 7.3391 j Transfers to (from) the plan (see instructions). 8j 8 1 7.3391 j Transfers to (from) the plan (see instructions). 8j 8 1 7.3391 j Ithe plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2D 2K 3D b If the plan provides welfare benefits, enter the applicable welfare leature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G CD 2K 3D b Verse there a failure to transmit to the plan any participant contributions within the time period described in 2B 2G FR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program). 10a X b Weet there any nonexempt intrassuctions with any partity-in-interest? Ob not include transactions reported on ining 10a). X d Did the plan have a loss, whether or not reimbursed by the plans fidelity bond, that was caused by fraud of distinctions. 10a X d Did the plan have a loss, whether or not reimbursed by the plans fidelity bond, that was caused by fraud of distinctions. 10a X d Weet ary fees or commissions paid to any brickers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits uncer the plan? (See instructions). 10a X d Weet ary fees or commissions paid to any brickers, enter amount as of year and). 10a X						_			
b Cher income (loss)				<u> </u>					
c. Total income (add times 8a(1), 8a(2), 8a(3), and 8b)			8a(3)			\perp		 ,	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)			8b	<u>.</u>	2573	31		<u> </u>	
to provide benefits). 6 Certain demend and/or corrective distributions (see instructions). 7 Administrative service providers (salaries, fees, commissions). 8 Differ expenses. 8 Differ expenses (add fines 8d, 8e, 8f, and 8g). 8 Differ expension to fine fine fine fine fine fine fine fine			8c			_		25731	
e Certain deemed and/or corrective distributions (see instructions)	Œ	to provide benefits).	84	4	1971	9			
f Administrative service providers (salaries, fees, commissions)	e					+		<u> </u>	
Solid Composition Soli					5.67	73		· .	
h Total expenses (add lines 8d, 8e, 8f, and 8g)				<u> </u>	201	+			
Net income (loss) (subtract line 8h from line 8c)								425282	
Part IV Plan Characteristics				· -	*	+		· · · · · · · · · · · · · · · · · · ·	
Part IV Plan Characteristics	÷					╁		-233201	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	É.		8						
2E 2G 2J 2K 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				des 644 No. 1 124 150(12 10)	C. 500	6.6	r s.		
Part V Compliance Questions 10	74	2E 2G 2J 2K 3D	reature co	des from the List of Plan Chan	actens	stic Go	xoes in	i the instructions:	
Part V Compliance Questions 10	þ	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	clerist	ic Coc	les in 1	the instructions:	
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)									
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 ine 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 dishonest? 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.)	Par	V Compliance Questions							
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions withir	the time period described in ection Program)			×		
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Be 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.) That she plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) That is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) That is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) That is no providing the notice applied under 29 CFR 2520.101-3. Day Person Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 14 a labelow) 11a Enter the amount from Schedule SB line 39. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes [Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х		
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?	c	Was the plan covered by a fidelity bond?		the same of the property of the same and the same of t	10c		Х		
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		X		
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.)	e	insurance service or other organization that provides some or all of	f the bene	fits under the plan? (See	10e		Х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 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 amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	f				101		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	g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)			х	-	
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	h				10h		х		
Part VI Pension Funding Compliance 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 amount from Schedule SB line 39	i	If 10h was answered "Yes," check the box if you either provided th	e required	notice or one of the	10i			· ·	
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 amount from Schedule SB line 39	Part			<u> </u>		,		· .	
11a Enter the amount from Schedule SB line 39	11	Is this a defined benefit plan subject to minimum funding requirement							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a	11a Enter the amount from Schedule SB line 39							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No	
granting the waiver									
	a					and e			
t - a a a a a a a a a a a a a a a a a a									
b Enter the minimum required contribution for this plan year	þ	Enter the minimum required contribution for this plan year					12b	<u>,</u>	

	Form 5500-SF 2012	Page 3 -					
C	Enter the amount contributed by the employer to the plan	n for this plan year		12c	1	-	 .
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	12b. Enter the result (enter a minus sign to the left of	3	12d			
е	Will the minimum funding amount reported on line 12d b				Yes	No	N/A
Part	· · · · · · · · · · · · · · · · · · ·						
13a	Has a resolution to terminate the plan been adopted in any p	nan year?		[X]	Yes 1	NO OF	
	If "Yes," enter the amount of any plan assets that reverte	ed to the employer this year		13a	T		Ċ
þ	Were all the plan assets distributed to participants or ber of the PBGC?	neficiaries, transferred to another plan, or brought und	ler the d	control		X Yes	∏ No
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instructi	sferred from this plan to another plan(s), identify the					
	3c(1) Name of plan(s):		13	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust			14b ⊤	rust's EIN	•	
			Ì				