## 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **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) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit plan number PALMER SPRING COMPANY 401(K) PROFIT SHARING PLAN 002 (PN) 1c Effective date of plan 01/01/1985 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PALMER SPRING COMPANY 05-0195405 (EIN) Sponsor's telephone number 401-351-8300 1 ALTHEA STREET, P.O. BOX 72882 PROVIDENCE, RI 02907-2801 Business code (see instructions) 441300 **3a** Plan administrator's name and address | Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 05-0195405 PALMER SPRING COMPANY 1 ALTHEA STREET, P.O. BOX 72882 PROVIDENCE, RI 02907-2801 Administrator's telephone number 401-351-8300 If 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 PΝ Total number of participants at the beginning of the plan year ..... 5a 22 **b** Total number of participants at the end of the plan year..... 5<sub>b</sub> 23 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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, I 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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/12/2013	DOUGLAS PALMER				
	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				
Preparer's	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)			

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7 Plan Assets and Labilities	Part III Financial Information											
a Total plan assets	7			(a) Beginning of Yea	ar			(b) En	d of Y	ear		
b Total plan liabilities. 7b C Not plan assets (subtract line 7b from line 7a). 7c 734781 824086  8 Income, Expense, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 10322 (2) Perticipants. 8a(2) 34405 (3) Others (incoding rollovers). 8a(3) 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	a											
C Net plan assets (subtract line 7b from line 7a). 7c (3 Amount (b) Total  8 income, Expenses, and Transfers for his Plan Year (a) Amount (b) Total  1 (b) Total  3 contributions received or receivabile from: (1) Employers. 8a(2) 34405 (2) Participoptis. 8a(2) 34405 (3) Others (including relovers). 8a(3) (3) Others (including relovers). 8a(4) (3) Others (including relovers). 8b b 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8b 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (add lines 8a(2), 8a(3), and 8b). 8c 70945 (C Total income (ad		·	·									
8 Income. Expenses, and Transfers for this Plan Year  8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Employers. (5) Participants. (6) Other income (loss). (6) Other income (loss). (7) Employers. (8) Other income (loss). (9) Other income (loss). (9) Other income (loss). (9) Other income (loss). (1) Other income (loss). (2) Other income (loss). (3) Other income (loss). (4) Other income (loss). (4) Other income (loss)		•		73478			824086					
a Contributions received or receivable from:  (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) De Other income (loss). (5) Other income (loss). (6) De Other income (loss). (7) Other (including relievers). (8) De Other income (loss). (8) De Other income (loss) (loss). (8) De Other income (loss). (8) De Other income (loss) (loss). (8) De Other expenses. (9) Other expenses. (9) Other expenses. (9) Other expenses. (9) De Other expenses.		· · · · · · · · · · · · · · · · · · ·										
(2) Participants. 88(2) 34403  (3) Others (including rollovers) 89(3)  (5) Other including rollovers) 89(3)  (6) Other income (loss) 84(1), 84(2), 84(3), and 8b). 86  (7) Other income (lost) 84(1), 84(2), 84(3), and 8b). 86  (8) Earneling and including direct rollovers and insurance premiums to provide benefits) 84  (9) Earneling of including direct rollovers and insurance premiums to provide benefits) 84  (9) Earneling of including direct rollovers and insurance premiums to provide benefits) 85  (9) Earneling of Administrative service providers (salaries, fees, commissions) 86  (1239)  (1) Administrative service providers (salaries, fees, commissions) 87  (1) Administrative service providers (salaries, fees, commissions) 87  (2) Other expenses (add lines 8d, 5e, 8f, and 8g) 86  (3) Other expenses (add lines 8d, 5e, 8f, and 8g) 87  (4) Net income loss) (subtract line 8h from line 86] 88  (5) I Transfers to (from) the plan (see instructions) 88  (6) Part IV Plan Characteristics  (7) Part IV Plan Characteristics  (8) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  (8) If the plan provides pension benefits, enter the applicable verifier feature codes from the List of Plan Characteristic Codes in the instructions:  (8) If the plan provides pension benefits, enter the applicable verifier feature codes from the List of Plan Characteristic Codes in the instructions:  (8) If the plan provides pension benefits, enter the applicable verifier feature codes from the List of Plan Characteristic Codes in the instructions:  (8) If the plan provides pension benefits and the plan any participant contributions within the time period described in 20 X X X X X X X X X X X X X X X X X X		·		(a) runoant				(2)	Total			
(3) Others (including rollovers)		(1) Employers	8a(1)	1032	2							
b Cther income (loss)		(2) Participants	8a(2)	3440	)5							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).   8d   25078	b	Other income (loss)	8b	7094	15							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	15672	2	
f Administrative service providers (salaries, fees, commissions)		, , , ,	. 8d	2507	'8							
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	. 8e	123	9							
n Total expenses (add lines 8d. 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	5	0							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2636	7	
Transfers to (from) the plan (see instructions)   8     Part IV   Plan Characteristics			. 8i									
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:  2E ≥ P ≥ Q3 ≥ J ≥ K 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)		· · · · · · · · · · · · · · · · · · ·										
9a	Par	t IV Plan Characteristics	<u> </u>	l								
Description		9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
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 have any participant loans? (If "Yes," enter amount as of year end.).  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).  t 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.  10h	b		eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:			
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 have any participant loans? (If "Yes," enter amount as of year end.).  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).  t 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.  10h	Dord	V Compliance Questions										
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						Vac	Na	1				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a			tiono withi	n the time period described in	<u> </u>	res	NO		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		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?					10b		X					
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.)	C	Was the plan covered by a fidelity bond?			10c	X					265	000
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		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40-		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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.  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).  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 No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  13 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.					iue							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		has the plan falled to provide any benefit when due under the pla	n?		10f		^					
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 end.)			10g	X					3	718
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)	h	• •	`		10h		X					
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)	i	·			10i							
11a Enter the amount from Schedule SB line 39	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
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 No (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											
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 requirements of section 412 of the Code or section 302 of ERISA?						No				
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	a											
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	b	Enter the minimum required contribution for this plan year					12b					

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	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	C 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.)							
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)							
	Name of trust	<b>14b</b> ⊤	rust's EIN					