## 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).

2042

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	uctions to the Form 550	0-SF.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	12/31/2012	
	turn/report is for: turn/report is:	a single-employer plan     the first return/report	a multiple-employer the final return/repor	plan (not multiemployer)	a one-	participant plan
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Charlet	box if filing under:	X Form 5558	automatic extension			program
C Check i	box ii iiiing under:	片				program
- · · ·		special extension (enter descri	,			
Part II		prmation—enter all requested info	rmation		T 4.	1
1a Name	•	/ 400/P) PO PLAN			1b Three-dig	
SCHOLL SC	HOOL OF PODIATRY	7 403(B) DC PLAN			(PN)	011
					1c Effective	
					2.100.170	01/01/1950
2a Plan s	ponsor's name and ac FRANKLIN UNIVERS	Idress; include room or suite number	r (employer, if for a single	e-employer plan)	<b>2b</b> Employer (EIN)	r Identification Number 36-2181973
2222 CDEE	N BAY ROAD					's telephone number 347-578-3262
	ICAGO, IL 60064				2d Business	code (see instructions)
		nd address Same as Plan Sponso	<u> </u>	an Sponsor Address	<b>3b</b> Administr	
CIENCE	RANKLIN UNIVERSIT	Y OF MEDICINE AND 3333 GREE NORTH CH	IN BAY ROAD IICAGO, IL 60064			rator's telephone number
name	, EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN	
	or's name				4c PN	
		at the beginning of the plan year			5a	26
		at the end of the plan year			5b	25
		account balances as of the end of th	• •	•	5c	25
	•	s during the plan year invested in eli			1	
<b>b</b> Are yo	ou claiming a waiver o	f the annual examination and report ? (See instructions on waiver eligibil	of an independent qualif	ied public accountant (IQ	PA)	
		ither line 6a or line 6b, the plan ca				
Caution: A	A penalty for the late	or incomplete filing of this return/	report will be assessed	d unless reasonable cau	use is establish	ed.
SB or Sche	, , ,	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	•	•	, ,	11
SIGN	Filed with authorized	valid electronic signature.	10/08/2013	JAMES MURPHY		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pl	lan administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor
Preparer's		name, if applicable) and address; inc				ephone number (optional)
	-					
1						

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Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	22740				234486
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	22740	8			234486
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:		(1)				(,
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	2390	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					23900
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1682	2			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					16822
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					7078
j	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2L 2G	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	7.00.0
b	•	? (Do not	include transactions reported	10b		X	
c				10c	X		200000
d		-		104		X	200000
е	or dishonesty?			10a			
·	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	X		130
f				10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year 6	and )			X	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h			
Dowl	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part	Is this a defined benefit plan subject to minimum funding requirem						
112	5500) and line 11a below)				·····	11a	Yes   No
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA? Yes X No
14				, UI 5E	OUUII	JUZ UI	
a	(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 granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		⊔ay	i edi
	Enter the minimum required contribution for this plan year	•				12b	
	Lines are minimum required contribution for this plan year						<u> </u>

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

## Form 5500-SF

Department of the Treasury 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 605B(a) of

OMB Nos. 1210-0110 1210-0089

2012

Pension Benefit Guaranty Corporation		Revenue Code (the			Inspection
	► Complete all entries in accord	dance with the instru	ctions to the Form 55	00-SF.	
Part I Annual Report Id For calendar plan year 2012 or fisca	lentification Information	/01/2012	and coding		12/21/2012
_	a single-employer plan		and ending		12/31/2012
- I improve to for			elan (not multiemployer)	1	a one-participant plan
B This return/report is:	the first return/report	the final return/report			
L		a short plan year retui	m/report (less than 12 π	ionths)	
C Check box if filing under.	Form 5558	automatic extension		[	DFVC program
	special extension (enter descriptio	n)			
Part II Basic Plan Inform	nation—enter all requested informa	ation			
1a Name of plan				1b	Three-digit
SCHOLL SCHOOL OF PODI	ATRY 403 (B) DC PLAN			,	plan number 011
					(PIN) P
					Effective date of plan 01/01/1950
	ess; include room or suite number (er		-employer plan)	2b	Employer Identification Number
ROSALIND FRANKLIN UNI	VERSITY OF MEDICINE AI	ND SCIENCE			(EIN) 36-2181973
2222 OPPEN DAY DOAD					Sponsor's telephone number
3333 GREEN BAY ROAD					847-578-3262
NORTH CHICAGO	IL 60064				Business code (see instructions)
	address Same as Plan Sponsor N	ema Deama as Blad	s Chancar Address		Administrator's EIN
	VERSITY OF MEDICINE AN		Taponsol Address		36-2181973
MODIFIED LIGHTEDER ONE	VENETITION MEDICINE M	10 OCIDIÇE		3c /	Administrator's telephone number
3333 GREEN BAY ROAD				8	147-578-3262
3333 3333 333					
NORTH CHICAGO	IL 60064				
4 If the name and/or EIN of the pla	an sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b 6	EIN
name, EIN, and the plan number	er from the last return/report.		•		
a Sponsor's name				4c i	PN
5a Total number of participants at t			ALL TRANSPORTS	5a	26
	the end of the plan year			5b	25
C Number of participants with acc	ount balances as of the end of the pl	an year (defined bene	fit plans do not	5c	
-		_			25
6a Were all of the plan's assets du	ning the plan year invested in eligible annual examination and report of a				X Yes No
under 29 CFR 2520 104-46? (S	ee instructions on waiver eligibility a	nd conditions.)	a bonic accountant fic	Ery	X Yes No
If you answered "No" to eithe	r line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form 5	500.
Caution: A penalty for the late or is	ncomplete filing of this return/repo	ort will be assessed i	unless reasonable cau	se is es	stablished.
Under penalties of perjury and other	penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort, incl	luding, if applicable, a Schedule
SB or Schedule MB completed and s belief, it is true, correct, and complete	igned by an enrolled actuary, as well	l as the electronic ven	sion of this return/report	, and to	the best of my knowledge and
	10 0				
SIGN Jam	-/ lunger	10-8-2013	JAMES MURPHY		
HERE Signardre/of plan admi	nistrator //	Date	Enter name of individu	al signi	ing as plan administrator
SIGN	linke	10-8-2013	JAMES MURPHY		
HERE Signature of employer/		Date	Enter name of individu	ıal sioni	ng as employer or plan sponsor
Preparer's name (including firm name	e, if applicable) and address, include	room or suite number	(optional)	Prepar	er's telephone number (optional)
			}		

P	art III   Financial Information						
_7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
a	Total plan assets	7a	. 2	2274	08		234486
_ b	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	2	274	08		234486
8	Income, Expenses, and Transfers for this Plan Year	reli	(a) Amount				(b) Total
a	Contributions received or receivable from:  (1) Employers	8a(1)					
	(2) Participants.	8a(2)					
	(3) Others (including rellovers).	Ba(3)					
b	Other income (loss)	86		239	00		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					23900
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		168	22		
е	Certain deemed and/or corrective distributions (see instructions)	8e	<del> </del>				
	Administrative service providers (salaries, fees, commissions)	8f			10.	—	
g	Other expenses			-			
<del>9</del>		8g				_	4.5300
- 11		8h			-		16822
-	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	81			- -		. 7078
1 22		8j					
	rt IV   Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension f	eature codes	from the List of Plan Char	acteri	stic Co	des i	n the instructions:
Ь	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	clerisi	ic Cod	es in	the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	ions within th	e time period described in	10a		x	Allega
b	Were there any nonexempt transactions with any party-in-interest? on line 10a)	(Do not incli	de transactions reported	10b		х	
C	Vas the plan covered by a fidelity bond?			10c	х		2000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond,	that was caused by fraud	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	er persons by the benefits	an insurance carrier, under the plan? (See	10e	х		1307
f	Has the plan falled to provide any benefit when due under the plan	?	e ingerial distribution consistent distribution	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	a) inclusion and a state of the same of th	10g		X	
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3)			10h		х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required no	tice or one of the	101			
Part		-					<del></del>
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	nts? (If "Yes,	see instructions and com	plete \$	Sched	ule SE	3 (Form Yes No
11a	Enter the amount from Schedule SB line 39					1a	
12	Is this a defined contribution plan subject to the minimum funding re					02 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applicable.	)				
	if a waiver of the minimum funding standard for a prior year is being granting the waiver.		Mont	tions, h	and er	iter th Day	ne date of the letter ruling Year
	ou completed line 12s, complete lines 3, 9, and 10 of Schedule I	MB (Form 5	500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	**********	********************************		. 1	2b	

N/A
X No
PN(s)
<u> </u>