Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Possion Report 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

Perision be	enent Guaranty Corporation	 Complete all entries in acco 	rdance with the instruc	ctions to the Form 5500	0-SF.					
Part I		Identification Information								
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/20	12	and ending 1	2/31/2	2012				
A This ref	turn/report is for:	a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	oant plan			
B This ref	B This return/report is:									
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check box if filing under:										
		special extension (enter descript	,							
Part II	Basic Plan Info	rmation—enter all requested inforr	mation							
1a Name					1b	Three-digit				
SCHOLL SC	CHOOL OF PODIATRY	QUALIFIED MONEY PURCHASE P	ENSION PLAN AND TR	UST		plan number	040			
					_	(PN) •	012			
		1C	1c Effective date of plan 03/01/2003							
2a Plan s	ponsor's name and ad	dress; include room or suite number (emplover, if for a single-	emplover plan)	2b	Employer Identi				
		ITY OF MEDICINE AND SCIENCE	(1)	. , ., . ,			81973			
					2c	Sponsor's telep				
3333 GREE	N BAY ROAD ICAGO, IL 60064					847-578				
NOK I II CII	ICAGO, IL 60004				2d	Business code ((see instructions)			
3a Plan a	dministrator's name ar	nd address Same as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's				
		Y OF MEDICINE AND 3333 GREEN		. Openiosi / idai ooo			81973			
CIENCE		NORTH CHIC	CAGO, IL 60064		3с	Administrator's 8	telephone number			
						647-576	3-3202			
4 If the r	name and/or EIN of the	e plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4h	EIN				
		mber from the last return/report.				LIIV				
	or's name				4c	PN				
_		at the beginning of the plan year			5a		25			
	·	at the end of the plan year			5b		24			
		account balances as of the end of the	' '	•	5c		23			
	,	s during the plan year invested in eligi					X Yes No			
_		f the annual examination and report o								
		? (See instructions on waiver eligibility					X Yes No			
lf you	ı answered "No" to e	ither line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.				
		or incomplete filing of this return/re								
		her penalties set forth in the instruction nd signed by an enrolled actuary, as we								
	true, correct, and com		well as the electronic ver	sion of this return/report,	, and	.o the best of my	knowledge and			
	E1 - 1 - 20	Control of a character of the actions	40/00/0040							
SIGN HERE	Filed with authorized/	valid electronic signature.	10/08/2013	JAMES MURPHY						
TILICE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator			
SIGN HERE										
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan s										
Preparer's	name (including firm n	name, if applicable) and address; inclu	ide room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			

Form 5500-SF 2012 Page **2**

Por	t III Financial Information							
<u> Par</u>	Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor	
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 157317	
	Total plan liabilities	7a 7b	10098	,			137317	
	Net plan assets (subtract line 7b from line 7a)	7c					157317	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	1510	8				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					15108	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1178	1				
<u>e</u>	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					11781	
	Net income (loss) (subtract line 8h from line 8c)	8i					3327	
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 ${\tt 2C} {\tt 2G}$	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 fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	ne instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X		
C	Was the plan covered by a fidelity bond?			10c	X		2000000	
d		fidelity bo	nd, that was caused by fraud	10d		X	2000000	
е	Were any fees or commissions paid to any brokers, agents, or oth			100				
J	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		833	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ		
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 require	d notice or one of the	10i				
Part	1 1 5 11							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	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.)							
	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							
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		- 1			
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	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Senetis Security Administration

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 Inspection

OMB Nos. 1210-0110 1210-0089

Pension Benefit Guaranty Corporation ▶ 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 12/31/2012 01/01/2012 and ending X 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:	ne tirst return/report	the final return/report							
□ €	an amended return/report	a short plan year return/report (less than 12 m	onths)					
C Check box if filing under:	Check box if filing under: X Form 5558								
s	pecial extension (enter descrip	rtion)		DFVC program					
	tion—enter all requested infor	mation		·					
1a Name of plan SCHOLL SCHOOL OF PODIAT TRUST	1b	Three-digit plan number (PN) 012							
	1c Effective date of plan 03/01/2003								
2a Plan sponsor's name and address; ROSALIND FRANKLIN UNIVE	(employer, if for a single-employer plan) AND SCIENCE	2b	Employer Identification Number (EIN) 36-2181973						
3333 GREEN BAY ROAD	3333 GREEN BAY ROAD								
NORTH CHICAGO I		2d Business code (see instructions) 611000							
3a Plan administrator's name and add ROSALIND FRANKLIN UNIVE	3b Administrator's EIN 36-2181973								
3333 GREEN BAY ROAD	3c Administrator's telephone number 847-578-3262								
NORTH CHICAGO II	L 60064								
4 If the name and/or EIN of the plan s name, EIN, and the plan number fr	sponsor has changed since the rom the last return/report.	last return/report filed for this plan, enter the	4b	EIN					
a Sponsor's name			4c	PN					
			5a	25					
		***************************************	5b	24					
		plan year (defined benefit plans do not	5c	23					
complete this item) 6a 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 qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 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.									
		port will be assessed unless reasonable caus							

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	Jan Minky	10-8-2013	JAMES MURPHY	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN	Mula.	10-8-2013	JAMES MURPHY	
HERE	Signature of employer/plan sponsor (Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address; incl	ude room or suite numbe	r (optional)	Preparer's telephone number (optional)

Pa	art III Financial Information							_			
7	Plan Assets and Liabilities		(a) Beginning of Ye	ear			(b) Er	nd of	Year		
а	Total plan assets	. 7a		1539	90		1-7			15	731
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c		1539	90					15	7317
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	·	_		/h) Tot	el .		
а	Contributions received or receivable from: (1) Employers	Ba(1)					10.	100		_	
	(2) Participants.										
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)			151	08						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1	5108
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d		117	81		والمرابع والمام				
	Certain deemed and/or corrective distributions (see instructions)	80					- 4				
f_	Administrative service providers (salaries, fees, commissions)	8f									
<u>g</u>	Other expenses	8g									
h	from the state of	8h								1	1781
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81		· · · · · · ·							3327
	Transfers to (from) the plan (see instructions)	85			Т						
Pai	t IV Plan Characteristics		· · · · · · · · · · · · · · · · · · ·								
9a	If the plan provides pension benefits, enter the applicable pension in 2C 2G	fealure cod	es from the List of Plan Char	racteri	stic C	odes i	n the instr	uction	15:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chara	cterisi	ic Co	des in	the Instruc	tions			
Pari				-							
10	During the plan year:				Yes	No		Ап	ount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fidure)	ciary Corre	ction Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10Ь		х					
C	Was the plan covered by a fidelity bond?		dita sandanan cabi iyo dinakin bara dada da	10c	х				2	000	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bond	, that was caused by fraud	10d		х					
е		er persons i	by an insurance carrier, is under the plan? (See	10e	х						833
f	Has the plan falled to provide any benefit when due under the plan			10f		Х					
g	Did the plan have any participant loans? (If "Yea," enter amount as			10g		Х			_		
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See Instruct	ions and 29 CFR	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 n	notice or one of the	101					~		
Part				101							
_	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	nls? (if "Ye	s," see instructions and com	piete !	Sched	ule SE	3 (Form	 -	Yes	П	- Ma
11a	Enter the amount from Schedule SB line 39			*****		11a	***************************************		168	Ш	No
12	Is this a defined contribution plan subject to the minimum funding re						ERISA?	Г	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a										
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruc	lions, h	and e	nter th	e date of t	he le Yea		ing	_
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	5500), and skip to line 13.			207		. 50			
	Enter the minimum required contribution for this plan year					12b					_

	Form 5500-SF 2012	Page 3 -						
	Enter the amount contributed by the employer to the plan for this plan year		_	12c	Т			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign to the left of a		12d	t			
е	Will the minimum funding amount reported on line 12d be met by the funding				$\overline{\Box}$	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	ΧN	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer th			13a	Т			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ed to another plan, or brought under	the c	ontrol			☐ Ye	s 🛭 No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)				_			
1	3c(1) Name of plan(s):		13	c(2) E	iN(s)	13c(3) PN(s)
							+	
							+	
							 	
Part	VIII Trust Information (optional)							
14a I	Name of trust		1	4b T	rust's	s EIN		