## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

						шэрсонон	
Part I	Annual Report Identific						
For caler	ndar plan year 2012 or fiscal plan				1/2013		
A This	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or			
		x a single-employer plan;	a DFE (s	specify)			
D Th:	atuma (na mantia)	the first return/report;	☐ the final	return/report;			
D Inisi	eturn/report is:	H			- 41 40	4b \	
_		an amended return/report;	_	lan year return/report (less		ontns).	
C If the	plan is a collectively-bargained plan	an, check here	<u></u>		<u></u>	<b>&gt;</b> [	
<b>D</b> Chec	k box if filing under:	Form 5558;	automati	c extension;	X th	e DFVC program;	
		special extension (enter des	cription)				
Part l	I Basic Plan Informati	on—enter all requested informa	ation				
1a Nam	•				1b	Three-digit plan	001
ADELINI	E LAPLANTE MEMORIAL CENTE	ER TAX DEFERRED ANNUITY			10	number (PN) ▶	
					10	Effective date of p 11/01/1985	ian
2a Plan	sponsor's name and address; inc	clude room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identific	ation
ADELIN	TIADIANTE MEMODIAL CENT	TD INIC				Number (EIN) 05-0394602	
ADELIN	E LAPLANTE MEMORIAL CENTE	ER, INC			2c	Sponsor's telepho	ne
					-0	number	110
P.O. BO	× 56	106 WILL	ADD AVE			401-294-399	
	DALE, RI 02883	126 WILLI WAKEFIE	LD, RI 02879		2d	Business code (se	ee
						instructions) 624310	
						024010	
Coution	A nanalty for the late or incom	nlata filing of this raturn/range	t will be seesed	unlogg roogenable equa	o io ootoblis	ahad	
	A penalty for the late or incom enalties of perjury and other penal						adulas
	its and attachments, as well as the						
SIGN	Filed with authorized/valid electro	onic signature.	09/11/2014	EDWARD MCDERMOT	ГТ		
HERE	Signature of plan administrato	or	Date	Enter name of individua	ıl signing as	plan administrator	
SIGN HERE							
HEILE	Signature of employer/plan sponsor		Date	Enter name of individual signing as employer or plan spo			onsor
21211							
SIGN HERE							
	Signature of DFE		Date	Enter name of individua			
Preparer	's name (including firm name, if ap	oplicable) and address; include r	oom or suite numbe	r. (optional)	Preparer's (optional)	telephone number	
					(Spaisilai)		
				ļ			

Form 5500 (2012) Page **2** 

3a	Plan administrator's name and address Same as Plan Sponsor Name	Same as Plan Sponsor Address	<b>3b</b> Administrator's EIN 05-0394602
AE	ELINE LAPLANTE MEMORIAL CENTER, INC		3c Administrator's telephone
P.O PE	D. BOX 56 ACE DALE, RI 02883		number 401-789-3081
4	If the name and/or EIN of the plan sponsor has changed since the last return	n/report filed for this plan, enter the name,	4b EIN
а	EIN and the plan number from the last return/report:  Sponsor's name		4c PN
5	Tatal acceptance of a setting set of the program of the plan con-		
6	Total number of participants at the beginning of the plan year  Number of participants as of the end of the plan year (welfare plans completed)	te only lines <b>6a. 6b. 6c.</b> and <b>6d</b> ).	5 17
а	Active participants		6a 17
b	Retired or separated participants receiving benefits		6b
С	Other retired or separated participants entitled to future benefits		6c
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>		<b>6d</b> 17
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits	6e
f	Total. Add lines 6d and 6e		
•			01
g	Number of participants with account balances as of the end of the plan year complete this item)		6g
h	Number of participants that terminated employment during the plan year witi	h accrued benefits that were	
7	less than 100% vested  Enter the total number of employers obligated to contribute to the plan (only		
	If the plan provides pension benefits, enter the applicable pension feature of		<u> </u>
	2L		
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	des from the List of Plan Characteristics Cod	es in the instructions:
9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all the	nat apply)
	(1) Insurance (2) X Code section 412(e)(3) insurance contracts	(1) Insurance (2) X Code section 412(e)(3	) insurance contracts
	(3) Trust	(3) Trust	,
10	(4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4) General assets of the settached and where indicated enter the num	•
	Pension Schedules	b General Schedules	noon attached. (Occ motractions)
а	(1) R (Retirement Plan Information)	(1) H (Financial Info	rmation)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		mation – Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3) O A (Insurance Info	•
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(4) C (Service Provide 5) D (DFE/Participal content of the content	der Information) iting Plan Information)
	Information) - signed by the plan actuary		nsaction Schedules)

## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5500.

and ending

11/01/2012

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

v. 120126

10/31/2013

A This r	eturn/report is for:	a multiemployer plan;	a multiple	-employer plan; or	
	,	a single-employer plan;	a DFE (sp	pecify)	
B This	return/report is:	the first return/report;	the final r	eturn/report;	
	otali in ografi for	an amended return/report:	a short pl	an year return/report (les	s than 12 months).
C III	nton in a collectively becaused a			,	
		lan, check here			
D Chec	k box if filing under:	Form 5558;		extension;	the DFVC program;
	NAMES OF THE PARTY	special extension (enter des			
Part	II Basic Plan Informat	ion—enter all requested informa	tion		
1a Nam	ne of plan				1b Three-digit plan
ADI	ELINE LAPLANTE MEMOR	RIAL CENTER TAX DEFE	RRED ANNUITY		1c Effective date of plan
	-				11/01/1985
		iclude room or suite number (emp	oloyer, if for a single-	employer plan)	2b Employer Identification
ADI	ELINE LAPLANTE MEMOR	RIAL CENTER, INC			Number (EIN) 05-0394602
					2c Sponsor's telephone
ъ.	nov sc	126	UTTI TARR AUR		number
P.(	D. BOX 56	120	WILLIARD AVE		401-294-3990
PR	ACE DALE RI	02883 WAKE	FIELD	RI 02879	2d Business code (see
		02003		112 02075	instructions) 624310
					Established State & St
	THE RESERVE TO STATE OF THE PARTY OF THE PAR	mplete filing of this return/repor			
					ort, including accompanying schedules,
stateme	nts and attachments, as well as t	he electronic version of this return	report, and to the be	est of my knowledge and	belief, it is true, correct, and complete.
	0	9	- 1/11		
SIGN	Edwar & M	Verwa	9/11/17	Edward McDermo	tt
HERE	Signature of plan administra	tor	Date	Enter name of individua	al signing as plan administrator
	1 1.0	3			
SIGN	Edward MC		9/11/14	Edward McDermo	ott
HERE	Signature of employer/plan s	ponsor	Date	Enter name of individu	al signing as employer or plan sponsor
420 A					and the second s
SIGN					
HERE	Signature of DFE		Date	Enter name of individu	al signing as DEE
Prepare		applicable) and address; include r			Preparer's telephone number
	,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(optional)
For Pag	perwork Reduction Act Notice a	and OMB Control Numbers, see	the instructions for	r Form 5500.	Form 5500 (2012)

	Form 5500 (2012)	Page 2		
3a	Ptan administrator's name and address Same as Ptan Sponsor Name Sa ADELINE LAPLANTE MEMORIAL CENTER, INC	ime as Plan Sponsor Address	3b Administrate 05-03	or's EIN 894602
	P.O. BOX 56		3c Administrato number 401-78	or's telephone
	PEACE DALE RI 02883			
4	If the name and/or EIN of the plan sponsor has changed since the last return/re EIN and the plan number from the last return/report:	port filed for this plan, enter the name,	4b EIN	
a	Sponsor's name		4c PN	
5	Total number of participants at the beginning of the plan year		5	1
6	Number of participants as of the end of the plan year (welfare plans complete of	nly lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	1
b	Retired or separated participants receiving benefits		6b	
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines 6a, 6b, and 6c		6d	1
е	Deceased participants whose beneficiaries are receiving or are entitled to receiv	ve benefits.	6e	
f	Total. Add lines 6d and 6e.		6f	1
g	Number of participants with account balances as of the end of the plan year (or complete this item)	-	6g	
h	Number of participants that terminated employment during the plan year with a less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only mu	litiemployer plans complete this item)	7	
8a	If the plan provides pension benefits, enter the applicable pension feature code $2L$	s from the List of Plan Characteristics Co	des in the instructio	ins:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes	from the List of Plan Characteristics Cod	es in the instruction	s:
9a	Plan funding arrangement (check all that apply)  (1) Insurance	Plan benefit arrangement (check all to	hat apply)	
_	(2) X Code section 412(e)(3) insurance contracts	(2) X Code section 412(e)(3	0 insurance contrac	to.

	(3)	Ш	Trust		(3)	Ш	Trust	
	(4)		General assets of the sponsor		(4)		Gener	ral assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	ed, and, w	vhere	indicate	ed, enter the number attached. (See instructions)
а	Pensio	n Scl	hedules	b	Genera	l Sch	edules	
	(1)		R (Retirement Plan Information)		(1)			H (Financial Information)
	(2)	П	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	П	- 1	(Financial Information - Small Plan)
		_	Purchase Plan Actuarial Information) - signed by the plan		(3)		_ /	A (Insurance Information)
			actuary		(4)		(	C (Service Provider Information)
	(3)	П	SB (Single-Employer Defined Benefit Plan Actuarial		(5)			D (DFE/Participating Plan Information)
		_	Information) - signed by the plan actuary		(6)	П		G (Financial Transaction Schedules)