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

2013

This Form is Open to Public Inspection

Pensic	in Benefit Guaranty Corporation					Inspection	
Part I	Annual Report Identif	fication Information					•
For caler	ndar plan year 2013 or fiscal pla	an year beginning 11/01/2013		and ending 03/15/	2014		
A This	eturn/report is for:	a multiemployer plan;	a multip	le-employer plan; or			
		a single-employer plan;	a DFE (specify)			
B This r	return/report is:	the first return/report;	X the final	return/report;			
		an amended return/report;	X a short	plan year return/report (less t	han 12 mo	onths).	
C If the	plan is a collectively-bargained	plan, check here				• [
D Chec	k box if filing under:	Form 5558;	automa	tic extension;	the	e DFVC program;	
		special extension (enter des	, ,				
Part		tion—enter all requested informa	ation		1		T
	ie of plan	TER TAX DEFERRED ANNUITY			1b	Three-digit plan number (PN) ▶	001
ADELIN	L LAFLANTE WILMORIAL CEN	TER TAX DEFERRED ANNOTH			1c	Effective date of pla	an
						11/01/1985	
	sponsor's name and address; i E LAPLANTE MEMORIAL CEN	include room or suite number (emp	ployer, if for a single	e-employer plan)	2b	2b Employer Identification Number (EIN) 05-0394602	
		,			2c	Sponsor's telephon number	
P.O. BO		126 WILL	IARD AVE		24	401-294-3990 2d Business code (see	
PEACE	DALE, RI 02883	WAKEFIE	ELD, RI 02879			instructions) 624310	
Caution	: A penalty for the late or inco	emplete filing of this return/repor	rt will be assessed	unless reasonable cause i	s establis	shed.	
		nalties set forth in the instructions, the electronic version of this return					
SIGN HERE	Filed with authorized/valid electronic signature.		09/11/2014	EDWARD MCDERMOTT			
HEILE	Signature of plan administra	ator	Date	Enter name of individual s	igning as	plan administrator	
SIGN HERE							
HEKE	Signature of employer/plan	sponsor	Date	Enter name of individual signing as employer or plan s		onsor	
SIGN HERE							
HEKE	Signature of DFE		Date	Enter name of individual s	igning as	DFE	
Preparer	's name (including firm name, if	applicable) and address; include r	room or suite numb		reparer's toptional)	telephone number	

	Form 5500 (2013)		De	age 2			
3a	Plan administrator's name and address Same	e as Plan Sponsor Name	_	an Sponsor Address	3b Administrate	or's EIN	
		, and a same of a same of			05-0394602		
	ADELINE LAPLANTE MEMORIAL CENTER, INC			3c Administrato	r's telephone		
	D. BOX 56 ACE DALE, RI 02883				number 401-789	-3081	
4	If the name and/or EIN of the plan sponsor has a EIN and the plan number from the last return/re		the last return/report filed for this plan, enter the name,			4b EIN	
а	Sponsor's name	5011.			4c PN		
_	Cponco. o name						
5	Total number of participants at the beginning of	the plan year			5	17	
6	Number of participants as of the end of the plan	year (welfare plans comp	lete only lines 6	6a, 6b, 6c, and 6d).			
•	A stirry months in such				60	0	
а	Active participants				6a	0	
b	Retired or separated participants receiving bene	efits			6b		
c	Other retired or separated participants entitled to	n future henefits			6c		
d	Subtotal. Add lines 6a , 6b , and 6c				6d	0	
е	Deceased participants whose beneficiaries are	receiving or are entitled to	receive benefit	'S	6e		
f	Total. Add lines 6d and 6e				6f	0	
g	Number of participants with account balances as	s of the end of the plan ye	ar (only defined	d contribution plans			
	complete this item)				6g	0	
h	Number of participants that terminated employm	nent during the plan year w	vith accrued be	nefits that were			
	less than 100% vested				6h	0	
7	Enter the total number of employers obligated to	· ` `	, ,	· · · · · · · · · · · · · · · · · · ·			
8a	If the plan provides pension benefits, enter the a	applicable pension feature	codes from the	e List of Plan Characteristics Cod	des in the instructio	ns:	
b	If the plan provides welfare benefits, enter the a	pplicable welfare feature of	codes from the	List of Plan Characteristics Code	es in the instruction	s:	
9a	Plan funding arrangement (check all that apply)		9b Plan b	penefit arrangement (check all th	nat apply)		
	(1) Insurance		(1)	Insurance			
	Code section 412(e)(3) insurance	contracts	(2)	Code section 412(e)(3)	insurance contrac	ts	
	(3) Trust		(3)	Trust			
10	Check all applicable boyce in 10e and 10b to in	diagta which cabadulas ===	(4)	General assets of the s	•	o inatruations)	
IU	Check all applicable boxes in 10a and 10b to inc	aicale which schedules are	e attached, and	i, where indicated, enter the num	iber attached. (Se	e instructions)	
а	Pension Schedules		b Gene	eral Schedules			
	(1) R (Retirement Plan Information)		(1)	H (Financial Inform	mation)		

(2)

(3)

(4) (5)

(6)

I (Financial Information – Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

C (Service Provider Information)

A (Insurance Information)

(2)

(3)

actuary

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2013

Part II Annual Report Identification Information 11/01/2013 and ending 03/15/2014 A This return/report is for: a multiemployer plan; a multiemployer plan; a first featurn/report is for: a multiemployer plan; a first featurn/report is for: a multiemployer plan; a first featurn/report is for: a multiemployer plan; a first featurn/report is a multiemployer plan; a first featurn/report is a first featurn/report; a short plan year return/report (less than 12 months). C if the plan is a collectively-bargained plan, check here.	- Adminiod ddon	tite instruct	ions to the Form of	, ou.	i	
Part Annual Report Identification Information 1/2013 and ending 03/15/2014	Pension Benefit Guaranty Corporation					ublic
For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 03/15/2014 A This returm/report is for:	Part I Annual Report Iden	tification Information		*****	INSPECTION	
A This return/report is for: a multiemployer plan; a DFE (specify)			2013	and ending (03/15/2014	
B This return/report is:			a multiple			
B This return/report is: the first return/report;	•	又 a single-emptoyer plan;	a DFE (s	pecify)		
an amended return/report; a short plan year return/report (less than 12 months). C if the plan is a collectively-bargained plan, check here				· ··· <u>—</u>		
C if the plan is a collectively-bargained plan, check here. D Check box if filing under:	B This return/report is:	the first return/report;	X the final (eturn/report;		
D Check box if filing under:		an amended return/report;	X a short p	lan year return/report (less t	han 12 months),	
D Check box if filing under:	C If the plan is a collectively-bargains	ed plan, check here				
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan ADELINE LAPLANTE MEMORIAL CENTER TAX DEFERRED ANNUITY 1c Effective date of plan 1,1/01/1985 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) 05-0394602 2c Sponsor's telephone Number (EIN) 05-0394602 2c Sponsor's telephone 126 WILLIARD AVE 401-294-3990 2d Business code (see instructions) 624310 2d Bu		_				
Part Basic Plan Information—enter all requested information 1b Three-digit plan Name of plan ADBLINE LAPLANTE MEMORIAL CENTER TAX DEFERRED ANNUITY 1c Effective date of plan 11/01/1985 11/01/1985 126 Employer plan) 1 11/01/1985 126 Employer plan 11/01/1985 126 Employer plan 11/01/1985 126 Employer plan 11/01/1985 126 Employer plan 126 Employer p		special extension (enter des		•	[] a b. ragicality	
1b Three-digit plan number (RN) + 0 1c Effective date of plan 1/01/1985 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADELINE LAPLANTE MEMORIAL CENTER, INC 2b Employer Identification Number (Ellin) 05-0394602 2c Sponsor's telephone number P.O. BOX 56 126 WILLIARD AVE PEACE DALE RI 02883 WAKEFIELD RI 02879 2d Business code (see instructions) 624310 2d	Part II Basic Plan Inform					".
ADELINE LAPLANTE MEMORIAL CENTER TAX DEFERRED ANNUITY 10 CEffective date of plan 11/01/1985 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADELINE LAPLANTE MEMORIAL CENTER, INC 2b Employer Identification Number (EIN) 05-03-94602 2c Sponsor's telephone number 126 WILLIARD AVE PEACE DALE RI 02883 WAKEFIELD RI 02879 2d Business code (see instructions) 62431.0 2d Business code (see instructions) 62431.0 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 accompanying schedules, statements and attachments, 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 Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Signature of DFE Signature of DFE Date Enter name of individual signing as DFE Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer's telephone number		Tation of the an requested informs			1b Three-digit plan	T
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ADELINE LAPLANTE MEMORIAL CENTER, INC P.O. BOX 56 126 WILLIARD AVE PEACE DALE RI 02883 WAKEFIELD RI 02879 Caution: A penalty for the late or Incomplete filling 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 accompanying schedules, statements and attachments, 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 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 SIGN HERE Signature of DFE Date Enter name of individual signing as DFE Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer's telephone number		ORIAL CENTER TAX DEFE	RRED ANNUITY			001
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SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator P//// Edward McDermott Edward McDermott Edward McDermott Edward McDermott Edward McDermott Enter name of individual signing as employer or plan sponsor SIGN: HERE Signature of DFE Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer's telephone number					and the state of t	ipicie.
Signature of plan administrator Sign Factor of plan administrator Date Enter name of individual signing as plan administrator ###################################		7/2	01/11/14	Edward McDermott		
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Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Signature of DFE Signature of DFE Date Enter name of individual signing as DFE Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer's telephone number	SIGN COLL TWO	2011	4/11/14	Edward McDermott		
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	, repaired training (more and property)	, application, and according to the control of the				
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	Form 5500 (2013)		Pag	ge 2		
3a	Plan administrator's name and address ADELINE LAPLANTE MEMORIAL	•	Same as Plan	Sponsor Address	3c Administra	394602
	P.O. BOX 56	7. T			number 401-7	89-3081
_	PEACE DALE	RI 028				
4 a	If the name and/or EIN of the plan sponsor EIN and the plan number from the last retu Sponsor's name		urn/report filed for	this plan, enter the name	, 4b EIN 4c PN	
5	Total number of participants at the beginning	ng of the plan year			5	17
6	Number of participants as of the end of the		ete only lines 6a ,	6b, 6c, and 6d).	5	1/
а	Active participants				6a	0
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	0
е	Deceased participants whose beneficiaries	are receiving or are entitled to	receive benefits		6e	
f	Total. Add lines 6d and 6e			·····	6f	0
g	Number of participants with account balanc complete this item)	es as of the end of the plan yea	r (only defined co	ontribution plans	6g	0
	Number of participants that terminated empless than 100% vested			•••••		0
7	Enter the total number of employers obligate			· · · · · · · · · · · · · · · · · · ·		
	If the plan provides pension benefits, enter to 2L If the plan provides welfare benefits, enter to					
9a	Plan funding arrangement (check all that ap (1) Insurance (2) X Code section 412(e)(3) insura (3) Trust (4) General assets of the sponsor	nce contracts	9b Plan ben (1) (2) (3) (4)	efit arrangement (check a Insurance Code section 412(e) Trust General assets of the)(3) insurance contra	cts
10	Check all applicable boxes in 10a and 10b to	o indicate which schedules are	attached, and, wi	here indicated, enter the n	number attached. (Se	e instructions)
	Pension Schedules (1) R (Retirement Plan Information	on)		Schedules H (Financial In	nformation)	

(2) MB (Multiemployer Defined Benefit Plan and Certain Money I (Financial Information - Small Plan) (2) Purchase Plan Actuarial Information) - signed by the plan (3) A (Insurance Information) actuary (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (6) G (Financial Transaction Schedules)