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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information				•	
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:	the first return/report	he final return/report				
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)	<u></u>	
C Check b	box if filing under:		automatic extension		_	DFVC progra	am
	ı	special extension (enter description	,				
Part II	Basic Plan Infor	rmation—enter all requested informat	tion				
1a Name						Three-digit	
PALMER SP	RING COMPANY 401	(K) PROFIT SHARING PLAN				plan number	002
						(PN) F	
					16	Effective date of 01/01/	
2a Plan si	nonsor's name and add	dress; include room or suite number (en	nlover if for a single-	employer plan)	2h	Employer Identif	
	PRING COMPANY	areas, moldae room of suite number (en	iployer, ir for a sirigic-	employer plant			95405
					2c	Sponsor's telep	
	STREET, P.O. BOX 728	382			-	401-351	
PROVIDENC	CE, RI 02907-2801				2d	Business code (44130	(see instructions)
3a Plan a	dministrator's name and	d address Same as Plan Sponsor Na	ıme Same as Plar	n Sponsor Address	3b	Administrator's E	EIN 95405
ALMER SPR	RING COMPANY	1 ALTHEA STRI PROVIDENCE,	EET, P.O. BOX 72882	2	3c		telephone number
		TROVIDENCE,	11 02307 2001			401-351	
					ļ		
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the lander from the last return/report.	st return/report filed fo	or this plan, enter the			
name, a Sponse	, EIN, and the plan num or's name	nber from the last return/report.		· 	4c		73
a Sponso	, EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		23
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	efit plans do not	4c 5a 5b		24
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan numer's name number of participants and participants and participants are of participants with a lete this item)	at the beginning of the plan yearat the end of the plan yearat the end of the plan year	an year (defined bene	efit plans do not	4c 5a 5b 5c	PN	24
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	24
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are yo	EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan yearat the end of the plan yearat the end of the plan year	an year (defined bene e assets? (See instruc n independent qualifie	efit plans do not etions.)	4c 5a 5b 5c	PN	24
name, a Sponse 5a Total r b Total r c Number comple 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQ	4c 5a 5b 5c	PN	24 17 X Yes No
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name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified ind conditions.) t use Form 5500-SF urance program (see	efit plans do not etions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established.	24 17 X Yes No X Yes No Not determined
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name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants and the plan participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc- n independent qualified nd conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have I as the electronic ver	efit plans do not ctions.)	4c 5a 5b 5c Form	PN 5500. Yes No established. Cluding, if applica	24 17 X Yes No X Yes No Not determined able, a Schedule
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan numor's name number of participants and the plan participants are reflected by the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eithe plan is a defined benefit plan is a defi	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualifier ind conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have	efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/repsion of this return/report	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. cluding, if application the best of my	24 17 X Yes No X Yes No Not determined able, a Schedule knowledge and
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name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed. I declare that I have I as the electronic ver 09/24/2014 Date Date	efit plans do not etions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	24 17 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
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name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed. I declare that I have I as the electronic ver 09/24/2014 Date Date	efit plans do not etions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	24 17 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator

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Da	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Paginning of Van				/b) En	d of V		
a	Total plan assets	7a	(a) Beginning of Yea		(b) End of Ye			ear 965058	<u> </u>	
	Total plan liabilities	7a 7b	02100						,	
	Net plan assets (subtract line 7b from line 7a)	76 7c	82408	6		965058			}	
8	Income, Expenses, and Transfers for this Plan Year	76					(b) Total			
	Contributions received or receivable from:		(a) Amount				(D)	TOtal		
	(1) Employers	8a(1)	679	8						
	(2) Participants	8a(2)	3404	.0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	11760	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						•	58442	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1677	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e	64	6						
f	Administrative service providers (salaries, fees, commissions)	8f	5	1						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							17470)
i	Net income (loss) (subtract line 8h from line 8c)	8i							140972	2
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 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				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					265000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		X				200000
	or dishonesty?			100						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
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 as	s of year e	end.)	10g	X					1606
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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П №
112	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12										
14	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 beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		_ 166	··	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3	- [1
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			1				
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	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)						
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?	X	es No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes	X No		
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)			•			
14a Name of trust				14b Trust's EIN			

401.831.3679 DOUG PALMER Page 3/8 Faxman 401-438-7278 US/22/2014 10.41 PAA 4014381218 Short Form Annual Return/Report of Small Employee Form 5500-SF OMS Nos. 1210-0110 1210-0069 Department of the Treasury Internal Revenue Service Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Represent income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of 2013 Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code) This Form is Open to Public Pension Benefit Quaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF Part ! Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning and ending 12/31/2013 A single-employer plan A This return/report is for a multiple-employer plan (not multiemployer) a one-participent plan B This return/report is the first return/report the final return/report en amended return/report a short plen year return/report (less than 12 months) C Check box # filing under X Form 5558 autometic extension DFVC program special extension (enter description) Part II | Basic Plan Information-enter all requested information 1a Name of olar 1b Three-digit PALMER SPRING COMPANY 401(K) PROFIT SHARING PLAN plan number 002 (PN) > ic Effective date of plan 01/01/1985 2a Plan sponsor's name and address, include room or suite number (employer, liftor a single-employer plan) 2b Employer Identification Number PALMER SPRING COMPANY (EIN) 05-0195405 2c Sponsor's telephone number 1 ALTHEA STREET, P.O. BOX 72862 401-351-8300 2d Business code (see manuctions) 441300 PROVIDENCE RI 02907-2801 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 3c Administrator's telephone number 401-351-8300 1 ALTHEA STREET, P.O. BOX 72882 02907-2801 PROVIDENCE If the name and/or EIN of the plan sponsor has changed since the tast return/report filed for this plan, enter the 46 EN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's neme 5a Total number of participants at the beginning of the plan year 5a 23 b Total number of participants at the end of the plan year 24 C. Number of perticipants with account balances as of the and of the plan year (defined benefit plans do not 17 X Yes No \$2 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 ennual examination and report of an independent qualified public accountant (IQPA) 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. 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 actually, 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

A Contidor oras	0-55.1	GOUGLAS PALMER
Signature of planadministrator	Date	Enter name of individual signing as plan administrator
William Me	0-55.	14 Doualds Palmer
Signature of employed plan aponeor	Dets	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address, is	nclude room or suite hum	ber (optional) Preparer's telephone humber (optional)

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Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	er	\top		(b) End of Ye	ar
a	Total plan assets	7a		2408	6		(2) 2.14 0.10	965058
	Total plan liabilities	7b			\top			
	Net plan assets (subtract line 7b from line 7a)	7c	8:	2408	6			965058
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b) Total	
a	Contributions received or receivable from:		, ,	670			,	
	(1) Employers	8a(1)		679				
	(2) Participants	8a(2)		3404	0			
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	1	1760	14			7.50440
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			158442
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1677	3			
	Certain deemed and/or corrective distributions (see instructions)	8e		64	6			
	Administrative service providers (salaries, fees, commissions)	8f		5	1			
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						17470
	Net income (loss) (subtract line 8h from line 8c)	8i						140972
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 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Co	des in t	the instructions:	
_								
Pari						1		
10	During the plan year:	at a constant of			Yes	No	Amo	unt
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			265000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х		
—е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier	100				
_	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			l x		
	instructions.)			10e			-	
	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g			·	10g	Х			1606
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			10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sche	dule SE	3 (Form	
-44-	5500) and line 11a below)							Yes No
	Enter the unpaid minimum required contribution for current year fr		, , , , , , , , , , , , , , , , , , , ,			11a	EDIO: 1	V
_12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	Yes X No
	(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			ctions	and	antar ti	he date of the let	or ruling
	granting the waiver.	_			anu	Day	Year	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
h	Enter the minimum required contribution for this plan year					12b	1	

С	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?	XY	'es No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		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) twhich assets or liabilities were transferred. (See instructions.)	:0		
1	3c(1) Name of plan(s):	3c(2) ⊟	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			

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14b Trust's EIN

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14a Name of trust