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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110

1210-0089

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

This Form is Open to Public Inspection

| | art I | | Identification Information | 2000 | | 40/04/ | 2000 | | |
|--------|-------------------|---------------------------|---|-------------------|-------------------------------------|----------|-----------------------------|-------------------|--|
| For | calenc | dar plan year 2009 or fis | scal plan year beginning 01/01/2 | | and ending | 12/31/2 | = | | |
| Α | This re | eturn/report is for: | ingle-employer plan | multiple-e | mployer plan (not multiemployer) | | one-participant plan | | |
| В | This re | eturn/report is for: | first return/report | final retur | n/report | | | | |
| | | | year return/report (less than 12 mo | onths) | _ | | | | |
| С | Check | box if filing under: | X Form 5558 | automatio | extension | | m | | |
| | | | special extension (enter descri | ption) | | | | | |
| Pa | art II | Basic Plan Info | rmation—enter all requested info | ormation | | | | | |
| | | of plan | | | | 1b | Three-digit | | |
| PAU | LE.A. | VAN ZUIDEN, M.D., F | | | plan number (PN) | 002 | | | |
| | | | | | | 1c | Effective date of | plan | |
| | | | | | | | 01/01/1 | • | |
| | | | dress (employer, if for single-employ | yer plan) | | 2b | Employer Identif | | |
| PAU | LE.A. | VAN ZUIDEN, M.D., F | .A.C.P., INC. | | | 20 | (EIN) 05-0474 | elephone number | |
| 33 S | TANIF | ORD STREET, 2ND FL | LOOR | | | 20 | 401-42 | | |
| | | ICE, RI 02905 | | | | 2d | Business code (| see instructions) | |
| 20 | Diam. | | ad adduces (if a see as Diag areas | | | 2h | 621111 Administrator's I | -INI | |
| | | VAN ZUIDEN, M.D., F | | FORD STREE | ÉŤ, 2ND FLOOR | 30 | 05-0474 | | |
| | | | PROVIDE | NCE, RI 0290 | 05 | 3c | | elephone number | |
| 4 | I£ 415 a .a. | ana and/an FINI at the | | | and filed for this when antouths | 41- | 401-42 | 1-8800 | |
| | | | plan sponsor has changed since the ber from the last return/report. Spor | | port filed for this plan, enter the | 4D | EIN | | |
| | | | | | | 4c | PN | | |
| 5a | Total | number of participants | at the beginning of the plan year | | | 5a | | 1 | |
| b | Total | number of participants | at the end of the plan year | | | 5b | | 1 | |
| С | | | with account balances as of the end | | | 5c | | 1 | |
| 62 | | , | s during the plan year invested in eli | | | . 30 | | X Yes No | |
| | | | the annual examination and report | - | | QPA) | | | |
| | unde | r 29 CFR 2520.104-46 | ? (See instructions on waiver eligibil | ity and conditi | ons.) | | | X Yes No | |
| Da | If you art III | u answered "No" to ei | ther 6a or 6b, the plan cannot use | e Form 5500- | SF and must instead use Form 5 | 500. | | | |
| 7 | | Assets and Liabilities | Ilation | | (a) Paginning of Voor | | (b) End | of Voor | |
| - | | | | 7a | (a) Beginning of Year 78841 | 7 | (b) Elia | 826239 | |
| b | | • | | | | | | 323233 | |
| C | | • | e 7b from line 7a) | | 78841 | 7 | | 826239 | |
| 8 | | · · | nsfers for this Plan Year | | (a) Amount | | otal | | |
| а | | ributions received or rec | | | | | \\ . | | |
| | (1) E | Employers | | ` ' | 3250 | _ | | | |
| | ` ' | • | | ` ' | 2200 | _ | | | |
| L | | , • | rs) | | 400 | 0 | | | |
| b | | ` , |) 0-(0) 0-(0) | | -1667 | 8 | | 37822 | |
| c d | | , , |), 8a(2), 8a(3), and 8b)ct rollovers and insurance premiums | | | | | 3/022 | |
| u | | | | | | 0 | | | |
| е | Certa | in deemed and/or corre | ective distributions (see instructions) |) 8e | | 0 | | | |
| f | Admi | nistrative service provid | ders (salaries, fees, commissions) | 8f | | 0 | | | |
| g | | • | | | | 0 | | | |
| h | Total | expenses (add lines 80 | d, 8e, 8f, and 8g) | 8h | | | | 0 | |
| į | | ` , ` | ine 8h from line 8c) | | | | | 37822 | |
| j | Trans | sfers to (from) the plan | (see instructions) | ····· 8j | | 0 | | | |

| | | • | |
|---------|------|---------|----------|
| Part IV | Plan | Charact | eristics |

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| art | V Compliance Questions | | | | | | | | | |
|-------|--|---------------------|---|----------|--------|-----|-------|-------|--|--|
| 0 | During the plan year: | | Yes | No | | Amo | unt | | | |
| а | Was there a failure to transmit to the plan any participant contributions within the time period dec 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | X | | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.) | | X | | | | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | | Χ | | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty? | | X | | | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance can insurance service or other organization that provides some or all of the benefits under the plan? instructions.) | (See | | X | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | X | | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | | | | | | | |
| art | VI Pension Funding Compliance | | | | | | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 5500)) | | | | | | Yes | No | | |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of | of the Code or se | ction 3 | 302 of I | ERISA? | | Yes | X No | | |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver | Month | | | | | | | | |
| | Enter the minimum required contribution for this plan year | | Γ | 12b | | | | | | |
| | | | ⊢ | 12c | | | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | to the left of a | Ī | 12d | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | N | 0 | N/A | | |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | | | |
| 3a | Has a resolution to terminate the plan been adopted during the plan year or any prior 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, 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) which assets or liabilities were transferred. (See instructions.) |), identify the pla | n(s) to | | | | | | | |
| 1 | 3c(1) Name of plan(s): | | 130 | c(2) EI | N(s) | 1 | 3c(3) | PN(s) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Cauti | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless | reasonable cau | ıse is | establ | ished. | | | | | |
| ВВ о | er penalties of perjury and other penalties set forth in the instructions, I declare that I have examinar Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of the first true, correct, and complete. | | | | | | | | | |
| SIGI | Filed with authorized/valid electronic signature. 10/08/2010 CAROL | L LIPMAN | | | | | | | | |
| HER | _ | name of individu | of individual signing as plan administrator | | | | | | | |

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

EIN 05 0474980 / PN 002 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 section 6058(a) of the

Internal Revenue Code (the Code):

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

| P | ension Benefit Guaranty Corporation | ▶ Complete all entries in accord | dance with th | ne instructions to the Form 550 | O-SF. | 1000 | MATERIAL NA | |
|--------|--|--|---------------------------------|--|----------|---|---|----------|
| Pa | art I Annual Report | Identification Information | | | | • | | |
| For | calendar plan year 2009 or f | fiscal plan year beginning 0 | 1/01/200 | 9 and ending | | 12/31/200 | 9 | |
| | This return/report is for: This return/report is for: | single-employer plan | final return/re | oloyer plan (not multiemployer) eport ear return/report (less than 12 mo | onths) | one-participar | nt plan | |
| C | Check box if filing under: | X Form 5558 Special extension (enter description | automatic ex on) | dension | | DFVC program | m | |
| Pa | art II Basic Plan Info | ormation—enter all requested information | ation | | | | | |
| 1a | | JIDEN, M.D., F.A.C.P., I | NC. | | 1b | Three-digit plan number (PN) | 002 | |
| | 401(K) PROFIT SHA | ARING PLAN | | | 1c | Effective date of 01/01/1994 | | |
| | Plan sponsor's name and a PAUL E. A. VAN ZU F.A.C.P., INC. | ddress (employer, if for single-employer JTDEN, M.D., | plan) | | 17677 | Employer Identifi (EIN) 05-047 | 4980 | |
| | | EET, 2ND FLOOR | | | C-115.15 | Plan sponsor's to (401) 421-8 | 800 | |
| 20 | PROVIDENCE | and address (if same as Dian spensor a | nter "Came" | RI 02905 | | Business code (s 621111 Administrator's E | are the first service of the service of | 15) |
| od | SAME | and address (if same as Plan sponsor, e | nier Same) | | - | Administrator's to | | nber |
| 4 1 | f the name and/or EIN of the | plan sponsor has changed since the las | st return/repo | rt filed for this plan, enter the | - | EIN | <u> </u> | |
| | name, EIN, and the plan nur | nber from the last return/report. Sponso | r's name | | An | DN | | |
| Ea | Total number of participant | s at the beginning of the plan year | | | 4c | PN | | |
| | Charles and the second second second second second | | - | - | | | | |
| C | Total number of participant | s with account balances as of the end of | | | 5b 5c | | - lugh - m | 3 |
| | Are you claiming a waiver under 29 CFR 2520.104-46 | ets during the plan year invested in eligib of the annual examination and report of 6? (See instructions on waiver eligibility | an independent and condition | ent qualified public accountant (IC s.) | | | X Yes | No No |
| De | If you answered "No" to | either 6a or 6b, the plan cannot use F | orm 5500-SF | and must instead use Form 55 | 500. | | | |
| 124 | | rmation | | to the state of the | | 10. F-4 | - CV | |
| 7 | Plan Assets and Liabilities | | 194 | (a) Beginning of Year 788, 41 | 17 | (b) End | 826 | 231 |
| a | SECURE AND DESCRIPTION OF THE PARTY OF THE P | | 7a 7b | 7,0074. | | | 020 | , 63 |
| 0 | | ne 7b from line 7a) | 7c | 788,4 | 1.7 | | 826 | 23 |
| 0 | | | 10 | (a) Amount | | (b) T | | , 23 |
| 8 a | Contributions received or re (1) Employers | | . 8a(1) | 32,5 | 00 | (6) | otai | |
| | | | 8a(2) | 22,0 | 0.0 | | | |
| | THE WAS TO SERVICE THE PROPERTY OF THE PARTY | /ers) | 8a(3) | | 0 | | | |
| b | | /// | 8b | (16,67) | 8) | | | |
| c | | (1), 8a(2), 8a(3), and 8b) | 8c | | | | 37 | , 82 |
| d | Benefits paid (including dir | ect rollovers and insurance premiums | . 8d | | 0 | | | |
| е | Certain deemed and/or cor | rective distributions (see instructions) | 8e | | 0 | | | |
| f | Administrative service prov | riders (salaries, fees, commissions) | . 8f | | 0 | | | |
| g | Other expenses | | . 8g | | 0 | | | |
| h | Total expenses (add lines | 8d, 8e, 8f, and 8g) | 8h | | | | | |
| i | Net income (loss) (subtrac | t line 8h from line 8c) | . 81 | | | | 37 | .82 |
| 1 | Transfers to (from) the plan | (see instructions) | 91 | | 0 | | | |

| Page 2- | Page | 2- | 1 | |
|---------|------|----|---|--|
|---------|------|----|---|--|

| Part | IV | Plan Characteristics | | | a cristonal | | on Tin | Mario Torre Rei | 2472.00 | | |
|-------------|--|--|----------------------|-----------------------|-------------|-----------|--------|-----------------|------------------|---------------------|-------------|
| 5133.11 | | plan provides pension benefits, enter the applicable pension featur 2E 2F 2G 2J 2K 3D | | | | | | | | | |
| b | If the | plan provides welfare benefits, enter the applicable welfare feature | codes from the L | ist of Plan Charact | teristi | c Code: | s in t | he instru | ctions | | |
| Part | V | Compliance Questions | | | | - 48 | | | | | |
| 10 | | ng the plan year | | | | Yes | No | | Ame | ount | |
| | 29 0 | there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary | Correction Progra | m) | 10a | | х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b | | | | | | х | | | | |
| C | Was the plan covered by a fidelity bond? | | | | | | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | | | | х | | | | |
| e | insur | e any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the actions.) | benefits under the | plan? (See | 10e | | х | | | | |
| f | | the plan failed to provide any benefit when due under the plan? | | | 10f | | Х | | | | |
| q | Did | he plan have any participant loans? (If "Yes," enter amount as of y | ear end.) | | 10g | | X | | | | |
| h | If this | s is an individual account plan, was there a blackout period? (See | nstructions and 29 | CFR | 10h | | X | | = | | |
| i | If 10 | h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3 | juired notice or on | e of the | 10i | | | | | | |
| Part | VI | Pension Funding Compliance | | | | | | | | | |
| 11 | | s a defined benefit plan subject to minimum funding requirements? | | | | | | | | Yes | No |
| 12 a | (If "Y | is a defined contribution plan subject to the minimum funding requives," complete 12a or 12b, 12c, 12d, and 12e below, as applicable, vaiver of the minimum funding standard for a prior year is being amount ting the waiver. | ortized in this plan | year, see instruct | tions, | and en | ter th | | f the le | etter rulir | No No |
| lf : | you c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB | (Form 5500), and | skip to line 13. | | | | | | | |
| b | Ente | r the minimum required contribution for this plan year | | | | 1 | 12b | | | | |
| C | Ente | r the amount contributed by the employer to the plan for this plan y | ear | | | . 1 | 2c | | | | |
| d | Subt | tract the amount in line 12c from the amount in line 12b. Enter the rative amount) | esult (enter a mini | us sign to the left o | of a | | 2d | | | | |
| e | Will | the minimum funding amount reported on line 12d be met by the fu | nding deadline? | | | | 56 | Yes | | No | N/A |
| Part | VII | Plan Terminations and Transfers of Assets | | | | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted during the plan ye | ar or any prior yea | r? | | | 19.60 | | | Yes | X No |
| | If "Y | es," enter the amount of any plan assets that reverted to the emplo | yer this year | | | | 13a | | | | |
| b | Wen | e all the plan assets distributed to participants or beneficiaries, transe PBGC? | sferred to another | plan, or brought u | inder | the con | ntrol | | I | Yes | X No |
| C | | ring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.) | nis plan to another | plan(s), identify th | e plar | | 200 | 2450 m 15 | | 0.17m2 0.15m27/0147 | Michigan II |
| | 13c(1) |) Name of plan(s): | | | | 130 | (2) E | IN(s) | + | 13c(3) | PN(s) |
| | | | | | | | | | | | |
| Cau | tion: | A penalty for the late or incomplete filing of this return/report | will be assessed | unless reasonabl | e cau | se is e | stab | lished. | | | |
| Und SB o | er pen | nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete. | eclare that I have | examined this retu | rn/res | port, inc | dudir | ng, if app | icable ny kno | , a Sche wledge | dule and |
| F-25/35 | | | 10/3/2010 | PAUL E.A. T | VAN | ZUID | EN | M.D. | | | |
| SIG | | | Date , | Enter name of in | | | | | | trator | |
| | 1907 | | 10/1/2010 | PAUL E.A. | | | 11111 | 1000 | | | |
| SIG | ma gree | Ale | Date | Enter name of in | | | | | | plan spo | nsor |
| | | 11 | | | | | | | | | |