## 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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:								
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
С	Check box if filing under:		automatio	extension	DFVC program				
	ŭ								
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation						
	Name of plan	chief all requested filloff	lation		1b	Three-digit			
	A. MUELLER MD INC. 401(K)	PROFIT SHARING PLAN				plan number			
	· /					(PN) • 001			
					1c	Effective date of plan			
0-					01	01/01/2004			
	Plan sponsor's name and addi A. MUELLER MD INC.		26	Employer Identification Number (EIN) 20-1201236					
LISA	A. MOLLLER MD INC.				2c	Plan sponsor's telephone number			
33 S	TANIFORD STREET, 2ND FLO		401-421-8800						
PRO	VIDENCE, RI 02905		2d	Business code (see instructions)					
20	Diamental Control of the Control	Laddana (Yanana Blanca an		- 11\	26	621111			
	A. MUELLER MD INC.	d address (if same as Plan sponsor, e 33 STANIFO		e ) ET, 2ND FLOOR	30	Administrator's EIN 20-1201236			
		PROVIDENC			3c	Administrator's telephone number			
						401-421-8800			
	•	an sponsor has changed since the la		eport filed for this plan, enter the	4b EIN				
	iame, Em, and the plan number	er from the last return/report. Sponso	oi s name		4c	PN			
5a	Total number of participants a		5a	1					
b			5b	1					
С	·	vear (defined benefit plans do not	35	•					
					5c	1			
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No			
b		the annual examination and report of				X Yes ☐ No			
		(See instructions on waiver eligibility				X Yes   No			
Pa	rt III Financial Inform	her 6a or 6b, the plan cannot use F	01111 5500-	SF and must instead use Form 55	<del>00.</del>				
7	Plan Assets and Liabilities			(a) Reginning of Year		(b) End of Year			
=	Total plan assets		7a	(a) Beginning of Year		221507			
b	. ota. pia accoto					22.1001			
C	•	7b from line 7a)		144141		221507			
8	Income, Expenses, and Trans		. 70						
а	Contributions received or rece			(a) Amount		(b) Total			
_			8a(1)	32500	)				
	(2) Participants		. 8a(2)	16500	)				
	(3) Others (including rollovers	s)	. 8a(3)		)				
b	Other income (loss)		8b	28608	3				
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	. 8c			77608			
d	1 \	rollovers and insurance premiums	8d		)				
е	. ,	ctive distributions (see instructions)		(					
f		ers (salaries, fees, commissions)		242	-				
g g	· .			2-12					
h	•	8e, 8f, and 8g)				242			
i		ne 8h from line 8c)				77366			
i		see instructions)		(					
	( - ) (-	,	. 01		,				

Part IV	Dlan	Charac	torictics
Part IV	Plan	Cnarac	teristics

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:

	The plant provided from the grant the approach from the court from the court from the	. iaii eriaiaoteile								
art	V Compliance Questions									
0	During the plan year:		Yes	No Amou			unt			
а	Was there a failure to transmit to the plan any participant contributions within the time period de 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 c	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						
	Enter the amount contributed by the employer to the plan for this plan year		⊢	12c						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	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	o	N/A		
art										
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		Г	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	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	3c(1) Name of plan(s):	<b>13c(2)</b> EIN(s) <b>13c</b>				3c(3)	PN(s)			
auti	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 examin r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of f, it is true, correct, and complete.									
SIGI	Filed with authorized/valid electronic signature. 10/08/2010 CARO	L LIPMAN								
HER			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

## EIN 20 1201236 / PN 001 Short Form Annual Return/Report of Small Employee Benefit Plan

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2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 01/01/2009 and ending 12/31/2009 For calendar plan year 2009 or fiscal plan year beginning X single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report B This return/report is for short plan year return/report (less than 12 months) an amended return/report automatic extension DFVC program Form 5558 C Check box if filing under special extension (enter description) Basic Plan Information-enter all requested information Part II Three-digit 1a Name of plan plan number LISA A. MUELLER MD INC. 401(K) PROFIT SHARING (PN) > 001 PLAN 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 20-1201236 Plan sponsor's telephone number (401)421-8800 33 STANIFORD STREET, 2ND FLOOR Business code (see instructions) 621111 RI 02905 PROVIDENCE 3b Administrator's EIN 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5a Total number of participants at the end of the plan year.... 5<sub>b</sub> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) No Yes Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 221,507 144,141 Total plan assets... 7a 7b Total plan liabilities... 221,507 144,141 c Net plan assets (subtract line 7b from line 7a). 7c (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 32,500 8a(1) (1) Employers. 16,500 8a(2) (2) Participants (3) Others (including rollovers).... 8a(3) 28,608 8b Other income (loss). 77,608 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . 8c Benefits paid (including direct rollovers and insurance premiums 0 8d to provide benefits). 0 Certain deemed and/or corrective distributions (see instructions) 8e 242 Administrative service providers (salaries, fees, commissions). 8f 89 Other expenses. q 242 Bh Total expenses (add lines 8d, 8e, 8f, and 8g). 77,366 Net income (loss) (subtract line 8h from line 8c),... 18

Transfers to (from) the plan (see instructions) ...

0

Page 2-			-
Page Z-	THE PERSON	0	
	Page	Z-	

Part		Plan Characteristics									
9a	If the	plan provides pension benefits, enter the applicable pension feat	ture codes from the	List of Plan Charact	eristic C	odes in	the instructi	ons:			
b	If the	2E 2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Characte	eristic Co	odes in	the instruction	ons:			
Part	٧	Compliance Questions			174						
10	Dur	ing the plan year:			Yes	No		Amount			
a	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	am) 1	0a	х					
b	on	re there any nonexempt transactions with any party-in-interest? (E ine 10a.)		1	0Ь	X					
C		s the plan covered by a fidelity bond?			0c	X					
d	or c	the plan have a loss, whether or not reimbursed by the plan's fide lishonesty?		1	0d	X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)										
f	Has	s the plan failed to provide any benefit when due under the plan?			Of	X					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	1	0g	X					
h		is is an individual account plan, was there a blackout period? (Se 0.101-3.)			0h	x					
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			101			major T			
Part		Pension Funding Compliance									
11	Is th	nis a defined benefit plan subject to minimum funding requirement 0))	s? (If "Yes," see ins	tructions and compl	ete Sche	dule St	B (Form	Yes	No		
12	ls l	his a defined contribution plan subject to the minimum funding rec	quirements of section	n 412 of the Code of	rsection	302 of	ERISA?	Yes	X No		
	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl waiver of the minimum funding standard for a prior year is being a nting the waiver	amortized in this pla	Month	ons, and	enter ti Day	he date of th	e letter ru Year	ling		
b		er the minimum required contribution for this plan year			12b						
c		er the amount contributed by the employer to the plan for this plan			12c						
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the ative amount)	e result (enter a min	us sign to the left of	a	12d					
е	Wil	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							7 - 16		
13a	Has	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ir?		Man Ha		Yes	X No		
	H	es," enter the amount of any plan assets that reverted to the emp	loyer this year			13a					
	of t	re all the plan assets distributed to participants or beneficiaries, tr he PBGC?						Yes	X No		
C		uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the		I was the control of		- Wanter	ENTER AND PROPERTY.		
-	3c(	) Name of plan(s):			if a	3c(2) E	IN(s)	13c(3	) PN(s)		
Caut	ion:	A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonable	cause	s estab	olished.				
Unde SB o	r pe	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	declare that I have	examined this retur	n/report.	includir	ng, if applica	ble, a Sch knowledge	e and		
-11934	O/	of Much	10/7/10	LISA A. MUE	LLER.	M.D					
SIG		Signature of plan administrator	Date		individual signing as plan administrator						
		10/3/10 LIEX & MIII					-				
SIG		Signature of employer/plan sponsor	Date	Enter name of inc			ALCOHOLD STATE OF	or plan sp	onsor		
			7.00						11		