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).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	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	al 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
В	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation			
1a	Name of plan				1b	Three-digit
JOSE	PH D. PIANKA MD INC. 401(F	K) PROFIT SHARING PLAN				plan number
					4 -	(PN) F
					1C	Effective date of plan 01/01/2004
2a	Plan sponsor's name and addi	ress (employer, if for single-employer	· plan)		2b	Employer Identification Number
JOSE	PH D. PIANKA MD INC.					(EIN) 20-1201466
33 6.	ANIFORD STREET, 2ND FLO)OP			2c	Plan sponsor's telephone number 401-421-8800
	/IDENCE, RI 02905				2d	Business code (see instructions)
						621111
	Plan administrator's name and PH D. PIANKA MD INC.	l address (if same as Plan sponsor, e		e") ET, 2ND FLOOR	3b	Administrator's EIN 20-1201466
0001		PROVIDENC			3с	Administrator's telephone number
4 .					41	401-421-8800
	•	an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	iamo, Em, and mo plan name.	or ment and recent wroper.	, oao		4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	1
b	Total number of participants a	5b	1			
С		vith account balances as of the end o			5c	1
6a	•	during the plan year invested in eligit				
		he annual examination and report of				
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condit	ions.)		X Yes No
		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Inform	ation		T		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	169194	ŀ	287735
b	·					
<u>C</u>		7b from line 7a)	. 7с	169194	ļ	287735
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	evable from:	. 8a(1)	32500)	
	• • • •			16500)	
		8)		()	
b	Other income (loss)		8b	73042	2	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			122042
d	1 \	rollovers and insurance premiums	8d	()	
е	. ,	etive distributions (see instructions)		()	
f		ers (salaries, fees, commissions)		3501		
g				()	
h	·	8e, 8f, and 8g)				3501
i		e 8h from line 8c)				118541
j		ee instructions)		(

D (1) (DI OI ('4'	
Part IV	Plan Characteristics	

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 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:

		Tian Grianacione								
art	V Compliance Questions									
0	During the plan year:		Yes	No	o Amount					
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 consurance 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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	n 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.)	s), identify the pla	n(s) to							
1	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3				
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless	reasonable cau	ıse is	establ	ished.					
ВВ ог	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.	,		,	<i>-</i> 11	,				
SIGI	Filed with authorized/valid electronic signature. 10/12/2010 CARO	L LIPMAN								
	Signature of plan administrator Date Enter name of				s plan adn	ninistra	itor			

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Engloyee Benefits Security Administration

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).

Complete off antique in secondaries with the instructions to the Form 5500.5

OMB Nos. 1210-0110 1210-0089

2009

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9.5		lance with	the instructions to the Form 5500)-SF.	<u> </u>	***************************************
	rt I Annual Report Identification Information selendar plan year 2009 or fiscal plan year beginning 0.	1/01/2	009 and ending	*;>*d#2***;	12/31/200	
	G in the second of the second		mployer plan (not multiemployer)	······································	one-panicipa	
	instantinebous io.	•		:	T are barroles	iii binii
5 1	the contract of the contract o	final return	year return/report (less than 12 mor	attions		
				10339	DFVC progra	· wa
C. C	heck box if filing under:		extension	:	U prac biodis	11 1 £
-	special extension (enter description	 		·		eran promonopido esta está esta esta esta esta esta esta esta esta
Luningina	rt II Basic Plan Information—enter all requested informa	tion	5.2.10.10.10.10.10.10.10.10.10.10.10.10.10.	11.	Three-digit	<u> </u>
	Name of plan JOSEPH D. PIANKA MD INC. 401(K) PROFIT SI	HARING		3 1.7	plan number	
	PLAN			heriothamittee	(PN) Þ	001
•	. wo's hat			10	Effective date o 01/01/2004	7
	The first state of the state of	managaran san	N. N	715	Employer Identi	
2a	Plan sponsor's name and address (employer, if for single-employer JOSEPH D. PIANKA MD INC.	bian)		2,0	(EIN) 20-120	
				2c		elephone number
	33 STANIFORD STREET, 2ND FLOOR			27 64	(401) 421-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	PROVIDENCE		RI 02905	Za	621111	see instructions)
	Plan administrator's name and address (if same as Plan sponsor, er	nter "Sarne		3b	Administrator's	EIN
	高级特别					
				3C	Administrator's	telephone number
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN	
ŧ	name, EIN, and the plan number from the last return/report. Sponso	r's name			*** £ 1	
<u></u>	Total number of participants at the beginning of the plan year	***************************************		4c	- FIX	3
5a				5a		-4, -4,
	Total number of participants at the end of the plan year			5b	-	
C	total number of panicipants with account balances as of the end of complete this item).	the bian y	asi (dainisa nanau hanz oo ne	5c		1.
6a	Were all of the plan's assets during the plan year invested in eligible				and a second contract of	X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IC	(A9		X Yes No
	under 29 CFR 2520:104-46? (See instructions on waiver eligibility.) If you answered "No" to either 6a or 6b, the plan cannot use Fo				eregs were tressed economic	E U
Pa	rt III Financial Information			,		<u> </u>
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	169,19	14		287,735
ъ	Total plan liabilities	7b			* - 1	
C	Net plan assets (subtract line 7b from line 7a)	1	169,19	4		287,735
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total
a	Contributions received or receivable from:	0-2743	32,50	iol .		
	(1) Employers	8a(1)	16,50	overet .		
	(2) Participants	8a(2) 8a(3)				
ła.	Other income (loss)	1	73.04	12		
ed ^	Total income (add fines 8a(1), 8a(2), 8a(3), and 8b)	1	A 100 CONTRACTOR (100 CONTRACTOR) A 100 CONTRACTOR (100 CONTRACTOR)		The second section is the second seco	122,042
C d	Benefits paid (including direct rollovers and insurance premiums				yyanga (a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	***************************************
1.4	to provide benefits)	8d				
e	Certain deemed and/or corrective distributions (see instructions)	8e		Û		
f	Administrative service providers (salaries, fees, commissions)	Bf	3,51	11		
g	Other expenses	,		9	· · · · · · · · · · · · · · · · · · ·	
h	Total expenses (add lines &d, &e, &f, and &g)				·	3,501
i	Net insome (loss) (subtract line 8h from line 8c)	Tana Caraca Cara				118,541
Ĭ	Transfers to (from) the plan (see instructions)		;	01	自由 医肾净蛋白	

Plan Characteristics

Part IV

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Page	1	1	
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9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 2J 2K 3D	acterii	stic Co	des in I	ine instructi	ons;		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charg	cteris	tic Co	des in 0	he instructi	อุกระ		
Par	V Compliance Questions		***************************************		r'r mydy'r retur			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
10	During the plan year.		Yes	No		Amo	EFFT	THE PERSON NAMED IN COLUMN 1
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	***************************************		refreshabi amidentana	A MARIAN PARAMETER (PERMIT
ь	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	Olyginja ja a ja da andrena e kan kun sena e nakuriro-	Andreas lands		Marine State of the Construction of the Construction
c	Was the plan covered by a fidelity bond?	10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	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.)	100		х				
f	Has the plan failed to provide any benefit when due under the plan?	101		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.):	109		X				
h	and the first of the control of the	10h		Х	- Anna Anna Anna Anna Anna Anna Anna Ann			
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	101						
Parl	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and cor 5500)).	piele	Sched	iule SB	(Form	П	Yes	No
12	Is this a defined contribution plan subject to the minimum funding regulrements of section 412 of the Cod						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the walver.	rth 📖	, and	enter th Day	e date of th	e let Year	ter ruf	ing ——
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		г	12b	<u> </u>	***************************************		
b	Enter the minimum required contribution for this plan year		1			·		orano de la compansa
C	Enter the amount contributed by the employer to the plan for this plan year.		-	12c	<u> </u>	·····	*************	
	Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left negative amount)	*******		12d	7 1	1 N] N/A
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*******	******	*****	Yes	1 10	0 1	NVA.
Par								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		1		· · · · · · · · · · · · · · · · · · ·		Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			138	<u></u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	*****	********				Yes	No.
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	ine pla				1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	//www.managementhern
	(3c(1) Name of plan(s):		13	lc(2) El	N(s)	-	(30(3)	PN(s)
			.				A firelessamely	***************
						The state of the state of		
Car	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ole ca	use is	establ	lished.		.,	
Unic SB	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct-and complete.	umire	aport, i	ncludin	g, if applica	ble know	a Sch ledge	edule and
Sit	N /0/7/10 JOSEPH D.	PIA	NKA,	M.I) _			
HE	1 The state of the	individ	dual si	gning a	s plan adm	mistr	ator	en (rainearan mara mina
	TOSERU N	PIA	NKA.	M.I) _			
SIG		individ	Jual si	gning a	s employer	or pl	ап вр	onsor
					manana di da Francisco	and the second	*******************************	