## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Complete all	entries in acco	rdance witl	h the instructions to the Form 550	0-SF.	
	art I Annual Report Identification Ir					
For	calendar plan year 2010 or fiscal plan year beginr	ing 01/01/20	10	and ending 1	2/31/2	2010
Α.	This return/report is for:	· plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for: first return/report	t [	final retur	n/report		
	an amended ret	nths)				
C	Check box if filing under: Form 5558	extension		DFVC program		
_	special extension					
Do			,			
	rt II   Basic Plan Information—enter all Name of plan	requested inforr	nation		1h	Three-digit
	Name of plan . E. A. VAN ZUIDEN, M.D., F.A.C.P., INC. 401(K)	PROFIT SHARI	NG PLAN		מו	plan number
. ,						(PN) • 002
					1c	Effective date of plan
						01/01/1994
	Plan sponsor's name and address (employer, if for	or single-employe	er plan)		2b	Employer Identification Number
PAUI	E. A. VAN ZUIDEN, M.D., F.A.C.P., INC.					(EIN) 05-0474980
33 S	ANIFORD STREET, 2ND FLOOR				2C	Plan sponsor's telephone number 401-421-8800
	/IDENCE, RI 02905				2d	Business code (see instructions)
						621111
3a	Plan administrator's name and address (if same a	s Plan sponsor,	enter "Same	e")	3b	Administrator's EIN
PAUI	E. A. VAN ZUIDEN, M.D., F.A.C.P., INC.		ORD STREI ICE, RI 0290	EŤ, 2ND FLOOR 05		05-0474980
			, , , , , ,		3c	Administrator's telephone number 401-421-8800
<b>1</b> 1	the name and/or EIN of the plan sponsor has cha	anged since the l	act return/re	port filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last retu			port med for this plan, enter the	40	EIIN
	·				4c	PN
5a	Total number of participants at the beginning of the plan year					1
b	Total number of participants at the end of the pla	n year			5b	1
С	Total number of participants with account balance	es as of the end	of the plan y	rear (defined benefit plans do not		
	complete this item)				5c	1
6a	Were all of the plan's assets during the plan year	r invested in eligi	ible assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examina					⊠ voo □ No
	under 29 CFR 2520.104-46? (See instructions of If you answered "No" to either 6a or 6b, the p	• .		•		Yes No
Pa	rt III Financial Information	ian cannot use	FOI 111 3300-	or and must mistead use Form 55	<del>00.</del>	
7	Plan Assets and Liabilities			(a) Beginning of Veer		(b) End of Year
-	Total plan assets		7-	(a) Beginning of Year 826239	)	936680
	rotal plan accord	•••••	<u>7a</u>			
b	Total plan liabilities			826239	)	936680
<u>c</u>	Net plan assets (subtract line 7b from line 7a)		7с			
8	Income, Expenses, and Transfers for this Plan Yo	ear		(a) Amount		(b) Total
а	Contributions received or receivable from:  (1) Employers		8a(1)	32500	)	
	(2) Participants			22000	)	
	(3) Others (including rollovers)		` '			
b	Other income (loss)			55941		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8					110441
d	Benefits paid (including direct rollovers and insur		00			-
u	to provide benefits)		8d			
е	Certain deemed and/or corrective distributions (s					
f	Administrative service providers (salaries, fees, o	ommissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0
i	Net income (loss) (subtract line 8h from line 8c)					110441
i	Transfers to (from) the plan (see instructions)					

	Fo	orm 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
	If the p	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch Fr 2G 2J 2K 3D	aracteri	stic Co	des in	the instru	ictions:		
b	If the p	olan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	aracteris	stic Co	des in t	the instru	ctions:		
) o rá	V C	Compliance Questions							
eart 0		Compliance Questions		Yes	No		A		
-		g the plan year: there a failure to transmit to the plan any participant contributions within the time period described	n	163			Amo	unt	
u		FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	'' 10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
_		e 10a.)	10b		X				
C		the plan covered by a fidelity bond?	10c						
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е		any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,							
		ance service or other organization that provides some or all of the benefits under the plan? (See	10e		X				
f		he plan failed to provide any benefit when due under the plan?	10f		X				
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X				
i	If 10h	n was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	101	ı	<u> </u>				
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	omplete	Sched	dule SB	Form			
		)					. <u> </u>	Yes	× No
12	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection (	302 of	ERISA?	. 📙	Yes	^ No
_	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	watia.na	224		o data of	the lett	مال سران	. ~
а		ng the waiverM						er ruiir	
lf	you co	impleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	_					
b	Enter	the minimum required contribution for this plan year			12b				
_		the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ive amount)	eft of a		12d				
е	Will th	ne 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	s," enter the amount of any plan assets that reverted to the employer this year	<u></u>		13a				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug	nt under	the co	ontrol			Voc [	X No

	of the PBGC?
;	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.)

13c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

#### 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 actuary, 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	Filed with authorized/valid electronic signature.	06/29/2011	PAUL E.A. VAN ZUIDEN, M.D.
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

### 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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

Inspection

Pa		2X 925 74				2 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
For c		1/01/20	10	and ending		12/31/2010
АТ	his return/report is for: X single-employer plan.	multiple-em	ployer plan (r	ot multiemployer)		one-participant plan
Вт	his return/report is for:	final return/	report			ANTE
	an amended return/report	short plan y	ear return/rep	ort (less than 12 mo	nths)	
CC	heck box if filing under: Form 5558	automatic e	xtension			DFVC program
•	special extension (enter description		5:59:5 <sup>6</sup> 3.14:21:5279.15.			
na		50.00				
Par	Name of plan	auon	÷		1b	Three-digit
	PAUL E. A. VAN ZUIDEN, M.D., F.A.C.P., I	NC.				plan number
	01(K) PROFIT SHARING PLAN					(PN) D002
718					1c	Effective date of plan 01/01/1994
2a	Pian sponsor's name and address (employer, if for single-employer	plan)	2		2b	Employer Identification Number
	Plan sponsor's name and address (employer, if for single-employer PAUL E. A. VAN ZUIDEN, M.D., F.A.C.P., INC.	Landing of the Control of the Contro			1-03/2000	(EIN) 05-0474980
94	A.C.P. / INC.				2c	Plan sponsor's telephone number (401) 421 - 8800
į	3 STANIFORD STREET, 2ND FLOOR				24	Business code (see instructions)
1	PROVIDENCE		RI	02905	Lu	621111
	lan administrator's name and address (if same as Plan sponsor, e	nter "Same")			3b	Administrator's EIN
	AME				-	<u> 8</u>
		178855			30	Administrator's telephone number
	the name and/or EIN of the plan sponsor has changed since the la		ort filed for thi	s plan, enter the	4b	EIN
Ē	ame, EIN, and the plan number from the last return/report. Sponso	or's name			4c	PN
5a	Total number of participants at the beginning of the plan year			***********************	5a	
b	Total number of participants at the end of the plan year				5b	
C	Total number of participants with account balances as of the end or complete this item)	70 20	(5)		5c	
6a	Were all of the plan's assets during the plan year invested in eligib	ele assets? (S	See instruction	ns.)		X Yes No
	Are you claiming a waiver of the annual examination and report of					900 900 900 900 900 900 900 900 900 900
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No
Day	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-Si	- and must I	nstead use Form 5	500.	
No.			1-1-0-		Т	(b) End of Year
	Plan Assets and Liabilities	7.0	(a) De	ginning of Year 826,2	2 9	936,680
4011	Total plan assets			020,2	,,	
	Total plan liabilities	. 7b		826,2	2 0	936,680
5	Net plan assets (subtract line 7b from line 7a)	7c	8 <u>V V</u>		33	<del></del>
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(2	) Amount		(b) Total
а	(1) Employers	. 8a(1)		32,5	00	
	(2) Participants	W AGAIN CONTRACT		22,0	0 0	
	(3) Others (including rollovers)	1000 000	50-0			
	Other income (loss)			55,9	41	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1	Za2MNAS.			110,44
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)					
	Certain deemed and/or corrective distributions (see instructions)			- <del>1</del>		
	Administrative service providers (salaries, fees, commissions)					
	Other expenses	255	1-5	*	_	
g	Total expenses (add lines 8d, 8e, 8f, and 8g)				-	
h			***		-4	110,44
ŀ	Net income (loss) (subtract line 8h from line 8c)			995 C	-	110,111.
- 1	Transfers to fireith the piant toes instructions from the commencer of the piant to piant to be instructionally and the piant to be instru	. 81			- 1	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form 5500-SF 2010 Page <b>2-</b>		_	<del>-1</del> 0				_
rt IV	Plan Characteristics		0.000			THE STATE OF THE S		
	plan provides pension benefits, enter the applicable pension feature codes from the List of P 2E 2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of P							
t V	Compliance Questions			Section 1			Commercial	
Duri	ng the plan year:	25 (USE)	950	Yes	No	Amo	unt	_
29	there a failure to transmit to the plan any participant contributions within the time period des CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	*****	10a		х			
Wer	e there any nonexempt transactions with any party-in-interest? (Do not include transactions in 10a.)	reported	10b		x			
	s the plan covered by a fidelity bond?		10c		x			
Did	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ishonesty?	by fraud	10d		х	2	-7: 	
Wer	re any fees or commissions paid to any brokers, agents, or other persons by an insurance ca irance service or other organization that provides some or all of the benefits under the plan? ructions.)	rrier, (See	10e		x		<u> </u>	
Has	the plan failed to provide any benefit when due under the plan?	******	10f		Х		_	
	the plan have any participant loans? (If "Yes," enter amount as of year end.)	*********	10g		Х		_	
If th 252	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)		10h		х	76		
If 10	Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	3	10i					
VI	Pension Funding Compliance	_		-	20.50		2 82	
550	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction.			********	******		Yes X	-
(If "	his a defined contribution plan subject to the minimum funding requirements of section 412 o Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, nting the waiver.	see instru	ictions	, and	enter the	date of the le	Yes X tter ruling	
gran	nung the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	to line 13.	W.	-	50 <del></del>	758		
Enti	er the minimum required contribution for this plan year				12b			
	er the amount contributed by the employer to the plan for this plan year				12c	- A1	<u> </u>	
Sub	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign	to the left	tofa		12d			
Will	the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No D	N/A
VII	Plan Terminations and Transfers of Assets	-				8		-
8 7.001-0151	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes X	N
If "Y	res," enter the amount of any plan assets that reverted to the employer this year		,,,,,,,,,		13a			_
We of t	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, on the PBGC?	or brought	unde	r the c	9(1)00)		Yes X	N
	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s)	), identify	the pl	an(s) t	0			

Part V	II Plan Terminations and Transfers of Assets		
If	las a resolution to terminate the plan been adopted during the plan year or any prior year?  f "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Yes X No
b v	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or of the PBGC?	r brought under the control	Yes X No
C II	f 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.)	identity the plants) to	
130	c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
gQ			_

Part IV

Part V 10

Part VI

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 actuary, 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			PAUL E.A. VAN ZUIDEN, M.D.
HERE	Signature of plan administrator	Date 6/23/11	Enter name of individual signing as plan administrator
SIGN	1/2		PAUL E.A. VAN ZUIDEN, M.D.
	Signature of a proper plan sponsor	Date 6/23/11	Enter name of individual signing as employer or plan sponsor