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

2010

This Form is Open to Public Inspection

| Р | ension Benefit Guaranty Corporation | Complete all entries in accor | rdance witl | n the instructions to the Form 550 | 0-SF. | | | |
|--------|--|----------------------------------|--------------|--|--------|--------------------------|----------------------|---------|
| Pa | art I Annual Report Identif | fication Information | | | | | | |
| For | calendar plan year 2010 or fiscal plan | year beginning 01/01/201 | 10 | and ending 1 | 2/31/2 | 2010 | | |
| A | This return/report is for: | gle-employer plan | multiple-e | mployer plan (not multiemployer) | | one-particip | ant plan | |
| В | This return/report is for: | t return/report | final retur | n/report | | _ | | |
| | an | amended return/report | short plan | year return/report (less than 12 mor | nths) | | | |
| С | Check box if filing under: | m 5558 | automatic | extension | | DFVC progr | am | |
| | · | ecial extension (enter descripti | on) | | | | | |
| Pa | rt II Basic Plan Information | n—enter all requested inform | nation | | | | | |
| | Name of plan | | | | 1b | Three-digit | | |
| | EPH D. PIANKA MD INC. 401(K) PRO | OFIT SHARING PLAN | | | | plan number | 001 | |
| | | | | | 4. | (PN) • | | |
| | | | | | 1C | Effective date of 01/01/ | | |
| 2a | Plan sponsor's name and address (e | mplover, if for single-employe | r plan) | | 2b | Employer Ident | | ımber |
| | EPH D. PIANKA MD INC. | p.oyo., ror og.o op.oyo | . p.a, | | | (EIN) 20-120 | | |
| 33 C. | TANIEODD STREET 2ND ELOOP | | | | 2c | Plan sponsor's | telephone 21-8800 | number |
| | TANIFORD STREET, 2ND FLOOR VIDENCE, RI 02905 | | | | 24 | Business code | | otiona) |
| | | | | | Zu | 62111 | | Clions) |
| 3a | Plan administrator's name and addre | ss (if same as Plan sponsor, e | enter "Same | e") | 3b | Administrator's | | |
| JUSE | EPH D. PIANKA MD INC. | PROVIDEN | | EŤ, 2ND FLOOR 05 | 2- | 20-1201466 | | |
| | | | | | 3C | Administrator's 401-42 | telephone 21-8800 | number |
| 4 | f the name and/or EIN of the plan spo | nsor has changed since the la | st return/re | port filed for this plan, enter the | 4b | EIN | | |
| I | name, EIN, and the plan number from | the last return/report. Spons | or's name | | 40 | DNI | | |
| 50 | Total number of participants at the b | aginaing of the plan year | | | | PN | | 1 |
| _ | Total number of participants at the be | | | | 5a | | | 1 |
| | Total number of participants at the en | | | | 5b | | | |
| С | Total number of participants with accomplete this item) | | | ` . | 5с | | | 1 |
| 6a | Were all of the plan's assets during | | | | | | X Yes | s No |
| | Are you claiming a waiver of the ann | nual examination and report of | an indeper | ndent qualified public accountant (IQI | PA) | | | |
| | under 29 CFR 2520.104-46? (See in | · , | | • | | | ^ Ye | s No |
| Da | If you answered "No" to either 6a rt III Financial Information | | orm 5500- | SF and must instead use Form 550 | 00. | | | |
| | | 1 | | | | 4.5 | | |
| 7 | Plan Assets and Liabilities | | _ | (a) Beginning of Year 287735 | , | (b) En | d of Year | 391945 |
| | Total plan assets | | 7a | 201100 | | | | |
| b C | Total plan liabilities | | | 287735 | 5 | | | 391945 |
| 8 | Net plan assets (subtract line 7b from Income, Expenses, and Transfers fo | • | 7с | | | (1-) | Tatal | |
| а | Contributions received or receivable | | | (a) Amount | | (a) | Total | |
| ű | (1) Employers | | 8a(1) | 32500 |) | | | |
| | (2) Participants | | 8a(2) | 16500 |) | | | |
| | (3) Others (including rollovers) | | 8a(3) | | | | | |
| b | Other income (loss) | | 8b | 60513 | 13 | | | |
| С | Total income (add lines 8a(1), 8a(2), | 8a(3), and 8b) | 8c | | | | | 109513 |
| d | Benefits paid (including direct rollove to provide benefits) | | 8d | | | | | |
| е | Certain deemed and/or corrective dis | | 8e | | | | | |
| f | Administrative service providers (sala | aries, fees, commissions) | 8f | 5303 | 3 | | | |
| g | Other expenses | | 8g | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, | and 8g) | | | | | | 5303 |
| i | Net income (loss) (subtract line 8h fr | om line 8c) | 8i | | | | | 104210 |
| j | Transfers to (from) the plan (see inst | | | | | | | |

| | Form 5500-SF 2010 Page 2- | | | | |
|-----|---|---------|---------|----------|------------------|
| ar | t IV Plan Characteristics | | | | |
| а | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2G 2J 2K 3D | | | | |
|) | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics. | cterist | ic Cod | des in t | he instructions: |
| art | V Compliance Questions | | | | |
|) | During the plan year: | | Yes | No | Amount |
| 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 | | X | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| С | Was the plan covered by a fidelity bond? | 10c | | X | |
| 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 | |
| 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.) | 10e | | 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.) | 10q | | X | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | Χ | |
| 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 | 10i | | | |
| ırt | VI Pension Funding Compliance | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500)) | | | | |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or sec | ction 3 | 302 of I | ERISA? Yes 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, see instruct granting the waiver | | | | |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | _ | | |
| b | Enter the minimum required contribution for this plan year | | | 12b | |

| <u>e</u> | 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 during the plan year or any prior year? | | | Ye | s 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, or brought under the of the PBGC? | ontrol | | Ye | s X No |

12c

12d

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.)

c Enter the amount contributed by the employer to the plan for this plan year......
 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)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) 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. | 07/06/2011 | JOSEPH D. PIANKA, 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

Employee Benefits Security Administration

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be flied 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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2010

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** For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 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: an amended return/report short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit JOSEPH D. PIANKA MD INC. 401(K) PROFIT SHARING plan number 001 (PN) > 1c Effective date of plan 01/01/2004 2b Employer Identification Number 2a Plan sponsor's name and address (employer, if for single-employer plan)
JOSEPH D. PTANKA MD TNC (EIN) 20-1201466 Plan sponsor's telephone number (401) 421-8800 33 STANIFORD STREET, 2ND FLOOR Business code (see instructions) 621111 PROVIDENCE RI 02905 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 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 b Total number of participants at the end of the plan year..... c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item)..... 6a 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 annual examination and report of an independent qualified public accountant (IQPA) Yes 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 287,735 391,945 a Total plan assets 7a b Total plan liabilities..... 7b 391,945 C Net plan assets (subtract line 7b from line 7a)..... 7c 287,735 (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: الوجوال يعتصون ومساغ توالط فيتوجب بالكل 32,500 8a(1) (1) Employers 16,500 (2) Participants 8a(2) (3) Others (including rollovers)..... Ba(3) 60,513 b Other income (loss)..... 86 109,513 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits)..... Certain deemed and/or corrective distributions (see instructions) ... Be 5,303 Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g

8h

8i

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

5,303

104,210

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

| Form | 5500 | -SF | 2010 |
|------|------|-----|------|
| | | | |

| Part IV | Plan Characteristics | |
|-----------|------------------------|--|
| I GILL DA | riali Gilalactelistics | |

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:

| Part | v l | Compliance Questions | | _ | | | | | | | |
|-------|---|--|--|-----------------------------|----------------|-------------|--|----------------|--|--|--|
| | | g the plan year. | * | | Ţ, | res | No | А | mount | | |
| | Was t | there a failure to transmit to the plan any participant contributions of FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary | within the time per Correction Progra | iod described in m) | 10a | | х | | | | |
| b | Were | there any nonexempt transactions with any party-in-interest? (Do e 10a.) | not include transa | ctions reported | 106 | | х | | | | |
| C | Was | the plan covered by a fidelity bond? | | | 10c | | х | | | | |
| d | Oid th | ne plan have a loss, whether or not reimbursed by the plan's fidelit | y bond, that was o | aused by fraud | 10d | į, | х | | | | |
| е | Were | any fees or commissions paid to any brokers, agents, or other pe ance service or other organization that provides some or all of the octions.) | rsons by an insura benefits under the | ance carrier, plan? (See | 10e | | х | | | | |
| f | Has t | he plan failed to provide any benefit when due under the plan? | | | 10f | 0-117 | х | | | | |
| q | Did th | ne plan have any participant loans? (If "Yes," enter amount as of ye | ear end.) | | 10g | | х | | | | |
| h | If this | is an individual account plan, was there a blackout period? (See i | nstructions and 29 | CFR | 10h | | х | | | | |
| i | If 10h | was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3 | uired notice or on | e of the | 10i | | | - 500 - 500 | | | |
| Part | | Pension Funding Compliance | | • | | | | | | | |
| | Is this | s a defined benefit plan subject to minimum funding requirements? | (If "Yes," see inst | ructions and comp | lete S | ched | lule SB | (Form | Yes X No | | |
| 12 | | s a defined contribution plan subject to the minimum funding requi | | | | | | | Yes X No | | |
| No. | | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. | | | | | | | | | |
| | If a w | aiver of the minimum funding standard for a prior year is being am ing the waiver. | ortized in this plar | Montl | ions, a | and e | enter the Day_ | adate of the | e letter ruling /ear | | |
| If y | you co | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB | (Form 5500), and | l skip to line 13. | | | week T | | <u> </u> | | |
| b | Enter | the minimum required contribution for this plan year | | | | 8 <u>(1</u> | 12b | | 812 | | |
| | | the amount contributed by the employer to the plan for this plan y | | | | . L | 12c | | | | |
| d | Subtr negat | act the amount in line 12c from the amount in line 12b. Enter the r tive amount) | esult (enter a min | us sign to the left o | of a | | 12d | | Total Confidence | | |
| е | Will th | he minimum funding amount reported on line 12d be met by the fu | nding deadline? | | ******* | | ***** | Yes | No N/A | | |
| Part | VII | Plan Terminations and Transfers of Assets | | 1-70 | | | | | | | |
| 13a | Has a | a resolution to terminate the plan been adopted during the plan ye | ar or any prior yea | ır? | | | ***** | | Yes X No | | |
| | | s," enter the amount of any plan assets that reverted to the emplo | | | | - 1 | 13a | Series Series | | | |
| | Were of the | all the plan assets distributed to participants or beneficiaries, tran | sferred to another | plan, or brought u | nder ti | he co | ***** | | Yes X No | | |
| C | If dur | ring this plan year, any assets or liabilities were transferred from the hassets or liabilities were transferred. (See instructions.) | is plan to another | plan(s), identify th | e plan | (s) to | | | | | |
| | 13c(1) | Name of plan(s): | 2 | 23 995 | | 13 | c(2) Ell | N(s) | 13c(3) PN(s) | | |
| | | | | | Ē | | | | | | |
| | | | | is is | | | | | | | |
| | | | | | | | | | | | |
| C | dam A | penalty for the late or incomplete filing of this return/report | vill he assessed | uniess reasonabi | e caus | se Is | establ | ished. | =-AK | | |
| Linds | COOR | alties of perjury and other penalties set forth in the instructions, I d | ectare that I have | examined this retu | rn/rep | ort. ii | ncluding | a, if applica | ole, a Schedule | | |
| SBo | r Sche | edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete. | the electronic ver | sion of this return/ | eport, | and | to the b | est of my k | nowledge and | | |
| | | 20. S/ 2 | 6/28/11 | JOSEPH D. | MAIS | KA, | M.D | | | | |
| SIG | | Signature of plan administrator | Date / | Enter name of in | | | 0. 0.7700.0048 | | nistrator | | |
| | | | 1 1 | JOSEPH D. | SOLUTION O AND | Market V | 1500at - 255as | | 18.5 | | |
| SIG | 0.00 | | - 1 m | MANAGEMENT ASSESS THROUGH | | | | | os plan anacas | | |
| HER | RE Signature of employer/plan sponsor Date Enter name of in | | | | | | f individual signing as employer or plan sponsor | | | | |