Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Complete all entries in acc	ordance wit	h the instructions to the Form 550	0-SF.	Ins	pection	
Pa	art I Annual Report Identification Information				•		
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2	2011	and ending 1	2/31/20	011		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report	_	_		
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
_	Check box if filing under: X Form 5558	H	extension	Γ	DFVC progra	m	
	special extension (enter descri	ш	OCKENSION	L			
De	<u> </u>	,					
	Name of plan	rmation		1h -	Three-digit		
	PH D. PIANKA MD INC. 401(K) PROFIT SHARING PLAN				plan number		
					(PN) •	001	
				1c	Effective date of	fplan	
					01/01		
	Plan sponsor's name and address; include room or suite number EPH D. PIANKA MD INC.	(employer, i	for a single-employer plan)		Employer Identif		er
0001	THE TRANSPORT				(= !! 1)	01466	
				2C 3	Sponsor's telep		
	FANIFORD STREET, 2ND FLOOR VIDENCE, RI 02905			2d F	Business code (15)
	· · · · · · · · · · · · · · · · · · ·				62111		.0)
	Plan administrator's name and address (if same as plan sponsor	, enter "Same	e")	3b /	Administrator's I	ΞIN	
JOSE		FORD STREE NCE, RI 0290	ET, 2ND FLOOR			01466	_
	THOUSE	110L, 111 0200	,,,	3C /	Administrator's t 401-421	elephone num I-8800	ber
4	If the name and/or EIN of the plan sponsor has changed since the	ne last return/	report filed for this plan, enter the	4b			
	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			5b			
С	Number of participants with account balances as of the end of th complete this item)		•	5c			
6a	Were all of the plan's assets during the plan year invested in eli					X Yes	No
b	Are you claiming a waiver of the annual examination and report	•	· ·				!
	under 29 CFR 2520.104-46? (See instructions on waiver eligibil	-	· ·		•••••	X Yes	No
Do	If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information	Form 5500-	SF and must instead use Form 550	00.			
7							
′ _	Plan Assets and Liabilities		(a) Beginning of Year 391945		(b) End	or Year 399661	
a	Total plan liabilities		001040				
b	Total plan liabilities		391945			399661	
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a)	7с			(b) T		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	Ulai	
	(1) Employers	8a(1)	21915				
	(2) Participants	8a(2)	16500				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-23914				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				14501	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	6785				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				6785	
i	Net income (loss) (subtract line 8h from line 8c)	8i				7716	
j	Transfers to (from) the plan (see instructions)	····· 8j					

Form	5500	SF	201

Page 2 -	1
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Part IV	Plan Characteristic	s

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

		Yes	No		٨.	nount	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in						ilouiit	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
on line 10a.)	10b						
Was 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 by fraud or dishonesty?	10d		X				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	mploto	<u> </u>					
to time a definion point plan educate this initial surface of the control and educate and educate the control and educate the	iibiere .	Sched	ule SE	3 (Form	l	- .,	
5500))	······			·····		Yes	ᆜ
· · · · · · · · · · · · · · · · · · ·	······			·····		Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			·····			ᆜ
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	 302 of	ERISA	 ?	Ye	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of enter th	ERISA	? of the	Ye:	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.	e or se	ction 3	302 of enter th	ERISA	? of the	Ye:	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se uctions, nth	and e	302 of enter th	ERISA	? of the	Ye:	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instru	e or se uctions, nth	ction 3	302 of enter th Day	ERISA	? of the	Ye:	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se uctions, nth t of a	ction 3	302 of enter th Day	ERISA	? of the	Ye:	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 130. Enter the minimum required contribution for this plan year. 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 to the left negative amount).	e or se uctions, nth	and e	302 of enter the Day 12b 12c	ERISA	of the Ye	Ye:	s X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth	and e	302 of enter the Day 12b 12c	ERISA ne date	of the Ye	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. 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 to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	ction 3	12b 12c 12d	ERISA ne date	of the Ye	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. 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 to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	e or se	ction 3	12b 12c 12d	ERISA ne date	of the Ye	Yes	uling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth t of a	and e	12b 12c 12d	ERISA ne date	of the Ye	Yes	uling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth t of a under	and e	12b 12c 12d	ERISA ne date	of the You	Yes	uling N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se uctions, nth t of a under	and e	12b 12c 12d	ERISA ne date Yes	of the You	No Yes	uling N

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.	07/10/2012	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

Department of Lebor Employee Benefits Security Administration Pansion 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos 1210-0110

1210-0089

V.012611

This Form is Open to Public

Inspection

		dance wit	h the instructions to the Form 550	O-SF.	Паросион
Pa					
HOLC	C-0.	01/01/	2011 and ending		12/31/2011
AT	his return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
B T	his return/report is:	the final r	eturn/report		
	an amended return/report	a short pl	an year return/report (less than 12 m	onths)	
Co	theck box if filing under: Form 5558	automati	c extension		DFVC program
	special extension (enter description	in)		· ·	
Pai	rt II Basic Plan Information—enter all requested information	ation			
1a	Name of plan			1b	Three-digit
JOS	SEPH D. PIANKA MD INC. 401(K) PROFIT SHA	RING P	LAN		plan number 0.01
				41.	(Più)
					Effective date of plan 01/01/2004
2a !	Plan sponsor's name and address; include room or suite number (e	molover. h	for a single-employer plan)		Employer Identification Number
JOS	SEPH D. PIANKA MD INC.				(EIN) 20-1201466
	and the second s			2c	Sponsor's telephone number
33	STANIFORD STREET, 2ND FLOOR				401-421-8800
*****	ATTENDATION TO THE CONTROL OF THE CO			2d	Business code (see instructions)
	OVIDENCE RI 02905			-	521111
JOS	Plan administrator's name and address (if same as plan sponsor, er EPH D. PLANKA MD INC.	iter "Same	∌ ")	3D	Administrator's EIN 20-1201466
3 3	STANIFORD STREET, 2ND FLOOR			3с	Administrator's telephone number
PRC	OVIDENCE RI 02905				401-421-8800
	If the name and/or EIN of the plan sponsor has changed since the li- name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
	Sponsor's name			4c	PÑ:
	Total number of participants at the beginning of the plan year			5a	
	Total number of participants at the end of the plan year			5b	1
	Number of participants with account balances as of the end of the p			0.0	-
	complete this item).	***********		5c	<u> </u>
	Were all of the plan's assets during the plan year invested in eligible				X Yes No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ∏ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Par					
7	Plan Assets and Liabilities		(a) Beginning of Year	3.1	(b) End of Year
а	Total plan assets	7a	39194	Ş	399661
b	Total plan habilities	7b			
C	Net plan assets (subtract line 7b from line 7a)	7c	39194	5	399661
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
	Contributions received or receivable from:		2191		
	(1) Employers	8a(1)			
	(2) Participants	8a(2)	1650	4	
	(3) Others (including rallovers)	8a(3)	77.02	<u>.</u>	
	Other income (loss)	gb S-	-2391	*41	14501
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+	24503
	to provide benefits)	8d			
	Certain deemed and/or corrective distributions (see instructions)	8e			
f a	Administrative service providers (salaries, fees, commissions)	81	678	5	
g	Other expenses	8g		1	
	Total expenses (add lines 8d, 8e, 8t, and 8g)	8h			6785
î i	Net income (loss) (subtract line 8h from line 8c)	81			7716
j	Transfers to (from) the plan (see instructions)	Bj		1	
For Pa	perwork Reduction Act Notice and OMB Control Numbers, see the instructions for		F.	-	Form 5\$00-SF (2011)

···········	. 1	Form 5508-SF 2011 Page 2 -							
Par		Plan Characteristics							
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2 2G 2J 2K 3D	haracte	istic C	odes i	n the ins	tructio	ņs:	
b	if the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ct	ıaracteri:	stic Ca	ides in	the inst	ruction	s :	
Part	٧	Compliance Questions	• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·			
10		ing the plan year.		Yes	No	T	Aı	nount	
	29	s there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	102		X				
D	on li	e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ine 10a.)	ed 10t		х				
C	Wa	s the plan covered by a fidelity bond?	100		X				
đ	Did or di	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra ishonesty?	id 10c		x				
e	Wer	e any fees or commissions paid to any brokers, agents, or other persons by an insurance camer, rance service or other organization that provides some or all of the benefits under the plan? (See sections.)	106	r	х				
f	Has	the plan failed to provide any benefit when due under the plan?	101		X				
9	Did 1	the plan have any participant loans? (If "Yes." enter amount as of year end.)	100		Х				
h	252	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h	1	X			····	
j	If 10 exce	h was answered "Yes," check the box if you either provided the required notice or one of the plions to providing the notice applied under 29 CFR 2520.101-3.	101						
art	VI	Pension Funding Compliance							# 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1
11	is thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o	omplete	Sche	dule S	B (Form		<u> </u>	
	is the (if "Y if a way grant	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C (es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) valver of the minimum funding standard for a prior year is being amortized in this plan year, see insting the waiver.	ode or s tructions fonth	ection	302 of	ERISA?	of the 1	etter n	X No
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		r					
		the minimum required contribution for this plan year.		·	12b				
C	Enter	r the amount contributed by the employer to the plan for this plan year	·*************************************	·	12c				
	uega	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)			1.2d			·	
	9	he minimum funding amount reported on line 12d be met by the funding deadline?	**********	,,,,,,,,,,,	*****	Yes		No	N/A
art 1		Plan Terminations and Transfers of Assets			_				
		a resolution to terminate the plan been adopted in any plan year?		********	Ш,	Yes X	No		
		es," enter the amount of any plan assets that reverted to the employer this year	3	3a					
	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug a PBGC?			*****		I	Yes	X No
· C	which	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif n assets or liabilities were transferred. (See instructions.)	y the pla	ın(s) to)·				
1:	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3) PN(s)
Lauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reason	l mble ==			Haber 20			
inder SB or	pena Sche	alties of perjury and other penalties set forth in the instructions, I declare that have examined this dule MB completed and signed by an enrolled actuary, as well as the electronic version of this returns, conset, and complete.	etum/re	oart. in	dudin	n if app	licable ny kno	a Sch wledge	edule and

SIGN (

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

JOSEPH D. PIANKA, M.D.

JOSEPH D. PIANKA, M.D.

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor