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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 550)0-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011			
A	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant 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 m	nonths)				
C	Check box if filing under:	extension	DFVC program					
	special extension (enter descriptio	n)			_			
Pa	urt II Basic Plan Information—enter all requested information	ation						
	Name of plan	20011		1b	Three-digit			
	A. MUELLER MD INC. 401(K) PROFIT SHARING PLAN				plan number			
	. ,				(PN) ▶ 001			
				1c	Effective date of plan			
	<u></u>			01	01/01/2004			
	Plan sponsor's name and address; include room or suite number (er A. MUELLER MD INC.	mployer, if	for a single-employer plan)		Employer Identification Number (FIN) 20-1201236			
					(EII4)			
				2C	Sponsor's telephone number 401-421-8800			
	FANIFORD STREET, 2ND FLOOR VIDENCE, RI 02905			2d	Business code (see instructions)			
					621111			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	2")	3b	Administrator's EIN			
LISA	A. MUELLER MD INC. 33 STANIFOR PROVIDENCI		ET, 2ND FLOOR		20-1201236			
	PROVIDENCE	L, KI 0290		3c	Administrator's telephone number 401-421-8800			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b				
•	name, EIN, and the plan number from the last return/report.	act rotarri	report med for time plan, enter the	10	48 EIIV			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	1			
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 the p			_	,			
	complete this item)			5c				
	Were all of the plan's assets during the plan year invested in eligible		•		X Yes No			
b	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		,					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	344299		478379			
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	344299		478379			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		22500					
	(1) Employers	. 8a(1)	32500					
	(2) Participants	8a(2)	16500					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	85130					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			134130			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	50					
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			50			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			134080			
j	Transfers to (from) the plan (see instructions)							

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Form	カカロロ	->-	ンロコ	-

Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 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:

Part	V	Compliance Questions			1				
10		ng the plan year:		Yes	No	└	Ar	nount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h 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	10i						
art	VI	Pension Funding Compliance				,1			
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
				Г	12b	T			
		r the minimum required contribution for this plan year			12c	+			
	Subt	r the amount contributed by the employer to the plan for this plan year ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
_	·	he minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		☐ Ye	sП	No	l N/A
Part		Plan Terminations and Transfers of Assets						110	14// (
					\Box	Yes D	× No		
ısa		a resolution to terminate the plan been adopted in any plan year?		- T		/63	NO		
		es," enter the amount of any plan assets that reverted to the employer this year							
D		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	unaer 	tne cc	ntroi			Yes	X No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			·	_	
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/17/2012	LISA A. MUELLER, 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 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		dance wit	h the instructions to the Form 550	0-SF.						
	art I Annual Report Identification Information									
For		01/01/	2011 and ending		12/31/2011					
Α	This return/report is for: a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan					
В	This return/report is:	the final i	return/report							
	an amended return/report	a short pla	an year return/report (less than 12 mi	onths)						
C	Check box if filing under:	automati	cextension		DFVC program					
	special extension (enter description	on)								
P:	art II Basic Plan Information—enter all requested inform			_						
<u> </u>	Name of plan	iation .		1b	Three-digit					
	SA A. MUELLER MD INC. 401(K) PROFIT SHAR	ING PL	AN		plan number					
					(PN) ▶ 001					
					Effective date of plan 01/01/2004					
	Plan sponsor's name and address; include room or suite number (e	molowar i	f for a single employee plan							
	SA A, MUELLER MD INC.	ampioyer, i	i tor a single-employer plant)	20	Employer Identification Number (EIN) 20–1201236					
				20	Sponsor's telephone number					
33	STANIFORD STREET, 2ND FLOOR				401-421-8800					
				2d	Business code (see instructions)					
-	OVIDENCE RI 02905				621111					
3a	Plan administrator's name and address (if same as plan sponsor, et SA A. MUELLER MD INC.	nter "Same	∍")	3b	Administrator's EIN					
				30	20-1201236 Administrator's telephone number					
	STANIFORD STREET, 2ND FLOOR OVIDENCE RI 02905			36	401-421-8800					
4	If the name and/or EIN of the plan sponsor has changed since the I	ast retum/	report filed for this plan, enter the	4b	EIN					
_	name, EIN, and the plan number from the last return/report.			4	5					
	Sponsor's name Total number of participants at the beginning of the plan year			4c	PN 1					
_	, , ,			<u>5a</u>						
	Total number of participants at the end of the plan year	5b	1							
نا	Number of participants with account balances as of the end of the pomplete this item)			5c	.1					
6a	Were all of the plan's assets during the plan year invested in eligib		,		X Yes No					
	Are you daiming a waiver of the annual examination and report of a	an indeper	ident qualified public accountant (IQF	PA)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
D-	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									
			· · · · · · · · · · · · · · · · · · ·		<u>.</u>					
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year					
_	Total plan assets		34429	9	478379					
	Total plan liabilities		34429	0	470270					
8	Income, Expenses, and Transfers for this Plan Year	7c	T ***	7	478379					
-	Contributions received or receivable from:	<u> </u>	(a) Amount	+	(b) Total					
-	(1) Employers	8a(1)	3250	0						
	(2) Participants	8a(2)	1650	0						
	(3) Others (including rollovers)	8a(3)								
þ	Other income (loss)	8b	8513	0						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			134130					
đ	Benefits paid (including direct rollovers and insurance premiums									
_	to provide benefits)	8d	,	┨						
e	Certain deemed and/or corrective distributions (see instructions)	8e	5	ᆔ						
1	Administrative service providers (salaries, fees, commissions)	8f		7						
g h	Other expenses (add lines Rd. Se. Sf. and Rd.)	8g 8h		1	50					
- 11	Total expenses (add lines 8d, 8e, 8f, and 8g)			+	134080					
;	Net income (loss) (subtract line 8h from line 8c)	. 8i		+	134080					
J	naireiera m (natu) me hisu (ace madeiriana)	8]								

		Form 5500-SF 2011 Page 2 -						
Pai	rt IV	Plan Characteristics			-	_		
	If th	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char E 2F 2G 2J 2K 3D	acteris	stic C	odes in	the instruc	tions:	
ь		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara		:- C-			1	
	, .,.	- Principle visited by the life in the applicable wenter readile codes from the bist of Plat Chara	ciens	ic Co	des in 1	ne instructi	ons:	
Par	t V	Compliance Questions						
10		ring the plan year:		Yes	No		Amount	
а	Wa 29	is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	We	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X-			
C	W	as the plan covered by a fidelity bond?	10c		х			
d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х			
e	We	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		х			
f		s 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 th	sis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		х		_	_
í	lf 1	Oh was answered "Yes," check the box if you either provided the required notice or one of the epitions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance			•	<u> </u>		
11	is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete :	Sched	lule SE	(Form		
12		0))					Yes	H
-		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or sec	cuon .	302 01	ERISA?	∐ ies	i∏ w
a	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- nting the waiver	tions,	and e	enter th Day	e date of th	ve letter ru Year	ling
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Ī				
þ		er the minimum required contribution for this plan year		_	12b	<u> </u>		
_		er the amount contributed by the employer to the plan for this plan year		L	12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a		12d			
е		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 in any plan year?			□ Y	es X No	<u> </u>	
	If "Y	'es," enter the amount of any plan assets that reverted to the employer this year	., 1:	3a			,	
b	Wer of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	ınder t	he co	ntrol		Yes	X No
С	lf du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	e plan	(s) to			_	
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	13c(3)	PN(s)
				,			<u> </u>	
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						
SB o	Sch	ialties of perjury and other penalties set forth in the instructions. I declare that I have examined this return edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete	rn/rep eport,	ort, in and t	cluding o the b	i, if applical est of my k	ole, a Scho nowledge	edule and
-501					_	<u> </u>		

SIGN			LISA A. MUELLER, M.D. Enter name of individual signing as plan administrator				
HERE	Signature of plan agministrator	Date	Enter name of individual signing as plan administrator				
SIGN			LISA A. MUELLER, M.D.				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				