## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

		Complete all entries in ac	cordance with the instri	uctions to the Form 550	00-SF.		
Part I	Annual Report	Identification Information					
For calend	ar plan year 2012 or fis	cal plan year beginning 01/01/2	2012	and ending	12/31/2	1012	
A This re	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan	
<b>B</b> This ref	turn/report is:	the first return/report	x the final return/repor	t			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	
		special extension (enter descr	iption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name	of plan				1b	Three-digit	
PAUL E. A. Y	VAN ZUIDEN, M.D., F.	A.C.P., INC. 401(K) PROFIT SHAF	RING PLAN			plan number (PN) • 002	
					10	(114)	
		1c Effective date of plan 01/01/1994					
2a Plan s	ponsor's name and add	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identification Number	
PAUL E. A.	VAN ZUIDEN, M.D., F.	A.C.P., INC.				(EIN) 05-0474980	
					2c	Sponsor's telephone number	
33 STANIFO	ORD STREET, 2ND FL CE, RI 02905	OOR				401-421-8800	
TROVIDEIN	OL, 11 02303				<b>2</b> a	Business code (see instructions) 621111	
3a Plan a	idministrator's name an	d address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN	
AUL E. A. V	AN ZUIDEN, M.D., F.A		ORD STREET, 2ND FLC	OOR		05-0474980	
		PROVIDEN	NCE, RI 02905		3c	Administrator's telephone number 401-421-8800	
						401-421-0000	
4 If the	name and/or EIN of the	plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
		nber from the last return/report.	·	, ,			
	or's name				4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			- 5a	1	
<b>b</b> Total	number of participants	at the end of the plan year			. 5b	0	
		account balances as of the end of t		•	. 5c	0	
	,	during the plan year invested in el				X Yes No	
	•	the annual examination and report	•	,			
under	29 CFR 2520.104-46?	(See instructions on waiver eligibi	lity and conditions.)				
If you	ı answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.	
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assessed	d unless reasonable ca	use is	established.	
		ner penalties set forth in the instruc					
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	ersion of this return/repoi	rt, and t	o the best of my knowledge and	
,			1				
SIGN HERE	Filed with authorized/	valid electronic signature.	06/20/2013	JAMES W. STAUFFE	R		
TILIXE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan administrator	
SIGN							
HERE	Signature of emplo		Date		dual sig	ning as employer or plan sponsor	
Preparer's	name (including firm n	ame, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone number (optional)	

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Par	t III Financial Information					—					
	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year					
	Total plan assets	7a	102856			(3) =110 0. 1001				0	
	Total plan liabilities	7b									
	plan assets (subtract line 7b from line 7a)			61						0	
							(b) Total				
	Contributions received or receivable from:		(a) Amount			(5) 10141					
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2034	16							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2034	16	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	104890	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							104890	07	
i	Net income (loss) (subtract line 8h from line 8c)	8i							102856	61	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	,									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Code	s in	the ins	truction	ıs:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Codes	in t	he instr	uctions	:		
Dart	Part V Compliance Questions										
10	During the plan year:			1	Yes 1	No		Λ			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		All	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
	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 or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					X					
				10f			$\vdash \vdash$				
g h	. ,	(See instru	uctions and 29 CFR	10g		X X					
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the state of the s			10h							
Dort	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	<u> </u>	onto 2 /If III	Voo " ooo instructions and a sec	nolet-	Cohodid	0.05	) (Fa	1			
	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes No										
<u>11a</u>											
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   Yes   X   No										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon			er th Day	e date	of the I Ye		uling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	•			1						
<u>b</u>	Enter the minimum required contribution for this plan year				12	2b	Щ_				

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
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)	12d			
е	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 in any plan year?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?		X Yes N		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor. Employee Benefits Security Administration Pension Benefit Gueranty Corporation

**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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public inspection

Part I	Annual Report Identification Information			10/21/00						
For calenda		1/2012	and ending	12/31/201						
A This ret	um/report is for: 🔯 a single-employer plan 📋 a n	a one-partic	cipant plan							
<b>B</b> This ret	turn/report is:									
	an amended return/report a st	hort plan year return/i	eport (less than 12 mor	_						
C Check	box if filing under:	∐ DFVC prog	ram							
	special extension (enter description)									
Part II	Basic Plan Information—enter all requested information	n								
1a Name	of plan			1b Three-digit						
	. A. VAN ZUIDEN, M.D., F.A.C.P., INC.	401(K) PROFIT	r SHARING	plan number (PN) ▶	002					
PLAN			<b>-</b>	1c Effective date	of plan					
				01/01/199						
	ponsor's name and address; include room or suite number (empl. A. VAN ZUIDEN, M.D., F.A.C.P., INC.	loyer, if for a single-e	mployer plan)		Employer Identification Number (EIN) 05-0474980					
			Ţ		Sponsor's telephone number					
33 STA	NIFORD STREET, 2ND FLOOR			401-421-	8800					
				2d Business code	e (see instructions)					
PROVID				621111						
	idministrator's name and address Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b Administrator 05-04749						
PAUL E	. A. VAN ZUIDEN, M.D., F.A.C.P., INC.			3c Administrator	s telephone number					
22 002	NAMED COLUMN 2ND ELOOP			401-421-8	8800					
33 STA	NIFORD STREET, 2ND FLOOR									
PROVID	ENCE RI 02905									
	name and/or EIN of the plan sponsor has changed since the last	return/report filed for	this plan, enter the	4b EIN						
name	e. EIN, and the plan number from the last return/report.									
	sor's name			4c PN						
	number of participants at the beginning of the plan year			5a	1					
	number of participants at the end of the plan year			5b	0					
comp	per of participants with account balances as of the end of the plan plete this item)			5c	0					
6a Wen	e all of the plan's assets during the plan year invested in eligible a	assets? (See instructi	ons.)		X Yes   No					
<b>b</b> Are y	ou claiming a waiver of the annual examination and report of an region 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independent qualified	d public accountant (IQI	PA)	X Yes No					
unde	it 29 CFR 2520.104-46? (See instructions on waiver engineity and u answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF a	ind must instead use	Form 5500.						
	A penalty for the late or incomplete filing of this return/repor									
Heder on	sollies of perion, and other penalties set forth in the instructions.	I declare that I have e	xamined this return/rep	port, including, if app	licable, a Schedule					
SB or Sch	sedule MB completed and signed by an enrolled actuary, as well	as the electronic vers	ion of this return/report	, and to the best of	my knowledge and					
belief, it is	true, correct, and complete.									
SIGN	Sant. Start	6/7/2013	JAMES W. STAUI	FFER						
HERE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan :	administrator					
SIGN (	Sunt. tall	6/7/2013	JAMES W. STAU	FFER						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	lual signing as empl	oyer or plan sponsor					
Preparery	name (including firm name, if applicable) and address; include t	room or suite number	(optional)	Preparer's telepho	one number (optional)					
1 (										
1										
				1						

Part	III Financial Information								
<b>7</b> Pl	an Assets and Liabilities		(a) Beginning of Year		_		(b) End of	Year _	
	otal plan assets	7 <u>a</u>	102	856	1	_			0
	otal plan liabilities	7.b							
C N	et plan assets (subtract line 7b from line 7a)	7c	102	856	1			_	0
	me, Expenses, and Transfers for this Plan Year (a) Amount						(b) Tot	al	
a c	ontributions received or receivable from:	8a(1)					<u></u>		
	) Participants	8a(2)							
	Others (including rollovers)	Ba(3)						-	
	ther income (loss)	8b		20346					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1_				0346
d B	enefits paid (Including direct rollovers and insurance premiums		104	890	7				
	provide benefits)	. <u>8d</u>		930	╁╴				
	ertain deemed and/or corrective distributions (see instructions)	- 8e	<u> </u>		+		_	-	
<u>f A</u>	dministrative service providers (salaries, fees, commissions)	81			╁			-	
	ther expenses	. <u>8g</u>			+			10/	18907
<u>h T</u>	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				8561
	let income (loss) (subtract line 8h from line 8c)				┽—		<u> </u>	-102	19201
jΤ	ransfers to (from) the plan (see instructions)	8]	<u> </u>		<u> </u>		<del></del>		
Part	IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	ides from the List of Plan Chara	cteris	tic Co	des in t	he instructi	ons:	
ь	f the plan provides welfare benefits, enter the applicable welfare f	eature cod	tes from the List of Plan Charac	terist	ic Cod	es in th	e instructio	ns:	
_ <b>~</b>	The part products well as a serious, which are oppositely								
Part	V Compliance Questions				_				
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	luciary Cor	rection Program)	10a		х		_	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?		***************************************	10c		X			
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	and, that was caused by fraud	10d		X			
	Were any fees or commissions paid to any brokers, agents, or of								
-	insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	··		
	Has the plan failed to provide any benefit when due under the pl			10f		x		. <u>.</u>	
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? 2520.101-3.)			10h		Х			
ī	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i			<u> </u>	i	
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments7 (If	"Yes," see instructions and con	nplete	Sche	dule SE	3 (Form	Yes	No
11a	Enter the amount from Schedule SB line 39					<u>11a</u>			- No
12	Is this a defined contribution plan subject to the minimum fundir	ng requiren	nents of section 412 of the Cod	e or s	ection	302 of	ERIŞA?	Yes	X No
-	Us "Ven 5 complete line 12a or lines 12b, 12c, 12d, and 12e belo	w. as appli	icable.)						line .
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amort	ized in this plan year, see instru Mor	ш.	s, and	enter ti Day	ne date of t	he letter ru Year	ling
If	you completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (Fe	orm 5500), and skip to line 13	•	- т				<u>-</u>
	Enter the minimum required contribution for this plan year				<u></u>	12b			

<u>-                                      </u>	Form 5500-SF 2012 Page	3 -							
	Enter the amount contributed by the employer to the plan for this plan year		12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	minus sign to the left of a	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadling				Yes	No	N/A		
Part									
	Has a resolution to terminate the plan been adopted in any plan year?		X	Yes	No.				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•	13a				.0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?	other plan, or brought under the	control			X Ye	s No		
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan(s)	to						
	13c(1) Name of plan(s):		3c(2) i	EIN(s	)	13c(	3) PN(s)		
-	<u> </u>			_	٠.	<u> </u>			
Part	VIII Trust Information (optional)								
					14b Trust's EIN				