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).

0010

2012

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

	art I		t Identification Information							
For	calenda	ar plan year 2012 or	fiscal plan year beginning 01/01/20	12	and ending 1	2/31/2	2012			
Α .	This ret	urn/report is for:	🛚 a single-employer plan	a multiple-employer p	olan (not multiemployer)	er) a one-participant plan				
В	This ret	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m		
		· ·	special extension (enter descript	ion)			_			
Pa	art II	Basic Plan Inf	ormation—enter all requested inform	mation						
1a	Name		·			1b	Three-digit			
LISA	A. MUE	ELLER MD INC. 401	K) PROFIT SHARING PLAN				plan number	004		
						10	(PN)	001		
						10	Effective date of 01/01/			
2a	Plan sp	oonsor's name and a	ddress; include room or suite number	employer, if for a single	e-employer plan)	2b	Employer Identif			
LISA	A. MUE	ELLER MD INC.	·				(EIN) 20-12			
						2c	Sponsor's telep			
		RD STREET, 2ND F	FLOOR				401-421			
PRO	VIDENC	CE, RI 02905				2d	Business code (,		
20	Diaman	desiriate de la casa de		Nama Doma as Bla	- C Add	2 h	62111	-		
		dministrator's name a	<u> </u>	_	in Sponsor Address	30	Administrator's I	=1IN 01236		
ISA A	. MUEL	LER MD INC.	PROVIDENC	RD STREET, 2ND FLO E, RI 02905	UR	3с		elephone number		
							401-421	-8800		
4	If the n	name and/or FIN of t	he plan sponsor has changed since the	last return/report filed	for this plan, enter the	4h	EIN			
•			umber from the last return/report.	nast return report mean	ior the plan, enter the	TD	LIIN			
а	Sponso	or's name				4c PN				
5a	Total r	number of participant	s at the beginning of the plan year			5a	1			
b	Total r	number of participant	s at the end of the plan year			5b		0		
С			n account balances as of the end of the			E o		0		
		•				5c		X Yes ☐ No		
oa b			ets during the plan year invested in elig of the annual examination and report o					N Tes □ NO		
~	•	•	6? (See instructions on waiver eligibility			,		X Yes No		
	If you	answered "No" to	either line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.			
Cau	ıtion: A	penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is	established.			
			other penalties set forth in the instruction							
		rue, correct, and cor	and signed by an enrolled actuary, as v nplete.	well as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge and		
	·				T					
SIG		Filed with authorize	with authorized/valid electronic signature. 06/20/2013 JAMES W. STAUFF			FER				
ner	\E	Signature of plan	administrator	Date	Enter name of individu	ual sig	ıning as plan adn	ninistrator		
SIG										
HEF	HERE Signature of employer/plan sponsor Date Enter name of individe			Enter name of individu	ual sig	ning as employe	r or plan sponsor			
Pre	parer's i	name (including firm	name, if applicable) and address; inclu	ide room or suite numb	er (optional)	Prep	arer's telephone	number (optional)		
					ļ					

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Por	t III Financial Information				_			
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Ves		1		(h) End of Voor	_
		70	(a) Beginning of Yea		-		(b) End of Year	
	Total plan assets	7a 7b	47037	3			0	
	Net plan assets (subtract line 7b from line 7a)	7c	47837	'Q			0	
				<u> </u>			-	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	15649	6				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					156496	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	63487	5				
<u>e</u>	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					634875	
	Net income (loss) (subtract line 8h from line 8c)	8i					-478379	
j	Transfers to (from) the plan (see instructions)	8j						
Par								
9a	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	acterist	tic Cod	es in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristic	c Code	s in tl	ne instructions:	
Part								
10	During the plan year:	C 20-2	and an effect of the state of the state of the		Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X		
C	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		Χ		
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	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ		_
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Χ		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i				
Part	1 1 5 11			1				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							۷o
11a	Enter the amount from Schedule SB line 39					1a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 30)2 of	ERISA? Yes X N	lо
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year				1	2b		

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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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No	
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 Treasury Internal Revenue Service

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 2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Department of Labor the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Complete all entries in accordance with the instructions to the Form 5500-SF Pension Benefit Guaranty Corporation Annual Report Identification Information 12/31/2012 01/01/2012 and ending For calendar plan year 2012 or fiscal plan year beginning a one-participant plan a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: х the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number LISA A. MUELLER MD INC. 401(K) PROFIT SHARING PLAN 001 (PN) • 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 20-1201236 LISA A. MUELLER MD INC. 2c Sponsor's telephone number 401-421-8800 33 STANIFORD STREET, 2ND FLOOR 2d Business code (see instructions) 621111 02905 RI PROVIDENCE 3b Administrator's EIN Same as Plan Sponsor Address 3a Plan administrator's name and address Same as Plan Sponsor Name 20-1201236 LISA A. MUELLER MD INC. 3c Administrator's telephone number 401-421-8800 33 STANIFORD STREET, 2ND FLOOR 02905 PROVIDENCE RI 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. 4c PNa Sponsor's name 5a Total number of participants at the beginning of the plan year 5a 0 5b b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... X Yes 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 ☐ No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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	Jan W. Start I	6/7/2013	JAMES W. STAUFFER
HERE /	Signature of plan admissiprator	Date	Enter name of individual signing as plan administrator
SIGN C	pulo, the ff	6/1/2013	JAMES W. STAUFFER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparers	name (including firm name, if applicable) and address; include r	oom or suite numbe	r (optional) Preparer's telephone number (optional)
			
			Form 5500-SF (2012)

Part III	Financial Information			_	т-	_				
7 Plan As	sets and Liabilities		(a) Beginning of Year			(b) End of Year				
a Total pla	an assets	7a	<u>478</u>	3379	79					
b Total pla	an Babilities	7b			+					
C Net plan	let plan assets (subtract line 7b from line 7a)		478	3379	1 -					0
	xpenses, and Transfers for this Plan Year (a) Amount				╄		(b) Tot	al		
a Contribu	utions received or receivable from:	n=245	'							
	ployers	8a(1)			†					
	ticipants	8a(2)			+					
	ers (including rollavers)	8a(3)	15	649	6					
	ecome (loss)	8b 8c			1	_			156	496
C Total in	come (add lines 8a(1), 8a(2), 8a(3), and 8b)	OC.			+					
d Benefit	s paid (including direct rollovers and insurance premiums ide benefits)	8d _	63	487	5					
	deemed and/or corrective distributions (see instructions)	8e			┷-				_,	
	strative service providers (salaries, fees, commissions)	8f			<u> </u>					
	expenses	8g								
	xpenses (add lines 8d, 8e, 8f, and 8g)	8h								875
	ome (loss) (subtract line 8h from line 8c)				<u> </u>	_			-478	379
	ers to (from) the plan (see instructions)									
Part IV	Plan Characteristics					_				
9a If the p	plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare to									
Part V	Compliance Questions									
10 Durin	no the plan year:				Yes	No		Amoun	ıt	
a Was	there a failure to transmit to the plan any participant contributes a failure to transmit to the plan any participant contributes and DOL's Voluntary Fid	luctary Col	rection Program)	10a		х				
h Were	e there any nonexempt transactions with any party-in-interes	st? (Do not	include transactions reported	10b		х			_	
C Was	s the plan covered by a fidelity bond?		en en en estado en entre en estado propies interpreta en esta	10c		х				
d Did I	he plan have a loss, whether or not reimbursed by the plans	s fidelity be	ond, that was caused by fraud	10d		x				
A Mine	e any fees or commissions paid to any brokers, agents, or o rance service or other organization that provides some or all	ther person	ns by an insurance carrier,			x				
instr	uctions.)	********		10e	<u> </u>			-		
f Has	the plan failed to provide any benefit when due under the pl	lan?		10f		X	_			
O Did	the plan have any participant loans? (If "Yes," enter amount	as of year	end.).,	10g	<u> </u>	Х				
h If thi	is is an individual account plan, was there a blackout period	? (See inst	ructions and 29 CFR	10h		х	<u> </u>			
16.40	Th was answered "Yes," check the box if you either provided eptions to providing the notice applied under 29 CFR 2520.1	the requir	ed natice or one of the	101						
Dort M	Possion Eunding Compliance							,—		
44 1-4	is a defined benefit plan subject to minimum funding require (i) and line 11a below)	ements? (If	"Yes," see instructions and con	nplete	Sche	dule SE	(Form	نال	Yes	No
11a Fot	er the amount from Schedule SB line 39		************************************			<u> 11a </u>		T -	r	
12 is t	his a defined contribution plan subject to the minimum fundi	ng requirer	ments of section 412 of the Cod	e or s	ection	302 af	ERISA?		Yes	X No
	126 126 200 and 126 hold	w as ann	licable.)					rica I ser		
a Ifa	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the blank that the blank that the date of the blank that the date of							ig		
If you	completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (F	orm 5500), and skip to line 13	·		446	Τ			
b Ent	er the minimum required contribution for this plan year				<u>.</u>	12b				

	Form 5500-\$F 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 minus sign to negative amount).	the left of a	12d	<u> </u>			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>	,,	Ye	s	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	age - de care (a a rejuga y de care are a resultant	13a				
р	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or the PBGC?	brought under the		_		X Ye	s No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), i which assets or liabilities were transferred. (See instructions.)	dentify the plan(s)	to				e) 551/-)
	13c(1) Name of plan(s):		3c(2) E	IN(s)		130(3) PN(s)
_							
Dari	VIII Trust Information (optional)			_			
-	Name of trust		14b ⁻	Frust's	EIN		
			l .				