## 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 B	Benefit Guaranty Corporation	► Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection	
Pa	art I	Annual Report Id	entification Information					
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
A	This re	eturn/report is for:	a single-employer plan	e-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report the final return/report						_	
	an amended return/report a short plan year return/report (less than 12)							
C	-				extension	, [	DFVC program	
C					CATCHSION	L	_ Di vo piogram	
	- u.t. 11	Dania Dian Inform	special extension (enter description	,				
	art II		nation—enter all requested information	ation		4 h	There is all all	
		of plan	NC. PROFIT SHARING PLAN				Three-digit plan number	
COIVI	I IXEIII	ENSIVE OBOTH CARE,	NO. I ROTH SHARING I LAN				(PN) ▶ 001	
						1c	Effective date of plan	
							01/01/1997	
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number	
CON	IPREH	ENSIVE OBGYN CARE,	INC.				(EIN) 56-2283979	
						2c	Sponsor's telephone number	
		RVOIR AVENUE					401-946-4022	
CRAI	NSTOR	N, RI 02910				2a	Business code (see instructions) 621111	
32	Dlon	administrator's name and	address (if same as plan sponsor, er	otor "Como	\"\\	3h	Administrator's EIN	
		ENSIVE OBGYN CARE, I				35	56-2283979	
			CRANSTON,	RI 02910		3c	Administrator's telephone number	
							401-946-4022	
4			lan sponsor has changed since the le er from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN	
а		sor's name	er nom the last return/report.			4c	PN	
	-		the beginning of the plan year			5a	1	
b			the end of the plan year			5b		
C			count balances as of the end of the p			30		
C		•		• (	•	5с		
6a	Were	e all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		X Yes No	
b	,	<u> </u>			ndent qualified public accountant (IQI	,		
		,	9 ,		ions.)		Yes   No	
Pa	rt III	Financial Informa	•	orm 5500-	SF and must instead use Form 55	00.		
7		Assets and Liabilities	111011		(a) Beginning of Year		(h) End of Voca	
′,	_			70	(a) Beginning of Year 754563		(b) End of Year 696551	
a b				7a 7b				
C		•	b from line 7a)	76 7c	754563		696551	
8			•	70				
a		ne, Expenses, and Transf ibutions received or recei			(a) Amount		(b) Total	
u				8a(1)	4921			
	(2) P	Participants		8a(2)	12462			
	(3) 0	Others (including rollovers)		8a(3)				
b	Other	r income (loss)		8b	-34702			
С			Ba(2), 8a(3), and 8b)	8c			-17319	
d			ollovers and insurance premiums		10.170			
			·	. 8d	40473			
е	Certa	in deemed and/or correct	ive distributions (see instructions)	8e				
f	Admii	nistrative service provider	s (salaries, fees, commissions)	8f	220			
g	Other	expenses		8g				
h	Total	expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			40693	
i	Net in	ncome (loss) (subtract line	8h from line 8c)	8i			-58012	
j	Trans	sfers to (from) the plan (se	e instructions)	8j				

Form	EEOO	CE	2011	

Page 2 -	1
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Da = 4 1\/	Diam	Charas	4:-4:
Part IV	ı Plan	Charac	teristics

- 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
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		۸ ۳۰	ount	
Was there a failure to transmit to the plan any participant contributions within the time period described in	,	103			AII	iount	
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					800
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		Χ				
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		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109						
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 co	mplete	Sched	ule SE	(Form	_	1	
			u.o 0_	(. 0			п.
5500))				······		Yes	1
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo				······		Yes Yes	1 ×
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod				······		_	Н-
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.)	le or se	ction 3	 302 of	ERISA?	· [	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	le or se	ction 3	302 of	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instr	le or se uctions, nth	ction 3	302 of	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instructioning the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	de or se uctions, nth	and e	302 of	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instr granting 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.	de or se uctions, nth	and e	002 of Inter th	ERISA?	of the le	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instr granting 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.	de or se uctions, nth 	and e	302 of nter th Day	ERISA?	of the le	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instr granting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13b.  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 legant of the second contributed by the legant of the le	uctions, nth i.	and e	302 of onter the Day 12b 12c 12d	ERISA?	of the l	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instr granting 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.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	uctions, nth i.	and e	302 of onter the Day 12b 12c 12d	ERISA?	of the l	Yes etter ru	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instr granting the waiver	de or se	and e	12b 12c	ERISA?	of the l	Yes etter ru	ling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instructing the waiver.  You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 in 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 le negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will the minimum funding amount reported in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	de or se  uctions,  nth	and e	12b 12c 12d	ERISA?	of the legal Yes	Yes etter ru	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instraining the waiver.  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 le negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  If "Yes," enter the amount of any plan assets that reverted to the employer this year.	de or se  uctions,  nth   it of a  t under	and e	12b 12c 12d	ERISA?	of the legal Yes	Yes etter ru	X ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instr granting the waiver	de or se  uctions,  nth   it of a  t under	and e	12b 12c 12d	ERISA?  ne date o  Yes  Yes	of the legal Yes	Yes etter ru ar No Yes	N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrigranting 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.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	de or se  uctions,  nth   it of a  t under	and e	12b 12c 12d	ERISA?  ne date o  Yes  Yes	of the legal Yes	Yes etter ru	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.	05/02/2012	MICHAEL COPPA, 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 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

P		ordance w	ith the instructions to the Form 550	0-SF.			
L	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning	01/01,	/2011 and ending		12/31/2011		
<b>A</b> 1	This return/report is for: X a single-employer plan	a multip	le-employer plan (not multiemployer)		a one-participant plan		
B 1	This return/report is: the first return/report	the final	return/report				
	an amended return/report	a short p	lan year return/report (less than 12 m	onths)			
C	Check box if filing under: Form 5558	automat	ic extension		DFVC program		
	special extension (enter descripti	ion)					
Pa	rt II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan			1b	Three-digit		
COM	PREHENSIVE OBGYN CARE, INC. PROFIT SHAR	ING PL	AN		plan number (PN) 001		
				10	Effective date of plan		
					01/01/1997		
2a	Plan sponsor's name and address; include room or suite number (e	employer,	if for a single-employer plan)	2b	Employer Identification Number		
	MPREHENSIVE OBGYN CARE, INC.			(EIN) 56-2283979			
725	5 RESERVOIR AVENUE			2c Sponsor's telephone number			
				24	401-946-4022		
CRA	ANSTON RI 02910			Zu	Business code (see instructions) 621111		
3a F	Plan administrator's name and address (if same as plan sponsor, e	enter "Same	e")	3b	Administrator's EIN		
COM	MPREHENSIVE OBGYN CARE, INC. 5 RESERVOIR AVENUE		- ,	56-2283979			
				3с	Administrator's telephone number 401-946-4022		
	ANSTON RI 02910 If the name and/or EIN of the plan sponsor has changed since the	last returni	report filed for this plan enter the	4b			
	name, EIN, and the plan number from the last return/report.	last retarm	report filed for this plant, effect the	-12			
<b>a</b> 9	Sponsor's name			4c	PN		
5a -	Total number of participants at the beginning of the plan year			12			
b 1	Total number of participants at the end of the plan year			5b			
	Number of participants with account balances as of the end of the complete this item)			5c	8		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No		
	Are you claiming a waiver of the annual examination and report of a				X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		-				
Parl					18		
7 F	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
ат	Fotal plan assets	. 7a	75456	3	696551		
b 7	Total plan liabilities	7b					
C N	Net plan assets (subtract line 7b from line 7a)	7c	75456	3	696551		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
	Contributions received or receivable from:	00/11	492	ıl			
•	1) Employers		1246	-			
-	Participants	8a(2) 8a(3)	1240	Ī			
•	Others (including rollovers)	8b	-3470	2			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	5110.	†	-17319		
	Renefits paid (including direct rollovers and insurance premiums	- 00					
to	provide benefits)	8d	4047.	3			
	Certain deemed and/or corrective distributions (see instructions)	8e					
f A	dministrative service providers (salaries, fees, commissions)	8f	220				
-	Other expenses	8g					
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			40693		
	let income (loss) (subtract line 8h from line 8c)	8i		-	-58012		
,	ransfers to (from) the plan (see instructions)	8j	n and the second se		Form 5500-SF (2011)		
	ACMOUNT RECORD THOSE ACTIVITIES AND LANCE CONTROL NUMBERS. SEE THE INSUREDING ROLF	CITE 2200-02					

	Form 5500-SF 2011	Page 2	-					
Par	IV Plan Characteristics			<del> </del>	. ,,			
L	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K	feature codes from th	ne List of Plan Char	acteris	stic Co	des in	the instruct	ions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes from the	List of Plan Chara	cterist	ic Cod	les in tl	ne instructio	ons:
Part	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not include tran	sactions reported	10b		Х	·	
С	Was the plan covered by a fidelity bond?			10c	Х			80000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that was	s caused by fraud	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.)	f the benefits under t	he plan? (See	10e	,	х		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		Х	180	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or c	ne of the	10i				
Part \					<del></del>			
11	s this a defined benefit plan subject to minimum funding requireme							☐ Yes ☐ No
12	ls this a defined contribution plan subject to the minimum funding r							Yes X No
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	·						
	f a waiver of the minimum funding standard for a prior year is being ranting the waiver.							
_	u completed line 12a, complete lines 3, 9, and 10 of Schedule				_	<del></del>		
b	Inter the minimum required contribution for this plan year	••••••			" ├	12b		
	inter the amount contributed by the employer to the plan for this pla					12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter to egative amount)					12d		
<u>e</u>	Vill the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No N/A
Part \	II Plan Terminations and Transfers of Assets							
13a	las a resolution to terminate the plan been adopted in any plan year?				<u> </u>	Ye	s X No	
	"Yes," enter the amount of any plan assets that reverted to the em	ployer this year		13	а			
	Vere all the plan assets distributed to participants or beneficiaries, t f the PBGC?							Yes X No
	during this plan year, any assets or liabilities were transferred fron hich assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify th	e plan	(s) to 			
13	(1) Name of plan(s):				13c	(2) EIN	(s)	13c(3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable	e caus	e is e	stablis	hed.	
SB or S	enalties of perjury and other penalties set forth in the instructions, chedule MB completed and signed by an enrolled actuary, as well is true, correct, and complete.	I declare that I have as the electronic ver	examined this return/resion of this return/re	rn/repo eport,	ort, inc and to	cluding, the be	if applicablest of my kn	le, a Schedule owledge and
<del></del>	deline to Mis	11/25/18	MICHAEL COP	PA,	M.D			
SIGN HERE	Signature of plan administrator	Date	Enter name of inc				olan admini	strator
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of inc	dividua	l sign	ing as	employer o	r plan sponsor

Signature of employer/plan sponsor