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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	F Complete an entries in accordance	uance wit	n the instructions to the Form 550	0-3г.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending	09/30/20	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 m	onths)			
С	Check box if filing under: X Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter descripti	on)		_	_		
Pa	art II Basic Plan Information—enter all requested inform	nation					
-	Name of plan	idilori		1b	Three-digit		
	MEN'S HEALTH OF WESTERLY, LLC 401(K) PLAN				plan number		
					(PN) •	001	
				1c	Effective date of	•	
22	Plan sponsor's name and address; include room or suite number (amployer if	for a single-employer plan)	2h	04/01/ Employer Identif		or
	MENS HEALTH OF WESTERLY, LLC	employer, ii	Tor a single-employer plan		(EIN) 05-052		Jei
					Sponsor's teleph	none number	r
45 W	/ELLS STREET, SUITE 104				401-348		
	STERLY, RI 02891			2d	Business code (s	see instructio	ons)
				L	62111		
	Plan administrator's name and address (if same as plan sponsor, educing HEALTH OF WESTERLY, LLC 45 WELLS S			3b /	Administrator's E		
· · · O · · ·	WESTERLY		5112 104	3c /	Administrator's to		mber
					401-348		
4	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		
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a			4
b				5b			
C	Number of participants with account balances as of the end of the			30			
	complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)			X Yes	No
b	3					V voo [□ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		•			X Yes	INO
Pa	art III Financial Information	01111 0000	or and mast mistead use roim of				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	461401		(5) 2.114		0
b	Total plan liabilities						
С	Net plan assets (subtract line 7b from line 7a)		461401				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а			, ,				
	(1) Employers	8a(1)	31461				
	(2) Participants	` ` `	61654				
	(3) Others (including rollovers)		1565				
b	Other income (loss)		-51003			40.07	7
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				4367	/
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4141				
е	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)		695				
g	Other expenses	8g					
h						483	6
i	Net income (loss) (subtract line 8h from line 8c)					3884	1
j	Transfers to (from) the plan (see instructions)	. 8j	-500242				

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-	DI OI 4 1 41	
Part IV	I Plan Characteristi	റട

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

Page 2 - 1

2A 2E 2G 2J 3D 3H

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		Amo	unt
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		711110	<u> </u>
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
C 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			
f Has 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 this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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					
rt VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Van П
5500))						Yes
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon	e or sec ctions,	and e	302 of I	ERISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mort you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sec ctions, th	and e	302 of I	ERISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Monf 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.	e or sec	and e	302 of I enter th Day	ERISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Mon fryou 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. C Enter the amount contributed by the employer to the plan for this plan year.	e or sec	and e	302 of I enter th Day	ERISA?	[Yes X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Monf 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. C 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?	ctions,	and e	12b 12c	ERISA?	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Morf 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 see	and e	12b 12c 12d	ERISA? e date c	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Morf 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 sec	and e	12b 12c 12d	ERISA? e date c	f the let Year	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Morf 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? Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII 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.	of a	and e	12b 12c 12d Y	ERISA? e date c	f the let Year	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. Morf 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? TVII 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 brought of the PBGC?	of a	and e	12b 12c 12d Y	ERISA? e date c	f the let Year	Yes X ter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a	and e	12b 12c 12d Y	e date c	f the let Year	Yes X ter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a under	and e	12b 12c 12d	e date c	f the let Year	Yes X ter ruling o Yes

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/13/2012	JEANNE LACHANCE
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 Labor Employee Benefits Security Administration

Benefit Plan Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance w	ith the instructions to the Form 55	00-SF.	Inspection
		entification Information				
F	or calendar plan year 2011 or fisca	_	01/01	/2011 and ending		09/30/2011
Α	This return/report is for:	a single-employer plan] a multip	le-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	X the final	return/report		
		an amended return/report	a short p	lan year return/report (less than 12 r	nonths)	
С	Check box if filing under:	-	==	ic extension		DFVC program
	Ī	special extension (enter descript	lon)			
F	art II Basic Plan Inform	nation—enter all requested inform	nation		·····	
	Name of plan				1b	Three-digit
W	OMEN'S HEALTH OF WES	TERLY, LLC 401(K) PL	AN			plan number 001
						(FIV) F
						Effective date of plan 04/01/2002
28	Plan sponsor's name and address	ss; include room or suite number (employer.	if for a single-employer plan)		Employer Identification Number
W	omens health of westi	ERLY, LLC	,,,,	and a surger property		(EIN) 05-0520679
						Sponsor's telephone number
4 :	WELLS STREET, SUITE	E 104			ì	401-348-0008
147.1	ESTERLY	DT 00001			1	Business code (see instructions)
		RI 02891				621111
WC	Plan administrator's name and a MENS HEALTH OF WESTE	odress (II same as pian sponsor, 6 ERLY , LLC	enter "Sam	e")		Administrator's EIN 05-0520679
45	WELLS STREET, SUITE	₹ 104				Administrator's telephone number
WE	STERLY	RI 02891		****	<u> </u>	401-348-0008
4	If the name and/or EIN of the pla name, EIN, and the plan number	nn sponsor has changed since the	last return	report filed for this plan, enter the	4b	EIN
а	Sponsor's name	r nom sio last retainmeport.			4c	PN
		ne beginning of the plan year		***************************************	5a	40
					5b	0
	Number of participants with acco	ount balances as of the end of the	plan year (defined benefit plans do not		
······	complete this item)	***************************************		***************************************		0
				(See instructions.)		X Yes No
D	Are you claiming a waiver of the under 29 CFR 2520 104-462 (Se	annual examination and report of e instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQ ions.)	PA)	X Yes No
				SF and must instead use Form 65		
Pa	rt III Financial Informat	ion				
7	Plan Assets and Liabilities		1000	(a) Beginning of Year		(b) End of Year
а	Total plan assets	***************************************	. 7a	46140)1	0
b	Total plan liabilities		. 7b			
	Net plan assets (subtract line 7b	from line 7a)	. 7c	46140)1	0
8	Income, Expenses, and Transfer		N. O. S.	(a) Amount	<u> </u>	(b) Total
а	Contributions received or receiva (1) Employers		. 8a(1)	3146	.1	
	(2) Participants		8a(2)	6169	-	
	(3) Others (including rollovers)		8a(3)	156	_	
b	Other income (loss)		. 8b	-5100	- 333	
	Total income (add lines 8a(1), 8a					43677
	Benefits paid (including direct roll	overs and Insurance premiums				
	to provide benefits)	••••••	. 8d	414	1	
	Certain deemed and/or corrective	·				
	Administrative service providers (•	8f	69	5	
	Other expenses		8g		1 N. S. J.	
	Total expenses (add lines 8d, 8e,	- -				4836
1	Net income (loss) (subtract line 8)				Mills	38841
- 1	manisters to (IIOIII) tile blan (see I	instructions)	01	~50024	21:	计二分元数 经收益 化二氯硫酸钠 医克雷耳氏病

Form	5500-	SF	201	1

Page	2	~		
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Casa										
·	art IV Plan Characteristics									
98	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2G 2J 3D 3H	acteri	stic Co	odes ir	the instructi	ons:				
ł	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	ies in i	he Instructio	ns:				
Pa	rt V Compliance Questions			······						
10	During the plan year:	************	Yes	No	,	mount				
	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
	C Was the plan covered by a fidelity bond?	10c		х						
1	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				note the second second		
•	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		х						
1	Has the plan failed to provide any benefit when due under the plan?	10f		Х						
(Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х	***************************************					
ı	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х						
i		10i								
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	piele S	Sched	ule SB	(Form	☐ Ye:	 ; П	No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	; X	No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the walver	lions, h	and e	nter th Day	e date of the Y	letter n	uling	_		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		,							
b	Enter the minimum required contribution for this plan year			12b						
C	Enter the amount contributed by the employer to the plan for this plan year		L	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 negative amount)	of a		12d						
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[Yes [No	N	/A		
Pari	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					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upof the PBGC?	nder t	he cor	ntrol		X Yes	П	No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See Instructions.)	e plan	(s) to			_	u			
	I3c(1) Name of plan(s):		13c	(2) EIN	l(s)	13c(3) PN(s)		
	ATLANTIC MEDICAL GROUP, INC 401(K) PLAN		32-	0250	865		01			
Cant	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable			otab!						
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return					ام 9 م	nedula.			
SBo	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r f, it is true, correct, and complete.	eport,	and to	the b	est of my kn	wiedge	and	-		

SIGN	Gearn Liltane	7/10/12	JEANNE LACHANCE	/ -
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	
SIGN	Jeans Alfaner	7/10/12	JEANNE LACHANCE	V
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spo	onsor
	Signature of employer/plan sponsor	7//0//2 Date		ŗ