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

Part I				uctions to the Form 55	00 0	· I
		dentification Information				
For calenda	ar plan year 2012 or fis		/01/2012	and ending	12/31/	2012
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan
B This ret	turn/report is:	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year ret	urn/report (less than 12	months)
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program
	3	special extension (enter de	escription)			
Part II	Basic Plan Info	rmation—enter all requested	· ,			
1a Name					1b	Three-digit
	•	, INC. PROFIT SHARING PLA	.N			plan number
						(PN) ▶ 001
					1c	Effective date of plan
30 Diam of					26	01/01/1997
COMPREHE	ponsor's name and add ENSIVE OBGYN CARE	dress; include room or suite nur	mber (employer, if for a sing	e-employer plan)	20	Employer Identification Number (EIN) 56-2283979
					20	Sponsor's telephone number
725 RESER	VOIR AVENUE				20	401-946-4022
CRANSTON					2d	Business code (see instructions)
						621111
3a Plan a	dministrator's name an	d address Same as Plan Sp	onsor Name Same as Pl	an Sponsor Address	3b	Administrator's EIN
OMPREHEN	NSIVE OBGYN CARE,		SERVOIR AVENUE		20	56-2283979
		CRANS	STON, RI 02910		30	Administrator's telephone number 401-946-4022
4 If the r	name and/or EIN of the	plan sponsor has changed sin	ce the last return/report filed	for this plan, enter the	4b	EIN
name	, EIN, and the plan num	har from the last return/report				
		iber from the last return/report.			4-	
	or's name	·			-	PN
5a Total	number of participants	at the beginning of the plan yea	ar		<u>5</u> а	8
5a Total i	number of participants a	at the beginning of the plan yea	ar		<u>5</u> а	8
5a Total i b Total i c Numb	number of participants a number of participants a er of participants with a	at the beginning of the plan yea	of the plan year (defined be	nefit plans do not	- 5a - 5b	8
5a Total i b Total i c Numb	number of participants and number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be	nefit plans do not	5a 5b 5c	5
5a Total I b Total I c Numb compl 6a Were b Are yo	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end during the plan year invested if the annual examination and re	of the plan year (defined be in eligible assets? (See instruction of an independent quali	nefit plans do not uctions.)fied public accountant (I	5a 5b 5c	5
5a Total I b Total I c Numb compl 6a Were b Are younder	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end during the plan year invested if the annual examination and re (See instructions on waiver eli	of the plan year (defined be in eligible assets? (See instruction of an independent qualicigibility and conditions.)	nefit plans do not uctions.) fied public accountant (I	5a 5b 5c QPA)	8 5 5
5a Total I b Total I c Numb compl 6a Were b Are younder If you	number of participants anumber of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in the plan year (See instruction of an independent qualificibility and conditions.)	nefit plans do not uctions.) fied public accountant (I	5a 5b 5c QPA)	8 5 5 5 5 5 5 5 5 1 No
5a Total I b Total I c Numb compl 6a Were b Are younder If you Caution: A	number of participants and number of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in the plan year (See instruction of an independent qualificiality and conditions.)	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable ca	5a 5b 5c Sc	
5a Total I b Total I c Numb compl 6a Were b Are younder If you Caution: A	number of participants and number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instruport of an independent qualigibility and conditions.)	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable core examined this return/r	5a 5b 5c Scale Formation in the state of the	8 5 5 5 5 5 5 5 5 1 No
5a Total I b Total I c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche	number of participants and number of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end during the plan year invested if the annual examination and re (See instructions on waiver eliether line 6a or line 6b, the plater incomplete filing of this retrier penalties set forth in the instructions on years.	of the plan year (defined be in eligible assets? (See instruport of an independent qualigibility and conditions.)	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable core examined this return/r	5a 5b 5c Scale Formation in the state of the	S S S S S S S S S S
5a Total I b Total I c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to	number of participants anumber of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instructions of an independent qualified in cannot use Form 5500-Sturn/report will be assesse tructions, I declare that I have y, as well as the electronic v	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable core examined this return/reportersion of this return/reportersion.	5a 5c	S S S S S S S S S S
5a Total I b Total I c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche	number of participants anumber of participants are referenced from participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instructions) of an independent qualified in cannot use Form 5500-Sturn/report will be assessed tructions, I declare that I have y, as well as the electronic v	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable ca e examined this return/rersion of this return/repo	Sa 5b 5c 5c 5c 5c 9c 5c 5c 5c 5c 5c 9c 6c 5c 5c 6c 5c 6c	X Yes No X Yes No X Yes No Description 5500. Restablished. Including, if applicable, a Schedule to the best of my knowledge and
5a Total I b Total I c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is is	number of participants anumber of participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instructions of an independent qualified in cannot use Form 5500-Sturn/report will be assesse tructions, I declare that I have y, as well as the electronic v	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable ca e examined this return/rersion of this return/repo	Sa 5b 5c 5c 5c 5c 9c 5c 5c 5c 5c 5c 9c 6c 5c 5c 6c 5c 6c	S S S S S S S S S S
5a Total I b Total I c Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is i	number of participants anumber of participants are referenced from participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instructions) and conditions.)	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable ca e examined this return/report MICHAEL COPPA, I Enter name of indiv	Sa 5b 5c	Solution State of the best of my knowledge and spling as plan administrator
5a Total I b Total I C Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	number of participants anumber of participants are referenced by a participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instruport of an independent qualificial gibility and conditions.)	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable core examined this return/report MICHAEL COPPA, I Enter name of indiv	5a 5c	Solution in State of the best of my knowledge and spling as plan administrator
5a Total I b Total I C Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	number of participants anumber of participants are referenced by a participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instruport of an independent qualificial gibility and conditions.)	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable core examined this return/report MICHAEL COPPA, I Enter name of indiv	5a 5c	Solution State of the best of my knowledge and spling as plan administrator
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5a Total I b Total I C Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	number of participants anumber of participants are referenced by a participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instruport of an independent qualificial gibility and conditions.)	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable core examined this return/report MICHAEL COPPA, I Enter name of indiv	5a 5c	Solution in State of the best of my knowledge and spling as plan administrator
5a Total I b Total I C Numb compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	number of participants anumber of participants are referenced by a participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be in eligible assets? (See instruport of an independent qualificial gibility and conditions.)	nefit plans do not uctions.) fied public accountant (I F and must instead us d unless reasonable core examined this return/report MICHAEL COPPA, I Enter name of indiv	5a 5c	Solution in State of the best of my knowledge and spling as plan administrator

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	. 7a	69655				(4) =		32698	3	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	69655					326983	3		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(h)	Total				
	Contributions received or receivable from:		(a) runoant				(2)	Total			
	(1) Employers	8a(1)	600	00							
	(2) Participants	8a(2)	237	74							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	13917	72							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	47546	6	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1446	9							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f	264	15							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1711	4	
	Net income (loss) (subtract line 8h from line 8c)	. 8i							13043	2	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>	l								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
Dawl	W Commission of Overstions										
Part	•				V	NI -	l				
10	During the plan year:	4:		1	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					80	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	П	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se			ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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			1	
C	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		
<u>e</u>	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?		Yes X 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		Yes X 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	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

Fo	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1219-01											
Dəş inti	enmoni of the Treasury small Revenue Service	This form is required to be filed	Benefit Plan Lunder sections 104 m	nd 4085 of the Employe	e.		2012					
Errokvesa	Department of Labor Banatis Socurty Administration	Ratinement Income Security Act of the Internal	ctions 6057(b) and 6061		This Form is Open to Public							
	lenetii Okaranty Corporation	Complete all entries in accord	•	0.SF.		spection						
Part	Annual Report lo	entification Information										
		Bri year 2012 or Recal plan year beginning 01/01/2012 and ending: 12/31/2012										
A This re	tum/report is for:	a single-employer plan	a single-employer plan a multiple-employer plan (not multiemploy									
B This re	turn/report is:											
_	Į		-	n/report (Jess then 12 m	เอกเทช	·						
C Check	box if filing under:	<u> </u>	aulomatic extension			DFVC progr	QI'II					
-		special extension (enter description	<u> </u>									
Partil		nation—enter all requested informa	uon		1116	Three-digit	T					
1a Neme		CARE, INC. PROFIT SHARD	ing plan		"	plan number						
						(PN) >	601					
					10	Effective date : 01/01/199						
23 Dien e	nassaris oven und oddo	esa; Include room ör aulta number (en	minuer if for a single	amniover nism)	2h	Employer Iden		har				
	HENSIVE OBGYN C		ipitoyet, a los a origina-	enthoyen plans		(EIN) 56-22		1401				
725 RE	SERVOIR AVENUE		•		20	Sponsor's tels 401-946-4		er .				
					2d	Business code	-	iona)				
CRANST		RI 02910		7-12-12-12-12-12-12-12-12-12-12-12-12-12-		621111						
		address Same as Plan Sponsor No	me [Seme es Plan	Sponsor Address	3b	3b Administrator's EIN 56-2283979						
COMPRE	Hensive obgyn c	ARE, INC.			3c Administrator's telephone number							
725 RE	servoir avenue				401-946-4022							
CRANST	on	RI 02910										
		lan sponsor has changed since the is	et recum/report filed fo	r this plan, enter the	4b ein							
	, civi, snu me pam numu ors nama	er from the last return/report.			4c	PN						
	<u></u>	the beginning of the plan year			8a			8				
b Tatal (number of participants at	the and of the plan year	**********************		6b	1		5				
		count belances as of the end of the pl			Бc			5				
		uring the plan year invested in sligible			L	.i.a.v/essyriamatem	X Yes	No				
D Are vo	ou claiming a waiver of th	e annual examination and report of a	efillsup insbneqebni n	d public accountant (IQ)	PÁ)		_	<u></u>				
under	29 CFR 2520,104-487 (6	Saa instructions on Weiver eligibility at	nd condillans.}			CON	X Yes	∐ No				
		er line 6s or line 6b, the class canno										
Caution: A	penalty for the late of	incomplete filing of this retern/repo penalties set forth in the instructions,	Will Co BESSER II W 74	mose reasonable cau	ort la	elutino. If snoi	abla, a Scha	wide .				
SB or Sche	aties of perjuty and other dule M8 completed and rue, corpect, and complet	signed by an enrolled solutry, as well	as the electronic vars	pion of this return/report	end:	to the best of m	knowledge	and				
BIGN	Qd-May	pel Colde	10/10/8/13	MICHABL COPPA	, м.	D.						
HERE	Signature of plan son	inistrator	Dete	Enter name of individu	ual áld	ning as plan ed	ministrator					
SIGN	ı											
HERE	Signature of employe	Enter name of individu										
Preparer's	nen mil golbülani) emen	ne, if applicable) and address; include	room or suite number	r (ophonal)	Prep	wrer's letephone	number (ap	tione/)				
For Papervil	ork Reduction Act Notice a	nd OMB Control Numbers; see the Instr	uctions (or Point 55002	SF, '			Form 8608-8 v.	F (2012) 120126				

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	. 7a	6:	9655	1		826983
b	Total plan liabilities	. 7b					
C	Net plan assets (subtract line 7b from line 7a)	. 7c	6:	9655	1		826983
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		600	0		
	(2) Participants	8a(2)		237	4		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	. 8b	1.	3917	2		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					147546
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1446	9		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f		264	.5		
g	Other expenses	. 8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					17114
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				1 m 1 2 m 2 m 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2	130432
j	Transfers to (from) the plan (see instructions)	8j					
b	2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare for the state of the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the plan provides welfare for the plan provides welfare benefits.	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a				10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	-		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?	-		10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	
h	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 2520.10	he required	d notice or one of the	10i			
Pari	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	-					I I Vac I Na
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					·····	
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mor	nth	, and e	enter tl Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	rm 5500), and skip to line 13.				T
b	Enter the minimum required contribution for this plan year				<u> </u>	12b	<u> </u>

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						12c				
<u> </u>	Enter the amount contributed by the employer to the p	ian for this plan year				120				
d	Subtract the amount in line 12c from the amount in line 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	y plan year?					Yes	X No)	
	If "Yes," enter the amount of any plan assets that reve	rted to the employer th	is year		**************	13a				
b	Were all the plan assets distributed to participants or b of the PBGC?					contro	t		Yes	X No
С	If during this plan year, any assets or liabilities were transferred. (See instru		n to another p	lan(s), identi	y the plan(s)	to				
1	3c(1) Name of plan(s):				1	3c(2)	EIN(s	5)	13c(3	PN(s)
								······		***************************************
						····			 	
Part	VIII Trust Information (optional)									
14a	Name of trust					14b	Trust	's EIN		

Fo	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1219-01											
Dəş inti	enmoni of the Treasury small Revenue Service	This form is required to be filed	Benefit Plan Lunder sections 104 m	nd 4085 of the Employe	e.		2012					
Errokvesa	Department of Labor Banatis Socurty Administration	Ratinement Income Security Act of the Internal	ctions 6057(b) and 6061		This Form is Open to Public							
	lenetii Okaranty Corporation	Complete all entries in accord	•	0.SF.		spection						
Part	Annual Report lo	entification Information										
		Bri year 2012 or Recal plan year beginning 01/01/2012 and ending: 12/31/2012										
A This re	tum/report is for:	a single-employer plan	a single-employer plan a multiple-employer plan (not multiemploy									
B This re	turn/report is:											
_	Į		-	n/report (Jess then 12 m	เอกเทช	·						
C Check	box if filing under:	<u> </u>	aulomatic extension			DFVC progr	QI'II					
-		special extension (enter description	<u> </u>									
Partil		nation—enter all requested informa	uon		1116	Three-digit	T					
1a Neme		CARE, INC. PROFIT SHARD	ing plan		"	plan number						
						(PN) >	601					
					10	Effective date : 01/01/199						
23 Dien e	nassaris oven und oddo	esa; Include room ör aulta number (en	minuer if for a single	amniover nism)	2h	Employer Iden		har				
	HENSIVE OBGYN C		ipitoyet, a los a origina-	enthoyen plans		(EIN) 56-22		1401				
725 RE	SERVOIR AVENUE		•		20	Sponsor's tels 401-946-4		er .				
					2d	Business code	-	iona)				
CRANST		RI 02910		7-12-12-12-12-12-12-12-12-12-12-12-12-12-		621111						
		address Same as Plan Sponsor No	me [Seme es Plan	Sponsor Address	3b	3b Administrator's EIN 56-2283979						
COMPRE	Hensive obgyn c	ARE, INC.			3c Administrator's telephone number							
725 RE	servoir avenue				401-946-4022							
CRANST	on	RI 02910										
		lan sponsor has changed since the is	et recum/report filed fo	r this plan, enter the	4b ein							
	, civi, snu me pam numu ors nama	er from the last return/report.			4c	PN						
	<u></u>	the beginning of the plan year			8a			8				
b Tatal (number of participants at	the and of the plan year	**********************		6b	1		5				
		count belances as of the end of the pl			Бc			5				
		uring the plan year invested in sligible			L	.i.a.v/essyriamatem	X Yes	No				
D Are vo	ou claiming a waiver of th	e annual examination and report of a	efillsup insbneqebni n	d public accountant (IQ)	PÁ)		_	<u></u>				
under	29 CFR 2520,104-487 (6	Saa instructions on Weiver eligibility at	nd condillans.}			CON	X Yes	∐ No				
		er line 6s or line 6b, the class canno										
Caution: A	penalty for the late of	incomplete filing of this retern/repo penalties set forth in the instructions,	Will Co BESSER II W 74	mose reasonable cau	ort la	elutino. If snoi	abla, a Scha	wide .				
SB or Sche	aties of perjuty and other dule M8 completed and rue, corpect, and complet	signed by an enrolled solutry, as well	as the electronic vars	pion of this return/report	end:	to the best of m	knowledge	and				
BIGN	Qd-May	pel Colde	10/10/8/13	MICHABL COPPA	, м.	D.						
HERE	Signature of plan son	inistrator	Dete	Enter name of individu	ual áld	ning as plan ed	ministrator					
SIGN	ı											
HERE	Signature of employe	Enter name of individu										
Preparer's	nen mil golbülani) emen	ne, if applicable) and address; include	room or suite number	r (ophonal)	Prep	wrer's letephone	number (ap	tione/)				
For Papervil	ork Reduction Act Notice a	nd OMB Control Numbers; see the Instr	uctions (or Point 55002	SF, '			Form 8608-8 v.	F (2012) 120126				

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	. 7a	6:	9655	1		826983
b	Total plan liabilities	. 7b					
C	Net plan assets (subtract line 7b from line 7a)	. 7c	6:	9655	1		826983
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		600	0		
	(2) Participants	8a(2)		237	4		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	. 8b	1.	3917	2		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					147546
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1446	9		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f		264	.5		
g	Other expenses	. 8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					17114
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				1 m 1 2 m 2 m 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2 m 1 2	130432
j	Transfers to (from) the plan (see instructions)	8j					
b	2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare for the compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a				10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	-		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?	-		10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	
h	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 2520.10	he required	d notice or one of the	10i			
Pari	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	-					I I Vac I Na
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					·····	
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mor	nth	, and e	enter tl Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	rm 5500), and skip to line 13.				T
b	Enter the minimum required contribution for this plan year				<u> </u>	12b	<u> </u>

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·····					120	T		
<u>C</u>	Enter the amount contributed by the employer to the	e plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in negative amount)		•		12d			
е	Will the minimum funding amount reported on line 1	2d be met by the funding	g 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?				Yes X	No	
	If "Yes," enter the amount of any plan assets that re	everted 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?							Y	es X No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See ins		an to another plan(s)	, identify the plan(s)	to			
1	3c(1) Name of plan(s):			1	3c(2) E	IN(s)	130	(3) PN(s)
***					***************************************			
Part	VIII Trust Information (optional)				***************************************			
14a	Name of trust				14b ⊺	rust's EIN		