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

2013

This Form is Open to Public Inspection

Part I	hefit Guaranty Corporation Complete all entries in acc	ordance with the instruc	ctions to the Form 5500	0-SF.			
Faiti	Annual Report Identification Information						
For calenda	ar plan year 2013 or fiscal plan year beginning 01/01/2	013	and ending 1	2/31/2	2013		
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan							
B This ret	urn/report is: the first return/report	the final return/report					
	an amended return/report	a short plan year return	n/report (less than 12 mo	onths))		
C Check b	pox if filing under: Form 5558		DFVC program				
	special extension (enter descrip	otion)					
Part II	Basic Plan Information—enter all requested info	rmation					
1a Name	of plan			1b	Three-digit		
COMPREHE	NSIVE OBGYN CARE, INC. PROFIT SHARING PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date o	f plan	
					01/01	/1997	
2a Plan sp	consor's name and address; include room or suite number ENSIVE OBGYN CARE, INC.	(employer, if for a single-	employer plan)	2b	Employer Identi		
OOM KENE	THOIVE OBOTH OAKE, INC.			20	(EIN) 56-22 Sponsor's telep	283979	
725 DESERV	VOIR AVENUE			20	401-94		
CRANSTON				2d	Business code ((see instructions)	
					62111	11	
3a Plan ad	dministrator's name and address	_	Sponsor Address	3b	Administrator's	EIN 283979	
COMPREHEN	ISIVE OBGYN CARE, INC. 725 RESER CRANSTON	VOIR AVENUE N. RI 02910		3с		telephone number	
		,,			401-946		
	name and/or EIN of the plan sponsor has changed since th	ne last return/report filed for	or this plan, enter the	4b	EIN		
	EIN, and the plan number from the last return/report.			4			
a Sponso				4c	PN	5	
_	number of participants at the beginning of the plan year			5a 5b			
b Total number of participants at the end of the plan year							
	or of participants with account balances as of the and of th		ofit plane de not			6	
C Number	er of participants with account balances as of the end of the ete this item)	ne plan year (defined bene	•	5c		6	
C Number	•	ne plan year (defined bene	······································	5c			
6a Were b Are yo	ete this item)all of the plan's assets during the plan year invested in elique to the plan's assets during the plan year invested in elique to the plan year invested in elique to the plan year invested in elique to the plan year.	ne plan year (defined bene gible assets? (See instruc of an independent qualifie	tions.)ed public accountant (IQI	5c		X Yes No	
6a Were b Are younder	ete this item)	gible assets? (See instruction of an independent qualifier and conditions.)	tions.)ed public accountant (IQI	5c		6	
c Number compl 6a Were b Are you under If you	ete this item)	gible assets? (See instruction of an independent qualifier ty and conditions.)	tions.)d public accountant (IQ	5c PA) Form	5500.	Yes No X Yes No	
c Number compl 6a Were b Are you under If you	ete this item)	gible assets? (See instruction of an independent qualifier and conditions.)	tions.)d public accountant (IQ	5c PA) Form	5500.	X Yes No	
6a Were b Are younder if you c If the p	ete this item)	gible assets? (See instruction of an independent qualifier ty and conditions.)	and must instead use	5c PA) Form	5500. Yes No	Yes No X Yes No	
C Number complete Section Complete Comp	ete this item)	gible assets? (See instruction of an independent qualifier ity and conditions.)	and must instead use ERISA section 4021)?	Form	5500. Yes No established.	Yes No Yes No Not determined	
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	ete this item)	gible assets? (See instruction of an independent qualifier ity and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is	5500. Yes No established. Including, if applic	Yes No Yes No Not determined	
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	ete this item)	gible assets? (See instruction of an independent qualifier ity and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is	5500. Yes No established. Including, if applic	Yes No Yes No Not determined	
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	ete this item)	gible assets? (See instruction of an independent qualifier ity and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form see is oort, ir, and	5500. Yes No established. Including, if applic	Yes No Yes No Not determined	
C Number complement of the process o	all of the plan's assets during the plan year invested in eliquous claiming a waiver of the annual examination and report 29 CFR 2520.104-46? (See instructions on waiver eligibili answered "No" to either line 6a or line 6b, the plan caplan is a defined benefit plan, is it covered under the PBGC penalty for the late or incomplete filing of this return/latties of perjury and other penalties set forth in the instruction dule MB completed and signed by an enrolled actuary, as rue, correct, and complete.	gible assets? (See instruction of an independent qualificity and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/repsion of this return/report	Form see is port, ir, and	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Stable, a Schedule knowledge and	
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	ete this item)	gible assets? (See instruction of an independent qualified ty and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	Form see is port, ir, and	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and	
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	ete this item)	gible assets? (See instruction of an independent qualified ty and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report MICHAEL COPPA, M. Enter name of individu	Form See is soort, ir, and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Stable, a Schedule with knowledge and	
C Number complement of the process o	ete this item)	gible assets? (See instruction of an independent qualificative and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report MICHAEL COPPA, M. Enter name of individu	Form See is soort, irr, and D. ual sigual si	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed.	Yes No Yes No Not determined Stable, a Schedule with knowledge and	
C Number complement of the process o	ete this item) all of the plan's assets during the plan year invested in eligible of the plan's assets during the plan year invested in eligible of the plan's assets during the plan year invested in eligible of the plan and report 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan caplan is a defined benefit plan, is it covered under the PBGC of the plan of the penalty for the late or incomplete filing of this return/balties of perjury and other penalties set forth in the instruction dule MB completed and signed by an enrolled actuary, as rue, correct, and complete. Filed with authorized/valid electronic signature. Signature of plan administrator Signature of employer/plan sponsor	gible assets? (See instruction of an independent qualificative and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report MICHAEL COPPA, M. Enter name of individu	Form See is soort, irr, and D. ual sigual si	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed.	Yes No Yes No Not determined Stable, a Schedule with knowledge and Ministrator Per or plan sponsor	
C Number complement of the process o	ete this item) all of the plan's assets during the plan year invested in eligible of the plan's assets during the plan year invested in eligible of the plan's assets during the plan year invested in eligible of the plan and report 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan caplan is a defined benefit plan, is it covered under the PBGC of the plan of the penalty for the late or incomplete filing of this return/balties of perjury and other penalties set forth in the instruction dule MB completed and signed by an enrolled actuary, as rue, correct, and complete. Filed with authorized/valid electronic signature. Signature of plan administrator Signature of employer/plan sponsor	gible assets? (See instruction of an independent qualificative and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report MICHAEL COPPA, M. Enter name of individu	Form See is soort, irr, and D. ual sigual si	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed.	Yes No Yes No Not determined Rable, a Schedule with knowledge and ministrator Per or plan sponsor	
C Number complement of the process o	ete this item) all of the plan's assets during the plan year invested in eligible of the plan's assets during the plan year invested in eligible of the plan's assets during the plan year invested in eligible of the plan and report 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan caplan is a defined benefit plan, is it covered under the PBGC of the plan of the penalty for the late or incomplete filing of this return/balties of perjury and other penalties set forth in the instruction dule MB completed and signed by an enrolled actuary, as rue, correct, and complete. Filed with authorized/valid electronic signature. Signature of plan administrator Signature of employer/plan sponsor	gible assets? (See instruction of an independent qualificative and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report MICHAEL COPPA, M. Enter name of individu	Form See is soort, irr, and D. ual sigual si	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed.	Yes No Yes No Not determined Stable, a Schedule with knowledge and Ministrator Per or plan sponsor	
C Number complement of the process o	ete this item) all of the plan's assets during the plan year invested in eligible of the plan's assets during the plan year invested in eligible of the plan's assets during the plan year invested in eligible of the plan and report 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan caplan is a defined benefit plan, is it covered under the PBGC of the plan of the penalty for the late or incomplete filing of this return/balties of perjury and other penalties set forth in the instruction dule MB completed and signed by an enrolled actuary, as rue, correct, and complete. Filed with authorized/valid electronic signature. Signature of plan administrator Signature of employer/plan sponsor	gible assets? (See instruction of an independent qualificative and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report MICHAEL COPPA, M. Enter name of individu	Form See is soort, irr, and D. ual sigual si	5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed.	Yes No Yes No Not determined Rable, a Schedule with knowledge and ministrator Per or plan sponsor	

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Deginning of Vec				(b) End a	f Vaa	_		
		7-	(a) Beginning of Year 826983				(b) End o	1070			
	Total plan assets	7a 7b	02000		-			1070	3100		
	Net plan assets (subtract line 7b from line 7a)		826983				1070158				
		7c									
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	tai			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	24542	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						245	423		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	224	8							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	2248		
i	Net income (loss) (subtract line 8h from line 8c)	8i						243	3175		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:			
Par	t V Compliance Questions										
10	•				Yes	No		•	1		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	NO	· · · · · · · ·	Amou	nτ		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)	`	•	10b		X					
				10c	Χ					800	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				000	700
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X					
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								V00		No.
44-	5500) and line 11a below)							Ш '	Yes		No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>	П.	, 1		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	Ш `	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			a deta sii	- 1-21			
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		e lette Year _	er rulir	ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		1				
b	Enter the minimum required contribution for this plan year					12b					

Page	3	- [1
гаус	J	- 1	

			1			
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	es No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to 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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)			•		
14a	Name of trust	14b Trust's EIN				

Form 5500-SF	yee	OMB Nas, 1210- 1210-					
Oppartment of the Treasury Internal Revenue Service	This form is required to be filed	22	2013				
Deparament of Labor Employee Benoths Socurity Administration	Retirement Income Security Act of the Internal		This Form is Open to Put	olic			
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instru	ctions to the Form 550	10-\$F.	Inspection		
	entification Information	,					
For calendar plan year 2013 or fisca	1	/01/2013	and ending		12/31/2013		
A This return/report is for:	글 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	,	ian (not multlemployer)		a one-participant plan		
B This return/report is:		the final return/report					
		• •	n/report (less than 12 m	ionths;			
C Check box if filling under:		automatic extension			☐ DFVC program		
Similar Designation (after	special extension (enter description	******	· · · · · · · · · · · · · · · · · · ·		······································		
Panell Basic Plan Inform 1a Name of plan	nation—enter all requested information	tion		1 dh	Three-digit		
	ARE, INC. PROFIT SHARI	NG PLAN		1.0	plan number		
					(PN) > 001		
					Effective date of plan 01/01/1997		
2a Plan sponsor's name and addre COMPREHENSIVE OBGYN C	ss; include room or suite number (em	oployer, if for a single-	employer plan)	2b	Employer Identification Numbe	r	
	thu,			20	(EIN) 56-2283979 Sponsor's telephone number		
725 RESERVOIR AVENUE				1	401-946-4022		
				2d	Business code (see instruction	s)	
CRANSTON	RI 02910				621111		
COMPREHENSIVE OBGYN C	address Same es Plan Sponsor Na	me ∐Same as Plan	Sponsor Address	30	Administrator's EIN 56-2283979		
COMPRESSION OF ODOLD OF	RCE, INC.			3c	Administrator's telephone num	ber	
725 RESERVOIR AVENUE				401-946-4022			
CRANSTON	RI 02910						
4 If the name and/or EIN of the pig	en sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN		
name, EIN, and the plan numbe a Sponsor's name	a non the last returnicepon.			4c	PN		
5a Total number of participants at t	he beginning of the plan year	P11841144.441211414.4414	***********************	5a	Ti and the second	5	
	the end of the plan year			5b		6	
C Number of participants with accu	ount balances as of the end of the pla	an year (defined bene	fit plans do not	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				5c		6	
6a. Ware all of the plan's assets du	inng the plan year invested in eligible e annual examination and report of an				X Yes []	No	
under 29 CFR 2520.104-46? (S	ee instructions on walver eligibility an	nd conditions.)		·,		No	
	r line 6a or line 6b, the plan cannot						
C If the plan is a defined benefit pla	an, is it covered under the PBGC insu	urance program (see I	ERISA section 4021)?	<u>U</u>	Yes No Not determine	:d	
Caution: A penalty for the late or in							
Under penalties of penjury and other p SB or Schedule MB completed and sibelief, it is true, correct, and complete	igned by an enrolled actuary, as well	I declare that I have a as the electronic vers	examined this return/rection of this return/report	ort, in , and t	cluding, if applicable, a Schedul o the best of my knowledge and	e	
Sign A 1/40	Viz. VCalda	1 5/55/1	MICHAEL COPPA	. М.:	n .		
HERE Signature of plan admi	They play	1 7/7				-	
報告を表すが A ニノスレー	1/14 // Oldo-	Day //	Erret terris of individe	नेवा शरी	ning as plan administrator	-	
SIGN / / /	also and all (1919)	 	C-1		-i		
Signature of employer/ Preparer's name (including firm name	a, if applicable) and address; include	Date / " foom or suite number	(obpous)		ning as employer or plan spons arer's telephone number (option		
- (., .		· ·	•			
				1,50			
						3	

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	(a) Beginning of Year			(b) End of Year	
а	Total plan assets	7a	8	2698	33		1070158	
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	8	2698	33		1070158	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	2	4542	23			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					245423	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					en de Same Carlos de Carlos de Carlos de Carlos de Carlos de Carlos de Carlo	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	8f		224	18			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2248	
i	Net income (loss) (subtract line 8h from line 8c)	8i					243175	
j	Transfers to (from) the plan (see instructions)	- 8j						
Pai	t IV Plan Characteristics	1	L		I dysona	A. C. S. C.		
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare for				·····			
Par	t V Compliance Questions						T	
10	During the plan year:				Yes	No	Amount	
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	rection Program)	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 ben	efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
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 2520.10			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	····				302 of	ERISA? Yes X No	
	(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 beir granting the waiver.	ng amortize	ed in this plan year, see instru		and e	enter th	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year				T	12b		

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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 negative amount)		12d						
e 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	Yes 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 brough of the PBGC?		control		Yes	x No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	y the plan(s)	to						
13c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3	B) PN(s)			
					·········			
Part VIII Trust Information (optional)				1				
14a Name of trust				14b Trust's EIN				