## 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

		Complete all entries in acco					
Part I	Annual Report	Identification Information					
For calend	dar plan year 2013 or fis	scal plan year beginning 01/01/20	14	and ending (	01/31/2	2014	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descript	tion)				
Part II	Basic Plan Info	rmation—enter all requested inforr	mation				
1a Name	of plan				1b	Three-digit	
COMPREH	ENSIVE OBGYN CARE	, INC. PROFIT SHARING PLAN				plan number	004
					10	(PN) ▶ Effective date of	001
					10	01/01/	
	sponsor's name and add	dress; include room or suite number (	(employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	Sponsor's telep	hone number
725 RESER	RVOIR AVENUE					401-946	
	N, RI 02910				2d	Business code (	
3a Plan a	administrator's name an	nd address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					30	Administrator's t	telephone number
					30	Administrators	telephone number
		e plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN	
	e, EIN, and the plan nun sor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		6
_		at the end of the plan year			5b		0
		account balances as of the end of the					
	,				5c		0
		s during the plan year invested in eligi the annual examination and report o					X Yes   No
,	•	? (See instructions on waiver eligibility			,		X Yes No
		ther line 6a or line 6b, the plan can					
C If the	plan is a defined banef					Lvas DNa D	
	plan is a delined benefit	it plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		res   No	Not determined
Coution	•	·		<u> </u>	<u>                                     </u>		Not determined
	A penalty for the late o	or incomplete filing of this return/re	eport will be assessed	unless reasonable ca	use is	established.	ı
Under pen SB or Sch	A penalty for the late on the late of perjury and other	or incomplete filing of this return/rener penalties set forth in the instruction of signed by an enrolled actuary, as well as the signed by an enrolled actuary, as well as the signed by an enrolled actuary, as well as the signed by an enrolled actuary, as well as the signed by an enrolled actuary, as well as the signed by an enrolled actuary, as well as the signed by an enrolled actuary.	eport will be assessed	unless reasonable car examined this return/re	use is	established.	able, a Schedule
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Form 5500-SF 2013 Page **2** 

Pa	t III Financial Information	ı								
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ar	_		(b) Er	nd of Y	ear	
a	Total plan assets	7a	107015	8					(	)
<u>b</u>	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	107015	8					(	)
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	-424	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-4243	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	106539	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	52	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	065915	5
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	070158	3
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	_ <u> </u>								
	If the plan provides pension benefits, enter the applicable pension 3H	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	des in t	he instru	ctions		
Par	V Compliance Questions									
10					Yes	No	1	Am		
a	During the plan year:  Was there a failure to transmit to the plan any participant contribute	tions within	a the time period described in		163	140		Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr	ection Program)	10a		X				
U	on line 10a.)			10b		X				
С				10-	Χ					90000
				10c						80000
d	or dishonesty?			10d		X				
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 plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year o	and )			Х				
h	If this is an individual account plan, was there a blackout period? (	(See instru	ictions and 29 CFR	10g		X				
i	2520.101-3.)	ne required	d notice or one of the	10h						
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?	<u></u>	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)							
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter tl Day	ne date d	of the le		ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
raye	J		

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 country of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> Tr	ust's EIN	•	

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Proceedings   Annual Report Identification Information   1701/2014   and ending   01/31/2014   a dependency of the plan report polyment   and ending   01/31/2014   a dependency plan   a mended entertrapport   a formation   a single-encloser plan   a single-encloser plan   a mended entertrapport   a formation   a single-encloser plan   a mended entertrapport   a single-encloser plan   a mended entertrapport   a single-encloser plan   a single-encloser plan   a mended entertrapport   a single-encloser plan   a single-encloser   a single-enc					- 1		iQ((C
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A This return/report is for:    This return/report   the first return/			01/01/2014 ar	nd ending	01/31	/2014	
B This return/report is:   the first neturn/report   the final return/report   the final return/	5	~			<del></del>	***************************************	
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18 Name of plan COMPREHENSIVE OBGYN CARE, INC. PROPIT SHARING PLAN  22 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) COMPREHENSIVE OBGYN CARE, INC.  25 PLANSTON RI 02910  36 Plan administrator's name and address. Some es Plan Sponsor Name Same as Plan Sponsor Address  401-946-4022  40 Business code (see instructions) 3c Administrator's relephone number (administrator's name and address) Some of Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report fled for this plan, enter the name is the name of participants at the beginning of the plan year.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report fled for this plan, enter the name. It is not the plan year invested in eligible sasses? (See Instructions).  5 Total number of participants at the beginning of the plan year.  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this form).  6 Were all of the plans assets during the plan year invested in eligible assets? (See Instructions).  6 Were all of the plans assets during the plan year invested in eligible assets? (See Instructions).  6 If you answered "No" to either line 6 are line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500.  6 If the plan is a defined benefit plan, is it overed under the PBCC Strawarde program (are PBC about as the set of my knowledge and bellef, it is true, correct, and complete.  6 If the plans assets during a defined plan eligible, is substituted under the PBCC strawarde program (are PBCC about at Signature) of my knowledge and bellef, it is true, correct, and complete.  6 If the plans assets during a plan administrator.  7 Date For Return entire of individual signing as plan administrator.  8 Signature of employer/plans sponsor  1 Date For rame of individual signing as employer or plan sponsor.  1 Preparer's name (including fir	Part III Resic Plan Inform						
A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN and the plan number of participants at the beginning of the plan year (defined benefit plans do not complete this term. See Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term. See Total number of participants at the end of the plan year invested in eligible assets? (See Instructions).  62		INDON EURE ELICHDESTED HIND	Hitchhols	11	Three-d	fioil	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  2b Engoyer Identification Number (EIN) 56-2283975  2c Sponsor's steephones number 401-946-4022  2d Business code (see instructions)  3a Plan administrator's name and address (Same as Plan Sponsor Name (Same as Plan Sponsor Address)  3b Administrator's lesephone number 401-946-4022  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  5a Total number of participants at the beginning of the plan year.  5b 0 0  5c Number of participants with account balances as of the end of the plan year (defined benefit plans of ono).  5c 0 0  5c		PARE, INC. PROFIT SH	ARING PLAN	1.		mber	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  COMPREHENSIVE OBGYN CARE, XNC.  725 RESERVOIR AVENUE  CRANSTON RI 02910  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  CRANSTON RI 02910  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3c Administrator's telephone number (2111)  4 If the name and/or EIN of the plan sponsor has changed since the last return/report fled for this plan, enter the fame, EIN, and the plan number from the last return/report.  5a Total number of participants at the beginning of the plan year.  5a Total number of participants at the beginning of the plan year.  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6b Are you clathing a variev of the annual examination and report of an independent qualified public accounts and (ICPA)  Cere 2520. 104-49? (See instructions on waiver eligibility and conditions).  6c If the plan is a defined bandit plan, is it overred under the PSGC insurance program (see ERISA section 4021)?  6c In the plan is a defined bandit plan, is it overred under the PSGC insurance program (see ERISA section 4021)?  6c In the plan is a defined bandit plan, is it overred under the PSGC insurance program (see ERISA section 4021)?  6c In the plan is a defined bandit plan, is it overred under the PSGC insurance program (see ERISA section 4021)?  6c In the plan is a defined bandit plan, is it overred under the PSGC insurance program (see ERISA section 4021)?  6c In the plan is a defined bandit plan, is it overred under the PSGC insurance program (see ERISA section 4021)?  6c In the plan is a defined bandit plan, is it overred under the PSGC insurance program (see E				<u> </u>			
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For Paperwork Reduction Act Notice and O/AB Control Numbers, see the instructions for Form \$500-SF. Form \$500-SF.	4 If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name 5a Total number of participants at the Total number of participants at the Total number of participants with accomplete this item). 6a Were all of the plan's assets due to the plan's assets due to the Are you claiming a waiver of the under 29 CFR 2520, 104-46? (Siff you answered "No" to either the plan is a defined benefit plant of the plan is a defined benefit plant of the plan is a defined benefit plant of the plant is a defined benefit the SB or Schedule MB completed and shellef, it is true, correct, and complete Signature of plant admits the Signature of plant admits the Signature of employers.	an sponsor has changed since the rirom the last return/report.  the beginning of the plan year  the end of the plan year invested in eligibility of the plan year invested in eligibility of the plan can an use of the plan can an, is it covered under the PBGC incomplete filling of this return/repenalties set forth in the instruction on waiver eligibility of the plan can an, is it covered under the PBGC incomplete filling of this return/repenalties set forth in the instruction of the plan sponsor	e last return/report filed for this plane e plan year (defined benefit plans of an independent qualified public is yeard conditions.)	an, enter the 44  44  45  56  50  do not 57  accountant (IQPA)  at instead use For ection 4021)?  assonable cause if this return/report, and it is return/report, an	m 5500. Yes  sestablish including, if to the bestabling as properties.	X Yes   X Yes   No	6 0 0 No No No
	4 If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name 5a Total number of participants at the Total number of participants at the Total number of participants with accomplete this item). 6a Were all of the plan's assets due to the plan's assets due to the Are you claiming a waiver of the under 29 CFR 2520, 104-46? (Siff you answered "No" to either the plan is a defined benefit plant of the plan is a defined benefit plant of the plan is a defined benefit plant of the plant is a defined benefit the SB or Schedule MB completed and shellef, it is true, correct, and complete Signature of plant admits the Signature of plant admits the Signature of employers.	an sponsor has changed since the rirom the last return/report.  the beginning of the plan year  the end of the plan year invested in eligibility of the plan year invested in eligibility of the plan can an invested in the plan can an, is it covered under the PBGC incomplete filling of this return/repenalties set forth in the instruction on the plan can an invested in the plan can an invested in the plan can an invested in the plan can are complete filling of this return/repenalties set forth in the instruction of the plan sponsor	e last return/report filed for this plane e plan year (defined benefit plans of an independent qualified public is yeard conditions.)	an, enter the 44  44  45  56  50  do not 57  accountant (IQPA)  at instead use For ection 4021)?  assonable cause if this return/report, and it is return/report, an	m 5500. Yes  sestablish including, if to the bestabling as properties.	X Yes   X Yes   No	6 0 0 No need little and

Page	2

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Y	ear		
а	Total plan assets	. 7a	10	7015	8						C
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	10	7015	8						С
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:								e e e e e e e e e e e e e e e e e e e		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)		-424	3						
	Other income (loss)	8b		-424	: 3						040
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						30.425.0		-4	243
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	10	6539	0						
e	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	. 8f		52	:5						
g	Other expenses	. 8g					15.0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1(	65	915
i	Net income (loss) (subtract line 8h from line 8c)	8i					***************************************		-1(	70	158
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	1			1 44.145	And Eropi di sabata		101100000000000000000000000000000000000	2-1025 m to 2-1020 m	2002100	200000000
	If the plan provides pension benefits, enter the applicable pension 3H	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions			***********
Par	V Compliance Questions	<del></del>						*****			
10	During the plan year:				Yes	No	T T	Am	ount		
а				10a		х					
b		? (Do not i	nclude transactions reported	10b		х					nterest that televole
	Was the plan covered by a fidelity bond?			10c	Х			**********		80	000
d				100							
***************************************	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner persons of the ben	s by an insurance carrier, efits under the plan? (See			,,,					
	instructions.)			10e		X		···			
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	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			Х					
	2520.101-3.)			10h		^					
ì	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	Octobras.	1-3		101		L		7 30 10 40			
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							$\prod$	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	ΤГ	Yes	Х	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 being ranting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter the Day	ne date of	the le		ing	
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Scheduk								FORMULA	**********	<b>********</b>
	Enter the minimum required contribution for this plan year					12b		***************************************			

	Form 5500-SF 2013	Page <b>3</b> -					
c	Enter the amount contributed by the employer to the pl	lan for this plan year		12c			· · · · · · · · · · · · · · · · · ·
d	Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter a minus sign to the left	of a	12d			
e	Will the minimum funding amount reported on line 12d				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 N	lo	
	If "Yes," enter the amount of any plan assets that rever	ted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or be of the PBGC?	eneficiaries, transferred to another plan, or brought	under the o	control		X Yes	☐ No
С	If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc		ne plan(s)	to			
1	3c(1) Name of plan(s):		1:	3c(2) [	EIN(s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)					· · · · · · · · · · · · · · · · · · ·	
Iniminate the same	Name of trust	Maria 100 100 100 100 100 100 100 100 100 10	T	14b	Trust's EIN		
			- 1				