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

Pens	on Benefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 5500	0-SF.		peotion
Part	I Annual Repor	t Identification Information					
For ca	endar plan year 2013 or	fiscal plan year beginning 01/01/20	013	and ending 1	2/31/2	2013	
	s return/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	oant plan
B Thi	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)		
C Ch	eck box if filing under:	Form 5558 special extension (enter descrip	automatic extension			DFVC progra	am
Dant	II Dania Dian Inf		· · · · · · · · · · · · · · · · · · ·				
Part		ormation—enter all requested infor	mation		46		
	ame of plan	TALTH CARE FOR WOMEN II C 404	(K) DDOELT CHADING D	LAN	10	Three-digit plan number	
500 I HI	ERN NEW ENGLAND HE	EALTH CARE FOR WOMEN, LLC 401	(K) PROFIT SHARING P	LAN		(PN) ▶	001
					1c	Effective date o	f plan
						01/01	•
		address; include room or suite number EALTH CARE FOR WOMEN, LLC	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 45-26	
222 CCI	JOOI STREET SHITE	200			2c	Sponsor's telep	
PAWTU	HOOL STREET - SUITE CKET, RI 02860	200			2d	Business code ((see instructions)
3a Pl	an administrator's name	and address XSame as Plan Sponsor	r Name Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4 If	the name and/or EIN of t	he plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN	
n	ame, EIN, and the plan n	umber from the last return/report.	·	•			
a Sp	onsor's name				4c	PN	
5a ⊤	otal number of participant	ts at the beginning of the plan year			5a		97
b To	otal number of participant	ts at the end of the plan year			5b		113
		n account balances as of the end of the		•	5c		113
6a v	ere all of the plan's asse	ets during the plan year invested in elig	gible assets? (See instruc	tions.)			X Yes No
b A	re you claiming a waiver	of the annual examination and report	of an independent qualifie	d public accountant (IQI	PA)		
		6? (See instructions on waiver eligibilit					X Yes No
	•	either line 6a or line 6b, the plan car					1
C If	the plan is a defined ben	efit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Ц	Yes ∐No L	Not determined
Cautio	n: A penalty for the late	e or incomplete filing of this return/r	report will be assessed	unless reasonable cau	se is	established.	
Under SB or	penalties of perjury and of Schedule MB completed	other penalties set forth in the instruction and signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, in	ncluding, if applic	
belief,	it is true, correct, and cor	nplete.					
SIGN	Filed with authorize	d/valid electronic signature.	10/09/2014	IAN HARING			
HERE	Signature of plan	Signature of plan administrator Date Enter name of individu					ninistrator
SIGN HERE	Filed with authorize	d/valid electronic signature.	10/09/2014	IAN HARING			
		loyer/plan sponsor	dual signing as employer or plan sponsor				
Prepar	er's name (including firm	name, if applicable) and address; incl	ude room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)
				•			

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Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of Year		
<u>′</u>	Total plan assets	7a	(a) Beginning of Tea		-		3444026		
<u>u</u>	Total plan liabilities	7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	161792	2			3444026		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	5033	0					
	(2) Participants	8a(2)	57196	8					
	(3) Others (including rollovers)	8a(3)	110637	'1					
b	Other income (loss)	8b	22640	1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1955070		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12881	6					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	15	0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					128966		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					1826104		
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а				10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X		50000		
d	• • • • • • • • • • • • • • • • • • • •	fidelity bo	nd, that was caused by fraud	10d		X	30000		
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		X		7000		
	instructions.)			10e		X	7988		
	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)								
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? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-			2				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	1001		
	Enter the minimum required contribution for this plan year	,	,,			12b			

Page	3 -	1
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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

Short Form Annual Return/Report of Small Employee

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

_						ordance with the man	uctions to the Form 55	00-SF		
	art I		lde	ntification Info	ormation					
Fo	r caler	ndar plan year 2013 or fi	scal	plan year beginnin	9	01/01/2013	and ending		12/31/20	13
Α	This	return/report is for:	X	a single-employer	plan	a multiple-employer	plan (not multiemployer)		a one-partic	cipant plan
В	This	return/report is:		the first return/rep	ort	the final return/report	rt			, , , , , , , , , , , , , , , , , , , ,
				an amended retur	n/report	a short plan year retu	urn/report (less than 12 m	onthe	;)	
С	Chec	k box if filing under:	X	Form 5558		automatic extension	ı		DFVC progr	ram
_				special extension						
P	art II	Basic Plan Info	rma	ation-enter all re	equested infor	rmation				
1a	Nam	ie of plan						1b	Three-digit	
	SOU'	THERN NEW ENGL	AND	HEALTH CAR	E FOR WO	OMEN, LLC			plan number	
	401	(k) PROFIT SHA	RIN	IG PLAN		J. J			(PN) >	001
								1c	Effective date	
									01/01/201	L2
2a	Plan	sponsor's name and ad	dres	s; include room or :	suite number	(employer, if for a single	e-employer plan)	2b	Employer Ident	tification Number
	SOU!	THERN NEW ENGLA WOMEN, LLC	AND	HEALTH CAR	E			(EIN) 45-2603721		
	LOIC	WOLIEN, DEC						2c	Sponsor's tele	phone number
	222	CONOCI CERRER		ATTEM - 000					(401) 722	
	333	SCHOOL STREET	-	SUITE 200				2d	Business code	(see instructions)
	PAW	TUCKET				RJ	02860		621111	,
3a	Plan	administrator's name an	d ad	Idress X Same as	Plan Sponsor	r Name Same as Ple	an Sponsor Address	3b	Administrator's	EIN
				1 200 7/		T.C. and				
	20							3c	Administrator's	telephone number
		s						li .		
4	If the	name and/or EIN of the	plar	sponsor has chan	ged since the	e last return/report filed t	for this plan, enter the	4b	EIN	
	пате	e, EIN, and the plan num	plar ber	sponsor has chan from the last return	ged since the I/report.	e last return/report filed t	for this plan, enter the			3.410
а	Spons	e, EIN, and the plan num sor's name	ber	from the last return	ı/report.			4c	EIN PN	
a 5a	Spons Total	e, EfN, and the plan num sor's name number of participants a	nber at the	from the last returned beginning of the page of the pa	n/report. Dian year					97
a 5a b	Spons Total Total	e, EIN, and the plan num sor's name number of participants a number of participants a	at the	from the last returned beginning of the part of the plan year	n/report.			4c		97 113
a 5a b	Spons Total Total Numb	e, EIN, and the plan num sor's name number of participants a number of participants a ber of participants with a	at the	from the last return e beginning of the part of the plan year to be plan year.	olan year	e plan year (defined ben	efit plans do not	4c 5a		113
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