## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

## **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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to

**Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit COMPLETE WOMEN'S HEALTH CARE, P.C. RETIREMENT PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/02/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number COMPLETE WOMENS HEALTH CARE, P.C. 20-0559360 (EIN) Sponsor's telephone number 516-683-6800 877 STEWART AVENUE, SUITE 9 GARDEN CITY, NY 11530 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 04/14/2015 SALVATORE LOPRESTI **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN

Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	X Y6	es No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)? .		Yes	No Not det	ermined
Par	III   Financial Information		1					
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	2004
	Total plan assets	7a	19831	11			1028	8981
	Total plan liabilities	7b	40004				100	2004
	Net plan assets (subtract line 7b from line 7a)	7c	19831	11			1028	8981
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:  1) Employers	8a(1)						
	2) Participants	8a(2)						
	3) Others (including rollovers)	8a(3)						
-	Other income (loss)	8b	409	928				
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					40	0928
	Benefits paid (including direct rollovers and insurance premiums							
t	o provide benefits)	8d	9950	)58				
_ e (	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u> (	Other expenses	8g			_			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5058
	Net income (loss) (subtract line 8h from line 8c)	8i					-954	4130
_ J	Fransfers to (from) the plan (see instructions)	8j						
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 3D 2T 2K  If the plan provides welfare benefits, enter the applicable welfare fellows  Compliance Questions							
10	During the plan year:				Yes	No	Amoun	t
а b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X		
	on line 10a.)	`	•	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)	of the ber	efits under the plan? (See	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	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	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			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							es No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	<u> </u>	F
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Ye	es 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 bein granting the waiver.	-			, and 6	enter th Day		ruling

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lf :	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			
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	Yes N	lo	
	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	s 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	IN(s)	13c(3	<b>3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2014

Employee Benefits Security Administration		, , , , , , , , , , , ,	Revenue Code (the	Code).	the internal	This Form is Open to
Pension Benedi Quaranty Corporation	▶ Complete	all entries in	accordance with the	Instructions to the For	m 5500-SF.	Public Inspection
Part I Annual Report I	dentification in	formation				
For calendar plan year 2014 or fisc			01/01/2014	and ending	12/	31/2014
A This return/report is for:	X a single-employe			yer plan (not multiemploy mployer information in ac		ding this box must attach a li he form instructions)
B This return/report is	the first return/re an amended refu		the final retum/re	port return/report (less than 12	2 months)	
C Check box if fling under:	Form 5558 special extension	(enter descrip	automatic extens	ion	OF	VC program
Part II Basic Plan Inform	nation—enter all	reducted idea	mation			
1a Name of plan Complete Women's Heal					1b Three plan in (PN)	umber 001
	,	İ				ve date of plan 2/2004
2a Plan sponsor's name and addre Complete Womens Health	ss; include room or	suite number	(employer, if for a sim	gle-employer plan)	2b Employ	ver Identification Number 20-0559360
877 Stewart Avenue, St	ite 9	:			516-6	or's telephone number 683-6800
Garden City	NY	11530			62111	ss code (see Instructions)
3a Plan administrator's name and a	ldress XSame es	Plan Spansor.	2		3b Adminis	
4 If the name and/or EIN of the plan	sponsor has chan	giad since the l	isst return/report filed	for this plan, enter the	4b EIN	
name, EIN, and the plan number a Sponsor's name	from the last return	report.			40.00	
5a Total number of participants at the	beginning of the n	Jain vear			4c PN	· · · · · · · · · · · · · · · · · · ·
b Total number of participants at the					5a 5b	17
C Number of participants with account complete this item)	nt balances as of th	heiend of the p	lan year (defined ber	efit plans do not	5c	1
d(1) Total number of active participa	nts at the beginning	of the plan ye	eer,		5d(1)	0
d(2) Total number of active participa	nts at the end of the	e plan year	********************	******************************	5d(2)	0
e Number of participants that termina less than 100% vested	ted employment du	ring the plan y	ear with accrued ben	efits that were	5e	0
Caution: A penalty for the late or inco	mplete filing of th	is return/repo	ort will be assessed	unless reasonable caus	o is establishe	ıd.
Under penalties of perjury and other per SB or Schedule MB completed and eign pelief. It is true, correct, and confidere.	nalties set forth ih th	re instructions.	I declare that I have	examined this return/report,	ort, including, if and to the best	annilezhia a Schadula
RIGN HERE			4/14/	Salvatore LoPr	esti	
Signatura A Pater autolinia		2	DANG & Y	Entername of individu	The state of the s	n administrator
SIGN IERE	118	#	Mille	Salvatore Lopro	estî ————	
reparer name (including firm name, if	applicable) and add	dress (include	room or suite number	Enter name of individuals (optional)		ployer or plan sponsor hone number (optional)
				-		

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6a Were all of the plan's assets during the plan ye ir invested	in alimiNe assets?	(See Instantiant)					X Yes [
Are you claiming a waiver of the annual examination and runder 29 CFR 2520.104-467 (See Instructions on waiver e	eport of an indepe- ligibility and condi-	ndent qualified public acci	ountai	n (IQP	A)-	***************************************	Yes [
If you answered "No" to alther line 6a or line 6b, the pl							
C If the plan is a defined benefit plan, is it covered under the f	PBGC insurance p	rogram (see ERISA section	an 402	(1)?	<u>                                   </u>	Yes   No   No	ot determine
Part III Financial Information		·			,		
7 Plan Assets and Liablities		(a) Beginning of		-	<u> </u>	(b) End of )	/ear
a Total plan assets.			198	3111	<u> </u>		1028
b Total plan flabilities	The second of the last of the				_		
R Income Expenses and Transfers (or this Plan Vace	7c		1983	1111	_		10289
B Income, Expenses, and Transfers for this Plan Year     Contributions received or receivable from:		(a) Amount			_	(b) Total	
(1) Employers	Ba(1)						
(2) Participants				Î			
(3) Others (including rallovers)						2	
b Other Income (loss)	8b		40	928		VIII.	
C Total income (add lines Ba(1), 8a(2), 8a(3), and Bb)					_		409
d Benefits paid (including direct rollovers and insurance premiu to provide benefits)	8d		9.95	058		1	
Certain deemed and/or corrective distributions (see instruction)							
f Administrative service providers (selaries, fees, commessions)					: "		
9 Other expenses				_			
h Total expenses (add lines 8d, 8e, 8f, and 8g)				_			99505
Net Income (loss) (aubtract line 8h from line 8c)	81	<u> </u>		$\perp$		<del></del>	- 95413
Part IV Plan Characteristics	ВІ			$\perp$		·	
93 If the plan provides pension benefits, enter the applicable pen 2E 2F 2G 2J 3D 2T 2K  b If the plan provides welfare benefits, enter the applicable welfs							
Part V Compliance Questions						-	
10 During the plan year:				Yes	No	Ámou	nt
a Was there a failure to transmit to the plan any participant cont 29 CFR 2510.3-102? (See instructions and DOLs Voluntary	Fiduciary Correction	on Program)	10a		х		
b Were there any nonexempt transactions with any party-in-inte		AT1075206\	105		х		
C Was the plan covered by a fidelity bond?			10c	X			200000
d Did the plan have a loss, whether or not reimburs id by the pla or dishonesty?	*********		10d		х		
Were any fees or commissions paid to any brokens, agents, or instrance service, or other organization that provides some or instructions.)	all of the benefits	under the plan? (See	10a		ж		
f Has the plan falled to provide any benefit when due under the	plan?		101		х		
g Did the plan have any participant loans? (If "Yes," enter amoun			10g	$\neg$	х		
h If this is an Individual account plan, was there a blackout period 2520.101-3.)	·····	s and 29 CFR	100	$\dashv$	х		
if 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 23 CFR 2520.1	the required notic	e or one of the	101	$\exists$			
art VI Pension Funding Compliance							
1 (s this a defined benefit plan subject to minimum funding require 5500) and line 11a below)					le SB	(Form   Yes	s   No
18 Enter the unpaid minimum required contribution for current year	from Schedule SB	(Form 5500) line 39	********	11	la		
Is this a defined contribution plan subject to the minimum funding	g requirements of	section 412 of the Code of	rsect	lon 30		RISA? TYES	X No
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v. as applicable.)				T		
a If a walver of the minimum funding standard for a prior year is be	ing amortized in th	is plan year, see instruction	ons, a			date of the letter nu	ılîng
graming the waiver.		Month	_		Day	Year	

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	and	0 of Schedule MB (Form 5500), and skip to line 13.			
		i year	12b	T	
C Enter the amount contributed by the employer	o In	plan for this plan year	12c	T	
d Subtract the amount in line 12c from the amount	in fac	ne 12b. Enter the result (enter a minus sign to the left of a	12d	1	
Will the minimum hading amount reported by	1	2d be met by the funding deadline?			O O
art VII Plan Terminations and Transf			***************************************	Yes	No N
			Tw.	·	
		rry plan year?		Yes No	· · · · · · · · · · · · · · · · · · ·
b Were all the plan assets distributed to partising	IN THE	erted to the employer this year	. 13a		
of the PBGC7	4				Yes 🗓
which assets or liabilities were transferred. (See	vere inst	ransferred from this plan to another plan(s), identify the plan(s) uclions.)	(0		
13c(1) Name of plan(s):	-		13c(2) El	V(s)	13c(3) PN(s
		1 .			
	2	1			
VIII Trust Information (optional)					
Name of trust	1		14b Tru	rre EIN	
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