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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		t Identification Information	n			
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2015	and ending 01	/31/2015	
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) loyer information in accor		
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	X the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC pro	gram
	3	special extension (enter des	cription)			
Dort II	Basis Blan Inf					
Part II		ormation—enter all requested i	nformation		1h Three diese	
1a Name	•	H CARE, P.C. RETIREMENT PLAN	N		1b Three-digit plan number	
OOM LETE	- WOMEN OTHER	TOTALE, THE TALE METERS IN EACH	•		(PN) ▶	001
					1c Effective date	e of plan
					01,	/02/2004
	sponsor's name and a WOMENS HEALTH	address; include room or suite num CARE, P.C.	ber (employer, if for a singl	le-employer plan)		entification Number 1-0559360
					2c Sponsor's te	
	RT AVENUE, SUITE	9				-683-6800
GARDEN CI	ITY, NY 11530					de (see instructions)
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrator	r's EIN
					3c Administrator	r's telephone number
					JC Administrator	i s telephone number
		he plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	
	e, Elin, and the plan n sor's name	umber from the last return/report.				
- Opo		·			4c PN	
5a Total	number of participan	ts at the beginning of the plan year	•		4c PN 5a	1
_		ts at the beginning of the plan year			5a	1
b Total c Numb	number of participan per of participants wit	ts at the end of the plan yearh h account balances as of the end o	of the plan year (defined be	nefit plans do not	5a 5b	
b Total c Number complete the complete	number of participan per of participants wit lete this item)	ts at the end of the plan yearh account balances as of the end o	of the plan year (defined be	nefit plans do not	5a 5b 5c	1 0
b Total c Numb compl d(1) Total	number of participan per of participants wit lete this item) tal number of active p	ts at the end of the plan yearh account balances as of the end o	of the plan year (defined be	nefit plans do not	5a 5b 5c 5d(1)	0
b Total c Numb compl d(1) Tot d(2) To	number of participan per of participants wit lete this item) tal number of active partial number of active particles.	ts at the end of the plan yearh account balances as of the end of the plan yearticipants at the beginning of the plan yearticipants at the end of the plan yearticipants.	of the plan year (defined be plan year	nefit plans do not	5a 5b 5c 5d(1) 5d(2)	0
b Total c Numb compi d(1) Tot d(2) To e Numbe	number of participants wit lete this item)tal number of active participants of active participants that	ts at the end of the plan yearh account balances as of the end o	of the plan year (defined be plan year earear with accrued be	nefit plans do not	5a 5b 5c 5d(1)	0
b Total c Number completed (1) Total d(2) Total e Number less the Caution: A	number of participants wit lete this item)tal number of active participants that number of active participants that nan 100% vested	ts at the end of the plan year	plan year (defined be plan yearplan yeare plan year with accrued be plan year will be assesse	nefit plans do not nefits that were d unless reasonable cal	5a 5b 5c 5d(1) 5d(2) 5e use is established.	0 C C
b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pen	number of participants wit lete this item) tal number of active per of participants that nan 100% vested	ts at the end of the plan year h account balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instru	plan year (defined be plan year with accrued be plan year will be assesse uctions, I declare that I have	nefit plans do not nefits that were d unless reasonable can re examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	0 0 0 0 0
b Total c Number compiled (1) Total d(2) Total e Number less the Caution: A Under penson SB or Sch	number of participants wit lete this item) tal number of active per of participants that nan 100% vested	ts at the end of the plan year	plan year (defined be plan year with accrued be plan year will be assesse uctions, I declare that I have	nefit plans do not nefits that were d unless reasonable can re examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app	0 0 0 0 0
b Total c Number compiled (1) Total d(2) Total e Number less the Caution: A Under penson SB or Sch	number of participans over of participants wit lete this item) tal number of active per of participants that nan 100% vested	ts at the end of the plan year	plan year (defined be plan year with accrued be plan year will be assesse uctions, I declare that I have	nefit plans do not nefits that were d unless reasonable can re examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of	0 0 0 0 0 plicable, a Schedule
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the Caution: A Under pen SB or Scheleief, it is	number of participans over of participants wit lete this item) tal number of active per of participants that nan 100% vested	ts at the end of the plan year	plan year (defined be plan year with accrued be plan year will be assesse uctions, I declare that I hav, as well as the electronic v	nefit plans do not nefits that were d unless reasonable car e examined this return/repor SALVATORE LOPRE	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of	olicable, a Schedule my knowledge and
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the less th	number of participants wit lete this item) tal number of active per of participants that nan 100% vested	ts at the end of the plan year	plan year (defined be plan year with accrued be plan year with accrued be plan year will be assessed uctions, I declare that I have, as well as the electronic volume.	nefit plans do not nefits that were d unless reasonable car re examined this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of	olicable, a Schedule my knowledge and
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the caution: A Under pen SB or Schelief, it is	number of participants wit lete this item) tal number of active per of participants that number of active per of participants that nan 100% vested A penalty for the late and the completed true, correct, and correct, and correct, and correct signature of plan	ts at the end of the plan year	plan year (defined be plan yearear	nefit plans do not nefits that were d unless reasonable car re examined this return/re ersion of this return/repor SALVATORE LOPRE Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the second	ologo
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the caution: A Under pear SB or Schelief, it is SIGN HERE SIGN HERE	number of participants wit lete this item) tal number of active per of participants that nan 100% vested A penalty for the late and the sedule MB completed true, correct, and correct signature of plan Signature of emp	ts at the end of the plan year	plan year (defined be plan yearear	nefit plans do not nefits that were d unless reasonable car re examined this return/re ersion of this return/repor SALVATORE LOPRE Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the stable	ologo
b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the caution: A Under pear SB or Schelief, it is SIGN HERE SIGN HERE	number of participants wit lete this item) tal number of active per of participants that nan 100% vested A penalty for the late and the sedule MB completed true, correct, and correct signature of plan Signature of emp	ts at the end of the plan year	plan year (defined be plan yearear	nefit plans do not nefits that were d unless reasonable car re examined this return/re ersion of this return/repor SALVATORE LOPRE Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the stable	olicable, a Schedule my knowledge and administrator
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b Total c Number completed (1) Total d(1) Total d(2) Total e Number less the caution: A Under pens SB or Schebelief, it is SIGN HERE SIGN HERE	number of participants wit lete this item) tal number of active per of participants that nan 100% vested A penalty for the late and the sedule MB completed true, correct, and correct signature of plan Signature of emp	ts at the end of the plan year	plan year (defined be plan yearear	nefit plans do not nefits that were d unless reasonable car re examined this return/re ersion of this return/repor SALVATORE LOPRE Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if appt, and to the best of the stable	olicable, a Schedule my knowledge and administrator

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannus to	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	nnt (IQ d d use	PA) Form	5500.		X Ye	es 🗌	No No
	If 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	ermine	•d
Par										
	Plan Assets and Liabilities	_	(a) Beginning of Yea		+		(b) End	of Year	0	
	Total plan assets	7a	10203	70 1	+				0	
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	10289	981					0	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(b) T	otal		
	Contributions received or receivable from:		(a) Amount				(5) 1	Jiai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	19	808						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1908	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10308	389						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						103	0889	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-102	8981	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b	2E 2J 2K 2F 2G 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	1	les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amoun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary 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	Χ				200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X				
e	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 a	s of year	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)							Ye	es	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	requirem	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day		ne letter Year	ruling	

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	3c(2) E∣	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

			Į.		
Form 5500-SF	Short Form Ann	ual Return/Report of S	mall	Employee	OMB Nos. 1210-01 1210-00
Department of the Treasury Internal Revenue Service	This form is required to he fil	Benefit Plan led under sections 104 and 4065 of	he Em	vee Retirement	2014
Department of Labor Employee Berefits Security Administration	Income Security Act of 197	4 (ERISA), and sections 6057(b) ar Revenue Code (the Code),	605B) of the internal	This Form is Open to
Pension Benefit Guaranty Corporation	-1		l	FRON OF	Public Inspection
The second secon	Identification Information	accordance with the instruction	orto the	form 3300-3F.	<u> </u>
For calendar plan year 2014 or fa			ed end	9 0.1	/31/2015
	x a single-employer plan	a multiple-employer plan (not	nutien	player) (Filers ched	king (his box must atlach a lis
A This return/report is for:	_	of participating employer info	nation	accordance with	the form instructions)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report	less th	n 12 months)	
C Check box if filling under:	Form 5558	automatic extension			FVC program
	special extension (enter descr	ription)			4
Part II Basic Plan Info	rmation—enter all requested inf	ormation			· · · · · · · · · · · · · · · · · · ·
1a Name of plan	1-1 n n			1b Three	e-digit number 0.01
Complete Women's Hea	Ith Care, P.C. Retur	ement Plan		(PN)	
					tive date of plan
23 Plan specias's name and add	lyang: include rage or cuito numbe	r (employer, if for a single-employe	(nelo:		02/2004 oyer Identification Number
Complete Womens Heal		i (employer, il for a saigle-employe	Pidiry		20-0559360
The second of th	- 11				sar's telephone number
877 Stewart Avenue,	Suite 9				683-6800
Garden City	NY 11530			6211	ass code (see instructions)
3a Plan administrator's name and		γ .		3b Admin	istrator's EIN
4. If the name and/or EIN of the o	Nan sačinski kao chancid sires Ihla	e last return/report filed for this pla	ente	the 4b EIN	
name, EIN, and the plan numb		e last returblegor mee for that pla	, 6,116		
a Sponsor's name				4c PN	
5a Total number of participants at		N 100 0			. 1
			- 1	5b	
		e plan year (defined benefit plans o	o noi	5c	
d(1) Total number of active partic	ipants at the beginning of the plan	year		5d(1)	.0
d(2) Total number of active partic	ipants at the end of the plan year	/**********************************	,	5d(2)	0
Number of participants that term less than 100% visited.	inated employment during the plan		re	5e	0
Caution: A penalty for the late or i			sona	a cause is establis	had.
Under penalties of perjury and other 58 or Schedule MB completes and sellet, it is true, correct, and complete	penalties set forth in the instruction	ns, I declare that I have examined t	his re	invreport, including,	if applicable, a Schedule
BIGN	1/ Sel	Salva	ore	LoPresti	· · · · · · · · · · · · · · · · · · ·
ERE Signature of plan adm	HISTORY /			dividual signing as p	olan administrator
RIGN IERE	1) (2)			LoPresti	
reparer's name (Including firm name					employer of plan sponsor ephone number (optional)
Jehorer a transe fructingfullintin (1914)	בי א משלהונימינים) פנום מממובבה (mem	de tooks of some unitings) (obtional	'	reparer s ter	ephone number (optional)
		1		1	
		1			
				1	
or Paperwork Reduction Act Notice an	d OMB Combrol Numbers, sae the ins	structions for Farm 5500-SF.	-		Form 5500-SF (2014)
		0.			v. 140124

Form 5500-SF 2014			Page 2	4	4		_		!		
6a Were all of the plan's assets during the plan b Are you claiming a waiver of the annual exa under 29 CFR 2520,104-46? (See instruction if you answered "No" to either line 6a or	mination and report of ns on walver eligibility line 6b, the plan can	an indep and cond not use F	endent qualified pub litions.)orm 5500-SF and m	lic acco	nes ru	(IQP)	4) orm 55	00.	X	Yes Yes	No
C If the plan is a defined benefit plan, is it cove	red under the PBGC i	nsurance	program (see ERISA	4 dection	02	!)?	<u> П ү</u>	es No	∐ Not	determ	ined
7 Plan Assets and Liabilities		т —	T //	+							
7 Plan Assets and Liabilities a Total plan assets		-	(a) Begins	iling of	-	981		(b) En	d of Ye)BI	- 7
b Total plan liabilities		. 7a	 	+	20	9.01			$\dot{-}$		
C Net plan assets (aubtract line 7b from line 7a		1	 	+ ,	28	981					0
8 Income, Expenses, and Transfers for this Pla		7c	1 / / /		20	3.0:1		//->	7-4-1		
a Contributions received or receivable from: (1) Employers		Sa(1)	(a) An	ngunt		\neg		(0)	Total		
(2) Participants		8a(2)									
(3) Others (including rallovers)		80(3)	· · · · ·			\neg					
b Other income (lose)		48		1	1	908		·			
C Total income (add lines 8a(1), 8a(2), 8a(3), an		80	.								1908
d Benefits paid (including direct rollovers and in- to provide benefits)	surance premiums	8d		1	308	89					
Certain deemed and/or corrective distributions		Во				\Box					
f Administrative service providers (salaries, fees	commissions)	85									
g Other expenses	***************************************	8g				\neg	-		3		
h Total expenses (add lines 8d, 8e, 8f, and 8g)		6h				\top				1030	1889
Net income (loss) (subtract line 8h from line 8c)	81								-1028	981
j Transfers to (from) the plan (see instructions)		6)	•			\top					
9a If the plan provides pension benefits, enter the 2E 2J 2K 2F 2G 3D 2T b If the plan provides welfare benefits, enter the											_
					_				-		
Part V Compliance Questions 10 Dunn the clan year:					<u> </u>	Yes	No	r			_
10 During the plan year: a Was there a fallure to transmit to the plan any	and disent contribution	na within	the time natical decr	Dad in	-	Yes	No		Amoun	1	
29 CFR 2510.3-102? (See instructions and D					10a		x		<u> </u>		
b Were there any nonexempt transactions with a on line (0a.)			STANDARD VALUE OF AUTOMOBILE DATE AND AND AND STANDARD DATE OF A STANDARD STANDARD OF A STANDARD STAND	ported	105		ж				
C Was the plan covered by a fidelity bond?	***********************			ļ	10c	х				2000	000
d Did the plan have a loss, whether or not relimbe or dishonesty?					10d		х		-		
Were any fees or commissions paid to any bro insurance service, or other organization that pr instructions.)	kers, agents, or other	persons t	y an insurance carr Is under the plan? (\$	er, ee	10e		х				
f Has the plan falled to provide any benefit when					101		X:				
9 Did the plan have any participant loans? (If "Ye	s," enter amount as of	year end	.),.,,		109		х	-			_
h if this is an individual account plan, was there a 2520.101-3.)	blackout period? (Se	e instructi	ons and 29 CFR		10h	\exists	х		;		_
i If 10h was answered "Yes," check the box if you exceptions to providing the notice applied under	either provided the r	equired no	otice or one of the		101				:		_
rt VI Pension Funding Compliance											
Is this a defined benefit plan subject to minimum \$\$00) and line 11a below)									Yes	- N	0
a Enter the unpaid minimum required contribution	for current year from	Schedule	SB (Form 5500) line	39		1	1a	3679 			
Is this a defined contribution plan subject to the	minimum funding requ	ulrements	of section 412 of the	Code	or sec	tion 30	12 of E	RISA?	Yes	X N	0
(If "Yes," complete line 12a or lines 12b; 12c, 12c	Constitution of the Consti	THE RESERVE THE PERSON NAMED IN	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS								
If a waiver of the minimum funding standard for a manufaction the waiver.					ons, e					ling	
granting the waiver.			**********************	INIGELL	-	224 83	Day	76	ar	-	eruser .

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if you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	o te	line				
b Enter the minimum required contribution for this plan year				, 12b		
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 sig			t of a	124		
negative amount)					 	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	+	*********	.,,		Yes	No NA
Part VII Plan Terminations and Transfers of Assets	1					
13a Has a resolution to terminate the plan been adopted in any plan year?				Х	Yes N	ła
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.		roug	under th	e control		X Yes No
of the PBGC?	_					pd tes 140
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)), k	lentriy	the plan(s			42 (0) 5) (1)
13c(1) Name of plan(s):	4		\coprod	13c(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)						<u> </u>
14a Name of trust				14b Te	ıst's EIN	ř.
	t					
	l					
						!
					9	
					İ	
					1	
1						
,					1	