## 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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in a	ccordance with the instru	ctions to the Form 550	10-5F.			
	art I		Identification Information	1					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	1/2012	and ending	12/31/2	2012		
Α .	This ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-participa	int plan	
В	This retu	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC program	1	
			special extension (enter desc	cription)					
Pa	rt II	Basic Plan Info	rmation—enter all requested in	nformation					
1a	Name		·			1b	Three-digit		
		•	COLOGY, PLLC 401(K) PLAN				plan number		
							(PN) ▶	001	
						1c	Effective date of p		
2a	Plan sr	onsor's name and add	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b	Employer Identific		
SCH	WARTZ	GYNECOLOGIC ON	COLOGY, PLLC	(p) ,			(EIN) 20-2018		
						2c	Sponsor's telepho	one number	
		R BLVD.					631-376-		
BRIG	iHIVVA	ΓERS, NY 11718				2d		iness code (see instructions) 621111	
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spon	sor Name Same as Pla	ın Sponsor Address	3b	N		
-	i iaii ac	anninotrator o name an	a dation Mount at hair open		Troponoor Address		7 tarriirilotrator o Er		
						3с	Administrator's tel	lephone number	
4	16.41	V 51N 64				4.			
4			e plan sponsor has changed since mber from the last return/report.	the last return/report filed t	or this plan, enter the	4b	EIN		
а		or's name	noor from the last retain, report.			4c	PN		
5a	Total n	umber of participants	at the beginning of the plan year.			5a		26	
b	Total n	number of participants	at the end of the plan year			5b		22	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not						_			
<u> </u>		,				5c		11 Vac   No.	
ъа b		•	s during the plan year invested in the annual examination and repo	•	•			X Yes   No	
b			? (See instructions on waiver eligil					X Yes No	
			ther line 6a or line 6b, the plan						
Cau	ıtion: A	penalty for the late of	or incomplete filing of this retur	rn/report will be assessed	unless reasonable car	use is	established.		
			her penalties set forth in the instru					ole, a Schedule	
			nd signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	t, and t	to the best of my k	nowledge and	
beli	et, it is t	rue, correct, and comp	Diete.						
SIG	N	Filed with authorized/	valid electronic signature.	10/03/2013 JASON EVERT					
HEF		Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan administrator			
SIG	N						g p		
HEF		Signature of emplo	vor/plan anancar	Date	Enter name of indivis	lual aia	uning on ampleyor	or plan apapaar	
Prei	parer's i		ame, if applicable) and address; i		Enter name of individer (optional)	_	arer's telephone n		
	, 0. 0 1	(	,	Suite married	· /=1/			(00.01101)	

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Dor	t III   Financial Information		-				
<u> Par</u>			(a) Beginning of Ves				(h) End of Voor
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a 7b	40330	) [			367843
	Net plan assets (subtract line 7b from line 7a)	7c	40335	:1			367843
	Income, Expenses, and Transfers for this Plan Year	70		, ,			
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	4345	59			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	2635	0			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					69809
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10250	0			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	281	7			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					105317
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-35508
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
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 instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	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		X	
d		fidelity bo	nd, that was caused by fraud	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth			100			
	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		915
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 e	end.)	10g	X		39890
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х	33000
ī	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 require	d notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB 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? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		Т
b	Enter the minimum required contribution for this plan year					12b	

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	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?		Yes 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 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	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treatily internal Revenue Service

## 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

2012

OMB Nos. 1210-0 140

1210-D089

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 8058(e) of Depuriment of Labor This Form is Open to Public. the Internal Revenue Code (the Code). Kamplayee Benefits Security Administration Inspection Pendian Berelli Guaranty Carpatalists ► Complete all entries in accordance with the instructions to the Form 6600-SF. Page: Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and anding 12/31/2012 յչ՝ a single-employer plan a multiple-employer plan (not multiemployer). A This return/report is for: s one-participant plan B This return/report is: the first return/report the final return/report hogerknutér babusana na a short plan year return/report (less than 12 months). DFVC program C Check box if filing under: Enny 5588 automatic extension special extension (enter description). Basic Plan Information -- enter all requested information 18. Name of plan **1b** Դութա-մկնե olan number Schwartz Gynecologic Oncology, FLLC 401(k) Plan 601 (PN) ► 10 Effective date of plan 01/01/2005 Plan sponsor's name and address; include room or soite number (employer, if for a single-omployer plan) 2b Employer Identification Number Schwartz Gynacologic Oncology, PLAC (EIN) 20-2018696 2c Sponsor's telephone number (631) 376-0055 404 Potter Blvd. 2d Business code (see Instructions) 621.111 US Brightwaters 38 Plan administrator's name and address 🐰 Same as Plan Sponsor Name 🗍 Same as Plan Sponsor Address 3b Administrator's FIN 3C Administrator's telephone number: If the name and/or EIN of the plan agons or has changed since the last return/report filed for this plan, enter the 4th FIN name, EIN, and the plan number from the test return/report. 4c PN Бa 26 5a Total number of participents at the beginning of the plan year 8b 22 Number of participents with account balances as of the and of the plan year (defined benefit plans do not 1, 1 Were all of the plan's assets during the plan year invested in clightin panets? (See instructions.) X Yes ∏No. b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520,104-46? (See instructions on walver eligibility and conditions.) X Yes No. <u>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500. SE and must instead uso Form 5500.</u> Caution: A genalty for the late or incomplete filing of this return/report will be assessed unless reasonable sause is established. Under penalties of perjury and other panalties set forth in the instructions, I declars 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 ballef, it is true-correct and comple Bernamin - M. Schwertzlad Best Signature of plan administrator Date Enter name of individual signing as plan administrator V:ちょとこん Signature of employer/plan sponsor Enter name of individual signing as amployed or plan aponsor Date Preparer's warne (including firm name, if applicable) and address; include room or suite number (optional). Preparer's telephone number (optional)

	R. R. Financial Information		- 1011 - 1 1 011 ( 11				rei aldeider ar v	7 27 21 2 11 2 2 1	***
7	Plan Assets and Liabilities		(a) Beginning of Yea	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~]~~		(b) End o	1 Year	, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	Total plan sesets	78	403,3	51	1		······································	367	8 <b>43</b>
b	Total plan liabilities	7b							
Ç	Net plan assets (subtract line 7b from little 7a)	7¢	403,3	5I		~	Marches, sesses service	367,	843
В	Income, Expenses, and Transfers for this Plan Year	Y WOR	(a) Amount				(b) To	tal	
a	Contributions received or receivable from:	W	THE WAS THE STATE OF THE PARTY AND THE PARTY OF THE PARTY						7V-73
	(1) Employers manuer-ma	#a[1]			800	100 A	AP 140 (12)		
	(2) Participants	9a(2)	43,4	59		500			
-L-~	(3) Others (including rollovers)	Ba(3)	LITELANT MATERIAL PLANTS OF THE PROPERTY OF TH		- 300	* \$			
	Other income (loss)	ab -	26,3	BU Benir	1986 20	<u> </u>			
<u>.</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Sensits paid (including direct collayers and insurance premiums	86						69.1	309 821993992
u	to provide benefits) to the provide and instruments and the provide the provide the provided provided provided the provided provid	8d	102,5	ΦĐ	7.00	10-Q	\$ 70 E E		
ē	Certain deemed and/or corrective distributions (see instructions)	86	INTERNATIONAL OF CONTRACTOR AND CONT			25.5			
#	Administrative service providers (salaries, fees, commissions)	0f	2,8	17		多数			
ď	Other expenses	<b>6</b> g	<u> </u>						
'n	Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh					<del>-1,-100 (-),1 , 1 / 1 / 1 / 1</del>	105,1	117
ì	Net income (toss) (subtract line 8h from line Bc)	ßl		7.00				(35,50	18)
i	Transfers to (from) the pian (see instructions)	Bl.	The state of the s	Section 19.	"E				
	dily Plan Characteristics					1,4-10.7			<u> </u>
- Anna	If the plan provides pension benefits, enter the applicable pension fer	utiera cada	e from the Lief of Pion Charact	over or o	renovember 1 Carolis	ne in H	bo Instruction		
	2E 2G 2,1 3D	atine odda	the mount when bridge out and collective forth.	mi leuti û	4 41 41 41 4	*** 11 1 31	ter brancistona	- IGH	
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		# 1( 1 : .) c = 1	-11-	· · · · · · · · · · · · · · · · · · ·		verygeneren e.a 		<del> </del>
Þ	if the plan provides welfare benefits, anter the applicatio welfare feat	inte codes	TROWN MARKIST OF PHAN CHARACTER	NERIC	COCKS	i ila tiri	a Manarchous	5:	
100 E				-					•
A. MARIE	Compliance Questions		, year,	M J. PARIN IS	]	· · · ·	<u> </u>	<del></del>	V N -114-1
10	During the plan year:		the real and a decrease of	Т'	You	No		mount	············
	Was there a fallure to transmit to the plan any participant contribute 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduci	агу Сопес	tion Program)	10a		х	T W T WAT - 1754 - 187 (1984)	1 Lynn	
	Were there any nonexempt transactions with any party-in-interest? on line 10s.)			10b		x	All derivatives and the second		
	Was the plan covered by a lidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fl or dehonesty?	delity band	d, that was caused by fraud	10d		x			
6	Were any fees or commissions paid to any brokers, agents, or other	r parsons	by an insurance carrier,						
	Insurance service or other organization that provides some or all of				x				925
	hstudions.)			10¢	als Larena		ļ	······································	
<u>T</u>	Has the plan falled to provide any benefit when due under the plan	<u> </u>		10f	value area	X			·
9	Did the plan have any participant loans? (it "Yes," enter emount as	of year <del>o</del> n	(C.) ettamaarrestekt freindunks lendan oor laar	100	Х			3	9,890
h	If this is an individual account plan, was there a blackout period? (5	lac instruc	tions and 29 CFR						
	2520 101-3.)	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,		10b		l X			
Î	8 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i					
	M Pension Funding Compliance		is In the property of the first of the first of the second	4.0004100		(1454 p.m.)			, , , , , , , , , , , , , , , , , , ,
11	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)		=					∐ Yes	X No
118	Enter the amount from Schedule SB line 39					11a	·	11 <del>77</del> 8-4844 W. 1. 1. 1. 1.	CT-S-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T
12	is this a defined contribution plan subject to the minimum funding re	drihewen	ts of saction 412 of the Code o	r.sast	ion 30	2 of F	RISA?	☐ Yeş	X] No
	(if "Yes." complete line 12a or lines 12b, 12a, 12d, and 12e below, a	us applicat	plo.j						
a	If a walver of the minimum funding standard for a prior year is being granting the waiver	amortize	d in this plan year, see Instructi						9
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule i	, , , ,,,,, ,							<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	Enter the minimum required contribution for this plan year	,		,		12b	· · · · · · · · · · · · · · · · · · ·		
ستسد	consequence and consequence as a consequence of the prior prior and the consequence of the consequence		1111	-41000	1117			remark the male.	in the branch state of the

Form 5500-SF 2012	Fage 3				
C Enter the amount contributed by the employer to the plan	for this plan year	ander and desired sought to be seen or and	120	* * * * * * * * * * * * * * * * * * *	
Subtract the amount in line 12c from the amount in line 12 negative strough),	2b, Enter the result (enter a minus sign to th	e left of a	12d	, , , , , , , , , , , , , , , , , , ,	
e Will the minimure funding amount reported on line 12d be	met by the funding deadline?		Т	es 🗆 No 🗀	N/A
3a Has a resolution to terminate the plan been adopted in an	y plan year? without the construction of the c	14 × 54 pt 4 × 54 m p pm yang a pm myana.	Yes	X Na	
If "Yes," enter the amount of any plan assets that reverted			13a		
b Were all the plan assets distributed to participants or bene of the PBCC?	eficiaries, transteured to another plan, or bro	ught under the co	नश्रण	Yes [	X No
C if during this plan year, any assets or liabilities were trans- which essets or liabilities were transferred. (See Instruction)	ferred from this plan to another plants), iden	rtily the plan(s) to	Manager 1 -		
13c(1) Name of plan(s):		73-0	(2) EIN(s)	13c(3) F	N(s)
		no former-more project meaning	- <u>(18.8) 19.43 (19.33)                                   </u>	· · · · · · · · · · · · · · · · · · ·	<del>· · · · · · ·</del> · · ·
GEVIEL Trust Information Jawlings				<u></u>	·
Trust Information (optional)			CONTRACTOR CONTRACTOR	~	··· · · · · · · · · · · · · · · · · ·
48 Name of trust			14b ₹rusi	's EIN	