Form 5500-SF	Short Form Annu	•	ort of Small Employ	ee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Plan				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	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).				
Pension Benefit Guaranty Corporation			nstructions to the Form 5500-		lic Inspection	
Part I Annual Repor	t Identification Information		and ending 12/31	/2015		
	X a single-employer plan		er plan (not multiemployer) (Fil		ox must attach a	
<b>A</b> This return/report is for:	a one-participant plan	list of participating a foreign plan	g employer information in accord	dance with the forr	n instructions)	
<b>B</b> This return/report is	the first return/report	the final return/rep	ort			
·	an amended return/report	a short plan year r	eturn/report (less than 12 month	ns)		
<b>C</b> Check box if filing under:	× Form 5558	automatic extensi	on	DFVC prog	ram	
Dort II Dooin Dian Inf	special extension (enter desc					
Part IIBasic Plan Inf1aName of plan	ormation—enter all requested ir	nformation	1	<b>b</b> Three-digit	1	
•	E BENEFIT PROFIT SHARING PL/	AN		plan number (PN) ▶	002	
			1	C Effective date of	•	
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)	2	b Employer Ident	02/1978 fication Number 2916594	
	ice, country, and ZIP or foreign pos		instructions) 20	c Sponsor's telep		
			2	d Business code	(see instructions)	
1 EAST 57TH STREET, SUITE EW YORK, NY 10022	701			621	111	
<b>3a</b> Plan administrator's name a	and address XSame as Plan Spon	sor.	3	<b>b</b> Administrator's	EIN	
			3	C Administrator's	telephone number	
4 If the name and/or EIN of t	ne plan sponsor has changed since	the last return/report fil	ed for this plan enter the	<b>b</b> EIN		
	umber from the last return/report.			C PN		
5a Total number of participant	s at the beginning of the plan year.			5a	8	
	s at the end of the plan year			5b	8	
	n account balances as of the end of			5c	8	
. ,	articipants at the beginning of the p			d(1)	8	
	articipants at the end of the plan ye	-		d(2)	8	
e Number of participants that than 100% vested	at terminated employment during the	e plan year with accrue	benefits that were less	5e	0	
Under penalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, polete	ctions, I declare that I h	ave examined this return/report	, including, if appli		
	d/valid electronic signature.	07/29/2016	VICTOR DOUEK			
HERE Signature of plan		Date	Enter name of individual	signing as plan ad	ministrator	
SIGN HERE	. <i>.</i> .					
Signature of emp	<b>loyer/plan sponsor</b> name, if applicable) and address (i	Date nclude room or suite nu	Enter name of individual a mber )	signing as employ eparer's telephone		
	ice and OMB Control Numbers, see th				Form 5500-SF (2015)	

	Form 5500-SF 2015		Page <b>2</b>								
b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?</li> </ul>								No		
-	rt III Financial Information				- /						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Year		
а	Total plan assets	7a	(, _ · <b>j</b>	1905				(	18177	'45	
b	Total plan liabilities	7b			0					0	
С	Net plan assets (subtract line 7b from line 7a)	7c		1905	796				18177	'45	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(b) Total				
а	Contributions received or receivable from:				0		X /				
	(1) Employers	8a(1)			0	_					
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)		0.0	0	_					
	Other income (loss)	8b		-88	051						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_			-880		
	to provide benefits)	8d			0						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0								
f	Administrative service providers (salaries, fees, commissions)	8f	0								
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-88051			
j	Transfers to (from) the plan (see instructions)	8j			0						
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G	feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in t	he instru	ctions:		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plar	n Chara	cterist	ic Coc	des in th	e instruc	tions:		
Par	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x					
С	Was the plan covered by a fidelity bond?			10c	х					250000	
d	by fraud or dishonesty?			10d		x					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		x					

	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
j	Did the plan trust incur unrelated business taxable income?			x				
Part	VI Pension Funding Compliance							
11								X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line	40			11a			
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						Yes	X No

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.).... i If 10h was answered "Yes," check the box if you either provided the required notice or one of the

h

Х

Х

10g

10h

Form 5500-SF 2015

Page **3 -** 1

					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	If 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					
-		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 (enter a minus sign to the ative 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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF	Short Form Annual	Return/Report	rt of Small Empl	oyee	OMB Nos. 1210-011			
Department of the Treasury Internal Revenue Service		benefit Plan			1210-008			
Department of Labor Employee Benefits Security Administration	This form is required to be Retirement Income Security Ac the Inte	tiled under sections 1 ct of 1974 (ERISA), a ernal Revenue Code (		iyee 158(a) of	2015 This Form is Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the in	atructions to the Earn		Inspection			
For calendar plan was 2015	entification Information		structions to the Porm 5	500-SF.				
For calendar plan year 2015 or fisca		01/01/201	THE REAL PROPERTY OF THE REAL	12,	/31/2015			
	a single-amployer plan	a multiple-employ a list of participation a foreign plan	er plan (not multiemploye ng employer information in	) (Filers of	hecking this box must attach nee with the form instructions)			
B This return/report is:	the first return/report an amended return/report	the final return/rep	oort eturn/report (less than 12					
C Check box if filing under:	= 1	automatic extensio		months)	DFVC program			
Is Addinion by USSNE	special extension (enter description				Si vo piografit			
1a Name of plan	nation enter all requested inf	formation						
the reaction of platt	YEE BENEFIT PROFIT SHAP			pi	nree-digit an number N) ► 002			
				1c Ef	fective date of plan			
2a Plan sponsor's name (employed Mailing Address (include room, City or town, state or province		Box)		2b Er	5/02/1978 mployer Identification Number			
MIDTOWN OB/GYN PC	country, and ZIP or foreign postal	code (if foreign, see i	nstructions)	(EIN) 13-2916594 2c Sponsor's telephone number				
41 EAST 57TH STREET ;	SUITE 701			2d Bu	212) 753-8003 Isiness code (see instructions)			
US NEW YORK NY 10022					**** <b>*</b>			
3a Plan administrator's name and a	address X Same as Plan Spons	sor Name		3b Ad	ministrator's EIN			
				3c Ad	ministrator's telephone number			
	an sponsor has changed since the r from the last return/report.	last return/report file	d for this plan, enter the	4b EIN	1			
a Sponsor's name same				4c PN				
5a Total number of participants at the b Total number of participants at the	he beginning of the plan year	******	*********	5a	8			
C Number of participants with acco	he end of the plan year		****	5b	·8			
			nefit plans do not	5c	8			
d(1) Total number of active participa	ents at the beginning of the plan ye	ear		5d(1)				
d(2) Total number of active participa	ants at the end of the plan year			5d(2)	8			
e Number of participants that termi less than 100% vested	nated employment during the plan	year with accrued be	anefits that were	JU(2)	8			
		****		5e	0			
Caution: A penalty for the late or in Under penalties of perjury and other p SB or Schedule MB completed and si belief, it is true, correct, and complete	Senalties set forth in the instruction igned by an enrolled actuary, as w	port will be assesse ns. I declare that I have rell as the electronic v	d unless reasonable can e examined this return/re-	port, includ	ablished. ling, if applicable, a Schedule			
alone //intal)	n national and the second second	07/20/16	VICTOR DOUER		a best of my knowledge and			
Signature of plan administ	rator	Date						
SIGN VALLEN ()	and	03/20/16	Enter name of individua VICTOR DOUEK	signing as	s plan administrator			
Signature of employer/plan aponsor								
Preparer's name (including firm name	, if applicable) and address; includ	le room or suite numb	per	Preparer's	telephone number			
for Paperwork Reduction Act Notice	e and OMB Control Numbers, se	ee the instructions for	Pr Form 5500-95					
	•				Form 5500-SE (2016)			

v.150123

Form	5500	-SF	201	15
------	------	-----	-----	----

Page 2

	F0fm 5500-SF 2015		Page Z						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)					XYes	No
b	Are you claiming a waiver of the annual examination and report of ar	n independ	dent qualified public acco	untant	(IQP	A)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No
	If you answered "No" to either line 6a or line 6b, the plan canno								
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	rogram (see ERISA section	on 402	21)?	•••••		No Not determ	nined
22	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	-	(b) l	End of Year	
a	Total plan assets	7a	1,90	05,7	96			1,817,745	5
	Total plan liabilities	7b			0	1		0	)
	Net plan assets (subtract line 7b from line 7a)	7c	1,90	05,7	96	_		1,817,745	5
	Income, Expenses, and Transfers for this Plan Year	and the second second	(a) Amount	:				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)			0				Aright State
	(2) Participants	8a(2)			0				A
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	(8)	8,05	1)				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					an a	(88,051)	
d	Benefits paid (including direct rollovers and insurance premiums		and the second state of th					(88,031)	
	to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0			e and a strength of the	
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1.1.1.2.			C	-
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		1992			and the second secon	(88,051)	)
j	Transfers to (from) the plan (see instructions)	8j			0	1			
ter and the second	2E 2G If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic	Code	es in the inst	ructions:	
	Int V Compliance Questions						Encoder State		
10	During the plan year:				Yes	No	Extension	Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo						All the Miller of All the All		
	Program)		•	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not i	nclude transactions	10a		x			
С				10c	x			250,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's the by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	the benefits under	10e		x			
f				10f		x			
g				10g		x			
	<ul> <li>If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li> </ul>					x			
i				10h 10i					
j	Did the plan trust incur unrelated business taxable income?		••••••	10j		x			
Pa	t VI Pension Funding Compliance	A.*							

11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40	11a					

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

	Form 5500-SF 2015 Page 3-							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver.		enter ay	the date of Ye		ruling		
	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 negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*****		Yes [	No I	N/A		
Par	t VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X 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 uncof the PBGC?	der the ca	ontrol		🗌 Yes	X No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	plan(s) to	)					
	13c(1) Name of plan(s):	13c	(2) Ell	N(s)	13c(3)	PN(s)		
100000000000000000000000000000000000000						5		
Par	t VIII Trust Information							
14a	Name of trust		14b Trust's EIN					
14c Name of trustee or custodian					<b>14d</b> Trustee or custodian's telephone number			
Pa	IRS Compliance Questions	L		×				
15a	I is the plan a 401(k) plan:		П	es	No			
15	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ADP test	/ACP		
150	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		□ Y	es	□ No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410			atio ercentage est	Aver Bene	age fit Test		
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		1 Ye	es	No No			
_	Has the Plan been timely amended for all required law changes?		C Ye	es	No No	□ N/A		
	Instructions for tax law changes and codes).			able code				
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is s advisory letter, enter the date of that favorable letter / / . and the letter's serial number.	ubject to	a favo	orable IRS	opinion o			
	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter determination letter / /		of pla	in's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	en s)? [	Ye	es	No			
19	Were in-service distributions made during the plan year?	[	_ Ye	es	No			
	If Yes, enter amount	[	19					
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether on not retired) as required under section 401(a)(9)?	or [	] Ye	s	No	□ N/A		