Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed u		065 of the Employee Re	etirement	2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the	(a) of the Internal This Form is				
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	uctions to the Form 55	Public Inspection				
Part I		dentification Information							
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/201	-		/31/2018				
A This ret	urn/report is for:	a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)			
<b>B</b> This retu	urn/report is	a one-participant plan	a foreign plan						
		1							
_		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram			
		special extension (enter descript							
Part II		mation—enter all requested inform	mation						
	1a Name of plan				1b Three plan	e-digit number			
DARKT W. J	ARRY W. JAFFIN, M.D. 401K PROFIT SHARING PLAN					▶ 001			
					1c Effect	tive date of plan 01/01/1999			
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. E	Box)		2b Empl (EIN)	oyer Identification Number 13-4157484			
	town, state or province AFFIN, M.D, P.C.	e, country, and ZIP or foreign postal o	code (if foreign, see instr	uctions)	· · ·	nsor's telephone number 212-721-2600			
				-	2d Business code (see instructions)				
620 COLUME	BUS AVE NY 10024-1406				621111				
NEW TORK,	111 10024-1400								
3a Plan ad	dministrator's name an	d address 🛛 Same as Plan Sponso	or.		3b Administrator's EIN				
					<b>3c</b> Administrator's telephone number				
		plan sponsor or the plan name has			4b EIN				
•	an, enter the plan spon or's name	sor's name, EIN, the plan name and	the plan number from tr	ne last return/report.	<b>4d</b> PN				
C Plan N	lame								
5a Total r	number of participants	at the beginning of the plan year			5a	7			
		at the end of the plan year			5b	7			
	· ·	account balances as of the end of the			5c	6			
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the plan	year		5d(1)	7			
• •		ticipants at the end of the plan year . terminated employment during the p			5d(2)	6			
than '	100% vested	· · · ·	-		5e	0			
Caution: A	penalty for the late of periupy and other	or incomplete filing of this return/re- per penalties set forth in the instruction	eport will be assessed	unless reasonable cau	se is estal	olished.			
SB or Sche		d signed by an enrolled actuary, as							
SIGN		valid electronic signature.	07/03/2019	BARRY JAFFIN					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
<b>b</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 waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Pa	art III Financial Information								
Ра 7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
Pa 7 a	Plan Assets and Liabilities		(a) Beginning of Year 1573358	(b) End of Year 1570913					
7	Plan Assets and Liabilities Total plan assets	7a 7b		()					

С	C Net plan assets (subtract line 7b from line 7a)		1573358	1570913
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	12825	
	(2) Participants	8a(2)	57540	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-69166	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1199
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	145	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	3499	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3644
i	Net income (loss) (subtract line 8h from line 8c)	8i		-2445
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Characteristic	Codes in the instructions:

9a lf ti nter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		146615
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	X		11638
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		9282
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
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		tract 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	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

For	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	yee	OMB Nos. 1210-0 1210-0			
	ment of the Treasury at Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee Ret	irement	2018			
	artment of Labor refits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Code	)57(b) and 6058(a) of the li	nternal	This Form is Open to			
Pension Ber	efit Guerenty Corporation	► Complete all entries in	accordance with the ins	tructions to the Form 550	0-SF.	Public Inspection			
Part I	Annual Report I	dentification Information							
		al plan year beginning	01/01/2018	and ending	12/3	1/2018			
A This retu	im/report is for:	🗙 a single-employer plan		olan (not multiemployer) (F mployer information in acc					
_		a one-participant plan	🗌 a foreign plan						
B This retu	m/report is	the first return/report	the final return/report	L .					
		an amended return/report	🔲 a short plan year reti	ırn/report (less than 12 mo	nths)				
C Check b	ox if filing under:	Form 5558	automatic extension	C	DFVC pr	ogram			
		special extension (enter desc	ription)	_	-				
Part II	Basic Plan Infor	mation onter all requested in	formation						
la Name d					1b Three	-digit			
BARR	(W. JAFFIN, M	1.D. 401K PROFIT SHA	RING PLAN			Number			
				-	(PN) 1c Effect	ive date of plan			
						01/1999			
Mailing	address (Include room	er, if for a single-emptoyer plan) , apt., sulte no. and street, or P.0				over identification Number 13-4157484			
	own, state or province, ( W. JAFFIN, M	, country, and ZIP or foreign post 1.D, P.C.	tal code (if foreign, see in:	itructions)	2c Sponsor's telephone nut 212-721-2600				
620 (	COLUMBUS AVE			Γ	2d Busin	ess code (see instructions			
	200 W	NV 10004	1400						
NEW Y		NY 10024-			6213				
3a Plan ad	ministrator's name and	l address 🛛 Same ias Plan Spo	nsór.		3b Admir	histrator's EIN			
					3c Admir	histrator's telephone numb			
4 if the n			as abanaad since the last	return/report filed for	4b EIN				
		plan sponsor or the plan name h sor's name, EIN, the plan name :							
a Sponso					4d PN				
C Plan Na	IMA								
a Total n	umber of participants a	t the beginning of the plan year.			5a				
		t the end of the plan year			5b				
		count balances as of the end of			5c				
	-	cipants at the beginning of the p			5d(1)				
d(2) Tota	I number of active part	cipants at the end of the plan ye	ar		5d(2)				
		erminated employment during the			5e				
		incomplete filing of this retur			e is estab	lished.			
Under penal SB or Sched	ties of perjury and othe iule MB completed and	er penalties set forth in the instru I signed by an enrolled actuary, :	ctions, I declare that I hav	e examined this return/rep	ort, includir	ig, if applicable, a Schedu			
<u>Sign</u>	ue. correct. and compl	ŮX	הוב וב	Barry Jaffin					
IERE	Signature of planed		Date	Enter name of individu	al signing s	a plan administrator			
	All and the second s		( D410			a plan aan milananan			
1000			1	1					
BIGN HERE	Signature of employ		Date	The second se	al al -!	s employer or plan spons			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					QPA)		- 	, .
C	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							]No 🗌 N	ot determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	ian yea	r			, (Şee	instructions.)
Ρa	rt III Financial Information								···· <u></u>
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b)	End of Ye	ar
a	Total plan assets	7a	1,	573 <b>,</b>	358				1,570,913
b	Total plan liabilities	7b							
Ċ	Net plan assets (subtract line 7b from line 7a)	7c	1,	573,	358				1,570,913
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total	
a	Contributions received or receivable from: (1) Employers	·8a(1)		12,					
	(2) Participants	8a(2)		57,	540				
	(3) Others (including rollovers)	8a(3)							
þ	Other income (loss)	8b		-69,	166				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1,199
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			145				
0	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		3,499					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Total expenses (add lines 8d, 8e, 8f, and 8g)						3,644
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81							-2,44
-	Net income (loss) (subtract line 8h from line 8c)   Transfers to (from) the plan (see instructions)   t IV Plan Characteristics	8i 8j							-2,445
Par 9a b Par	It IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 2K 3D   If the plan provides welfare benefits, enter the applicable welfare for	8j feature co			acteris				- NS:
Pa 9a b Par	Transfers to (from) the plan (see instructions)   t IV Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 2K 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:	8j feature co	es from the List of Pla						ns: s:
Pa 9a b Par	Transfers to (from) the plan (see instructions)	8j feature cod eature cod tions withi /oluntary F	es from the List of Pla n the time period iductary Correction	n Chan	acteris	lic Cod		instruction:	ns: s:
Par 9a b Par 10 a	V Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 2K 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   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)   Were there any nonexempt transactions with any party-in-interest	8j feature cod eature cod tions withi /oluntary F ? (Do not	es from the List of Pla n the time period iductary Correction include transactions	n Chara	acteris	No		instruction:	ns: s:
Par 9a b Par 10 a	V Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 2K 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   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)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	8j feature cod eature cod tions withi /oluntary F ? (Do not	es from the List of Pla n the time period iduciary Correction include transactions	n Chan	acteris	No X		instruction:	ns: s: nt
Par 9a b Par 10 a	Transfers to (from) the plan (see instructions)	8j feature cod eature cod tions withi /oluntary F ? (Do not fidelity bo	es from the List of Pla n the time period iductary Correction Include transactions	n Charr 10a 10b	Yes	No X		instruction:	ns: s: nt
Par 9a b Par 10 a b c d	V Plan Characteristics   If the plan provides pension benefits, enter the applicable pension   2E 2F 2G 2J 2K 3D   If the plan provides welfare benefits, enter the applicable welfare for   t V Compliance Questions   During the plan year:   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)   Were there any nonexempt transactions with any party-in-interest reported on line 10a.)   Was the plan covered by a fidelity bond?	8j feature cod eature cod tions withi /oluntary F ? (Do not fideilty bo ner person ne or all of	es from the List of Pla n the time period iductary Correction include transactions nd, that was caused s by an insurance the benefits under	n Charr 10a 10b 10c	Yes	No X		instruction:	ns: s: nt 146,615
Par 9a b Par 10 a b c d	Transfers to (from) the plan (see instructions)	8j feature cod eature cod tions withi foluntary F ? (Do not fidelity bo her person he or all of	es from the List of Pla n the time period iductary Correction Include transactions nd, that was caused s by an insurance the benefits under	n Charr 10a 10b 10c 10d	Yes X	No X		instruction:	ns: s: nt 146,615
Par 9a b Par 10 a b c d d	Transfers to (from) the plan (see instructions)	8j feature cod eature cod tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of	es from the List of Pla n the time period iductary Correction Include transactions and, that was caused s by an insurance the benefits under	n Charr 10a 10b 10c 10d	Yes X	No X X X		instruction:	ns: s: 146,615 11,638
Par 9a b Par 10 a b c d d f g	Transfers to (from) the plan (see instructions)	8j feature cod eature cod tions withi /oluntary F ? (Do not fidelity bo ner person ne or all of n? s of year-e (See Instru	es from the List of Pla in the time period iductary Correction include transactions include transactions and, that was caused s by an insurance the benefits under inder	n Chara 10a 10b 10c 10d 10e	Yes X	No X X X		instruction:	ns: s:

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Part	VI Pension Funding Compliance	9							
11	Is this a defined benefit plan subject to mini- (Form 5500) and line 11a below)							Yes [	No
11a	Enter the unpaid minimum required contribution	itions for all years from Sche	dule SB (Form 5500) line 40		11a				
12	Is this a defined contribution plan subject to ERISA? (If "Yes," complete line 12a or lines 12b, 12	÷ .				F		Yes 🛛	X No
а	If a walver of the minimum funding standard granting the walver.				i enter t Day		the let Year		9
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 t	his plan year			12b				
c	Enter the amount contributed by the employe	r to the plan for this plan yea	ar		12c				
d	Subtract the amount in line 12c from the am negative amount)				12d				
	Will the minimum funding amount reported a	on line 12d be met by the fun	ding deadline?	• • • • • • • • • • • • • • • • • • • •		Yes	No	N/	/A
Part	VII Plan Terminations and Trans	fers of Assets							
13a	Has a resolution to terminate the plan been ad	opted in any plan year?				Yes	X	No	
	If "Yes," enter the amount of any plan asset				13a				
Ь	Were all the plan assets distributed to partic control of the PBGC?			ght under the			Yes	X No	
C	If, during this plan year, any assets or liabili which assets or liabilities were transferred.	lies were transferred from th	s plan to another plan(s), iden -	tify the plan(s)	) to				
1	I3c(1) Name of plan(s):			13c(2)	EIN(s)		13ci	<b>(3) PN</b> (:	s)
			•						