Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information											
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018								
A This ref	turn/report is for:	x a single-employer plan		olan (not multiemployer) (employer information in ac	_								
5 ·		a one-participant plan	a foreign plan										
B This retu	urn/report is	the first return/report	X the final return/report	i.									
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)								
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	m							
	1	special extension (enter descr	. ,										
Part II	Basic Plan Info	ormation—enter all requested inf	formation										
1a Name EAST END	•	ARE, P.C. 401(K) PLAN			1b Three-digir plan numb (PN) ▶								
					1c Effective d	·							
		oyer, if for a single-employer plan)) David			Identification Number							
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		etructions)	(EIN)								
•	WOMENS HEALTH CA		ar code (ii rororgri, coo iiic	on denotic)									
					2d Business	code (see instructions)							
34 EAST MC	NTAUK HIGHWAY, S	SUITE 3				621111							
HAMPTON E	BAYS, NY 11946					021111							
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administra	itor's EIN							
					3c Administra	itor's telephone number							
					OO Administra	itor a telephone number							
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN								
	or's name	TISOI S Harrie, LIN, the plan harrie a	and the plan number nom	the last return/report.	4d PN								
C Plan N													
5a Total	number of participants	s at the beginning of the plan year			5a	3							
		at the end of the plan year			5b	0							
		account balances as of the end of		·	5c	0							
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	0							
` '	·	articipants at the end of the plan yea			5d(2)	0							
		terminated employment during the			5e	0							
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau									
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.											
SIGN	Filed with authorized	I/valid electronic signature.	07/19/2019	GERI SCHMITT									
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	p-digit number							
SIGN	Filed with authorized	I/valid electronic signature.	07/19/2019	GERI SCHMITT									
HERE	Signature of emplo	oyer/plan sponsor	Date	Date Enter name of individ		vidual signing as employer or plan sponsor							

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	Were all of the plan's assets during the plan year invested in eligib							X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility)					X Yes	No		
	If you answered "No" to either line 6a or line 6b, the plan cann							ப	ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes N	o Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	ctions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	of Year			(b) Eı	nd of Year	
а	Total plan assets	7a	,	12932				0	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c		12932				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from:	0-(4)		0					
	(1) Employers	8a(1)		0					
-	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		-21					
	Other income (loss)	8b		-21				-21	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-21	
	to provide benefits)	8d		12911					
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						12911	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-12932	
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 2A 2E 2F 2G 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	tic Cod	les in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V								
	Program)			10a		Χ			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	X			1000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X				13
f									
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					
								<u> </u>	

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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)		В	Yes 🛚 No
11a	Enter the unpaid minimum required contributions for all years 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 ERISA?		f	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	nd enter t Day		of the letter ruling Year
lf y	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	S 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 control of the PBGC?	e 		X Yes No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to		
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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Form 5500-\$F

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

This Form is Open to Public

_		enefit Guaranty Corporation	F Con			rdance with t	he instru	ctions to the Form	5500-SF.		nspe	ection
_	art (<u>ation Info</u> rmati	on					·	<u> </u>	
FOI	calenda	r plan year 2018 or f				01/01/		and ending	i	/31/2018		
		um/report is for: urn/report is:	a one-p	e-employer plan participant plan t return/report ended return/report		a list of part a foreign pla the final retu	icipating e an arn/report	ilan (not multiemplo employer information rn/report (less than	n in accorda	thecking this b noe with the fo	ox m	ust attach nstructions.)
С	Check b	ox if filing under:	Form 5	558 extension (enter de	escription] automatic e. on)	xtension			DFVC progr	am	
P	art II	Basic Plan Inf	ormation ·	enter all reguest	ed info	rmation						
1a	Name East			!			• '''		r;	hreo-digit blan number PN) ► ffective date	_	01
_			-19							1/01/2005		
2a	Mailing	ponsor's name (empl J Address (include ro town, state or provir	om, apt., suit	te not and street, or	P.O. E	Box) code (if foreign	ı, see inst	ructions)		mployer iden EIN) 51-05	242	39
	East	End Womens He	alth Car	₽, P.C.						ponsor's teler (631) 723-	222	5
		ast Montauk Hi		uite 3						usiness code 21111	(see	instructions)
3a		dministrator's name a		X Same as Plan	Snonsc	nr'		. .	3b 4	 dministrator's	FIN	
4	If the n	ame and/or EIN of th	ne plan spons onsor's name	sor or the plan name , EIN, the plan name	a has c	hanged since he plan numb	the last re	eturn/report filed for le last return/report.	3c A		tele	ohone number
	Plan N		<u> </u>					<u>.</u>	4d P	N		
		umber of participants										3
		umber of participants or of participants with										0
	comple	te this item)				•••••	***************************************		5c			0
		number of active pa					*************	***************************************	5d(1			0
e e	Numbe	number of active pa r of participants who an 100% vested	terminated e	mployment during t	he plar	n year with ac	crued ben	efits that were)		0
Ca		penalty for the late								ctabliched		
Un SB	der pena For Sche	ilties of perjury and o dule MB completed a rue, correct, and con	other penaltie and signed by	s set forth in the ins	truction	ns, i declare ti	hat I have	examined this retur	n/report. Inc	luding, if appli	cable y kno	e, a Schedule owledge and
S	IGN	14-76		-		7/15/	15	(Dec)	Sha			
H	ERE Si	gnature of plan-adn	ninistrator	·		Date		Enter name of Indiv	- idual signing	as plan admi	nistra	ator
	IGN: ERE Sid	gnature of employe	r/plan spons	sor		Date	15	Enter name of indiv	<u>Sch A</u>	- 7+		enoneor

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	Form 5500-SF 2018		Page 2				:	Jul 19, 19 Calleri		22 PlanAdmin-Inc Available
	F01111 35000-3F 2016		Page 2			-				
a a	Were all of the plan's assets during the plan year invested in eligi	ble assets? (See instructions.)			********	<u> </u>	.,,	 	XYes No
b	Are you claiming a walver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on walver eligibility	y and condition	ons.)	******		*********	i			XYes ∏No
	If you answered "No" to either line 6a or I ne 6b, the plan can								╛	
C	If the plan is a defined benefit plan, is it covered under the PBGC						∐ Ye: ∵	\$ [] N	-	∐ Not determir I
	If "Yes" is checked, enter the My PAA confirmation number from	the PBGC pr	emium filing for this year						(Se	e instructions.)
Pε	rt III Financial Information		·			·	:			
	Plan Assets and Liabilities	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Beginning o	of Yea	r	<u> </u>		(b) En	d of	Year
1_	Total plan assets	7a	-	12,9	32					0
2	Total plan liabilities	7b			0				<u> </u>	0
<u>; </u>	Net plan assets (subtract line 7b from line 7a)	7с	i	12,9	32	_			:	0
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b)	Tot	al
ì	Contributions received or receivable from: (1) Employers	8a(1)			0			() ()	.	
	(2) Participants	 			0	<u>† </u>		· .	1.	
	(3) Others (including rollovers)	-			٥	1		1	İ	
>	Other income (loss)			(2	1)	+-			Ť	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							·· ··	(21)
	Renefits paid (including direct rollovers and insurance premiums to provide benefits)			12,911						. :
<u> </u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	╆.			<u> </u>	
	Administrative service providers (salaries, fees, commissions)	8f			0	_			<u> </u>	ļ <u>.</u>
L_	Other expenses				0	_			<u> </u>	<u> </u>
	Total expenses (add lines 8d, 8e, 8f, and 8g)					+				12,911
	Net income (loss) (subtract line 8h from line 8c)					+				(12,932)
	Transfers to (from) the plan (see instructions)	8j			0				<u>i</u>	<u> </u>
а	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	i feature code	es from the List of Plan (Charac	terist	c Cod	ies in t	he instru	ıctior	าร:
b	If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Plan Ch	naracte	eristic	Code	s in th	e instruc	tions	 - - -
	rt V Compliance Questions		" 11.11			ı	1 1 1 1 1 1 1			
0	During the plan year:	According to the Control of the Cont	- Al \$i	,	Yes	No	N/A		Ar	nount
a	Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-1027 (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		x				
b				1			1000 May		+	
	reported on line 10a.)			10b		х				
¢	Was the plan covered by a fidelity bond?			10c	х					100,00
þ	Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		x				
¢	Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	brokers, agents, or other persons by an insurance ation that provides some or all of the benefits under								
f	Has the plan failed to provide any benefit when due under the p		• • • • • • • • • • • • • • • • • • • •	10f		х			İ	
g	Did the plan have any participant loans? (If "Yes," enter amount			10g		×			†	
<u>y</u> h		? (Şee instru	ctions and 29 CFR	10g		x			7. j.	
				,		_^_	114,000,000	a : 2007/17	4.	191-31 / 1877 1 1875

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5500 CF 2040		7						_
Form 5500-SF 2018	Page 3 -		<u></u>					
Part VI Pension Funding Comp	lance		1	'		<u> </u>		
11 Is this a defined benefit plan subject to n (Form 5500 and line 11a below)	ninimum funding requirements? (If "Yes," see instructions an	d complete S	chedule	SB	Ь	Yes	X	No
11a Enter the unpaid minimum required cont	ributions for all years from Schedule SB (Form 5500) line 40		11a		+	<u> </u>		
12 Is this a defined contribution plan subject	t to the minimum funding requirements of section 412 of the	Code or sect	ion 302	of	Ĺ	Yes	<u> </u>	No
(If "Yes," complete line 12e or lines 12t	, 12c, 12d, and 12e below, as applicable.)							
	ard for a prior year is being amortized in this plan year, see i			r the date ly	- 1	ne letter ear	r rulin	g
	3 9, and 10 of Schedule MB (Form 5500), and skip to line		_	ту	<u> † </u>	<u></u>		
b Enter the minimum required contribution	for this plan year		12b					
	loyer to the plan for the plan year		12c	·				
	amount in line 12b. Enter the result (enter a minus sign to ti		12d					
e Will the minimum funding amount report	on line 12d be met by the funding deadline?			Yes 🗌	No	\ <u></u>	N/A	
Part VII Plan Terminations and 1	ransfers of Assets							
	ch adopted in any plan year?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes		No		
	sets that reverted to the employer this year		13a					
control of the PBGC?	rticipants or beneficiaries, transferred to another plan, or bro			x	es		No	
6 If, during this plan year, any assets or lia which assets or liabilities were transferre	bilities were transferred from this plan to another plan(s), ide	ntify the plan(5) to					
13c(1) Name of plan(s):		13c(2) El	N(si)		1	3c(3) P	N(5)	
				- 1				
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