For	n 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						2018				
	artment of Labor efits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to				
Pension Ben	efit Guaranty Corporation	 Complete all entries in a 	500-SF.	Public Inspection						
Part I	Annual Report	Identification Information								
For calenda	r plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
A This retu	rn/report is for:	X a single-employer plan	list of participating e			ting this box must attach a tith the form instructions.)				
	,	a one-participant plan	a foreign plan							
B This retur	n/report is	X the first return/report	the final return/report							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)					
C Check be	ox if filing under:	× Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter desci	ription)		_					
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name o					1b Thre					
NY OB/GYN 4	101(K) PLAN				(PN)	number 001				
					1c Effec	tive date of plan				
2a Blan sp	ansor's name (omple	yer, if for a single-employer plan)			2h Emp	01/01/2018				
Mailing	address (include roo	m, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 11-3409632					
City or t NY OB/GYN F		e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Sponsor's telephone number 516-220-3066					
					2d Business code (see instructions)					
	EAD AVE. CENTRE, NY 11570				621111					
	JEINTRE, INT 11370									
3a Plan ad	ministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN				
		_			3c Admi	nistrator's telephone num	hor			
					JC Aum		Dei			
		e plan sponsor or the plan name han name han name han son's name, EIN, the plan name a			4b EIN					
a Sponso	, , ,		···· ··· ·		4d PN					
C Plan Na	ime									
52 Total p	umbor of portioinanta	at the beginning of the plan year			5a		0			
		at the beginning of the plan year at the end of the plan year			5a 5b		3			
		account balances as of the end of			5c		3			
•	,									
	•	rticipants at the beginning of the pl			5d(1)		0			
• •		rticipants at the end of the plan year terminated employment during the			5d(2)		3			
than 1	00% vested				5e					
		or incomplete filing of this return her penalties set forth in the instruct								
SB or Scheo		nd signed by an enrolled actuary, a								
	Filed with authorized	/valid electronic signature.	10/04/2019	MARK S. BRANDON						
HERE	Signature of plan a	Idministrator	Date	Enter name of individ	ual signing	as plan administrator				
•••••	Filed with authorized	authorized/valid electronic signature. 10/04/2019 MARK S. BRANDON				4				
HERE	Signature of emplo		Date	Enter name of individ	ual signing	as employer or plan spons	sor			
For Paperwo	k Reduction Act Notic	e, see the Instructions for Form 5500)-SF.			Form 5500-SF (20	018)			

v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
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.)											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine											
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions											
		101 D00 p		an your			(000 mondonone.)					
Pa	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year					
a	Total plan assets	7a		0			22700					
b	Total plan liabilities	7b										
C	Net plan assets (subtract line 7b from line 7a)	7c		0			22700					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)										
	(2) Participants	8a(2)	2	23740								
	(3) Others (including rollovers)											
b	Other income (loss)											
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)											
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)											
е	Certain deemed and/or corrective distributions (see instructions)											
f	Administrative service providers (salaries, fees, commissions) 8f											
g	Other expenses											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					141					
i	Net income (loss) (subtract line 8h from line 8c)	8i					22700					
j	Transfers to (from) the plan (see instructions)	8i										
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2T 3D	feature co	des from the List of Pla	an Chara	acteris	stic Co	des in the instructions:					
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plar	n Chara	cterist	ic Code	es in the instructions:					
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	/oluntary F	iduciary Correction	10a		х						
b	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10b		x						
c	C Was the plan covered by a fidelity bond?					Х						
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					x						
e	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.).											
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period?											

2520.101-3.)

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

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10h

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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	X 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 o	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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						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	3c(1) Name of plan(s): 13c(2) E					13c(3) PN(s)		

Pepartment of the Treasury	Short Form Annu	Short Form Annual Return/Report of Small Employee Benefit Plan							
Internal Revenue Service	This form is required to	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							
Employee Benefits Security Administrati	onthe	Internal Revenue	SA), and section 6057(b) a Code (the Code).	ind 6058(a) of	This Form is Open to Publ				
Pension Benefit Guaranty Corporation	Complete all entries in a				Inspection				
Part I Annual Repor	t Identification Informatio	n	the matrictions to the Fo	5500-SF.					
For calendar plan year 2018 or	fiscal plan year beginning	01/01	/2018 and endin	g 12/	31/2018				
A	x a single-employer plan	a multiple-e	mployer plan (not multiem						
A This return/report is for:		a list of par	icipating employer informa	tion in accordan	ce with the form instruction	ns.)			
B This return/report is:	a one-participant plan x the first return/report	a foreign pi							
		the final ret	•						
	an amended return/report	∐ a short plar	year return/report (less the	an 12 months)					
C Check box if filing under:	x Form 5558	automatic e	xtension	П	DFVC program				
	special extension (enter desc	ription)			er i o program				
Part II Basic Plan Inf	ormation enter all requested								
1a Name of plan	enter an requested	rinornation	······································	1h Th	ree-digit				
NY OB/GYN 401(k) F	lan			pla	an number				
					N) ► 001				
					fective date of plan				
Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P	O. Box)		2b En	2b Employer Identification Number (EIN) 11-3409632				
NY OB/GYN PC	ice, country, and ZIP or foreign pos	stal code (if foreigi	h, see instructions)	2c Sp	onsor's telephone number	r			
					16) 220-3066				
414 Hempstead Ave.					siness code (see instruction 1111	ons)			
US Rockville Centre NY : 32 Plan administratore name c	11570 and address X Same as Plan Sp								
	ind address [12] Same as Plan Sp	onsor		3b Ad	ministrator's EIN				
				3c Ad	ninistrator's telephone nu	mber			
4 If the name and/or EIN of th this plan, enter the plan spo	e plan sponsor or the plan name h nsor's name, EIN, the plan name a	as changed since	the last return/report filed i	or 4b EIN					
a Sponsor's name	noor o name, Env, the plan name a	no trie plan numb	er morn the last return/repo						
C Plan Name				4 d PN					
5a Total number of participants									
b Total number of participants	at the beginning of the plan year	******	******	<u>5a</u>	0				
 Number of participants with a 	at the end of the plan year account balances as of the end of t	the plan year (only	defined contribution place		3				
complete this item)	*****			<u> 5c</u>	3				
	ticipants at the beginning of the pla	-	*******	5d(1)	0				
	ticipants at the end of the plan yea		***************************************	5d(2)	3				
e Number of participants who f less than 100% vested	terminated employment during the	plan year with acc	rued benefits that were	5e					
Caution: A penalty for the late	or incomplete filing of this return	n/report will be a	sessed unless reasonal	le cause is esta	ablished.				
Under penalties of perjury and ot	her penalties set forth in the instru- rd signed by an enrolled actuary, a	ctions. I declare th	at I have examined this ret	um/report_inclu	ting if applicable a Sabo	dule and			
SIGN //			Charb	S.VA	20102	·			
HERE Signature of plan adm	inistrator	Date 10/0							
				1/ 1/2	s plan administrator				
SIGN HERE Signature of employer.	/nlan snoncor	Del: 40.4	19 HAR		anden	———			
		Date 10/4	CC Enter name of ind	ividual signing a	s employer or plan sponse	or			

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

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Form 5500-SF (2018) v.171027 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

••••••

XYes No

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.)								X Yes	— — No			
	If you answered "No" to either line 6a or line 6b, the plan canno												
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pi	ogram (see ERISA sectio	n 402	21)?		Yes	🗌 No	Not de	termined			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this year					(\$	See instruc	tions.)			
D	art III Financial Information												
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End c	of Year				
<u>′</u>		7a	(u) Deginning of	i cui	0				22,	700			
b	Total plan assets	7a 7b			0				22,	/00			
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	70 70			•				22,	700			
<u>c</u> 8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		0			(b) T		/00			
a	Contributions received or receivable from:								Jtai				
	(1) Employers	8a(1)											
	(2) Participants	8a(2)	2	3,74	40								
	(3) Others (including rollovers)	8a(3)											
b	Other income (loss)	8b		(89	9)								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22,8	341			
d	Benefits paid (including direct rollovers and insurance premiums												
	to provide benefits)	8d											
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	1		-									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		141									
<u>g</u>	Other expenses	. 8g											
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								L41			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							22,	700			
i	Transfers to (from) the plan (see instructions)	. 8j											
Pa	art IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2T 3D	eature cod	es from the List of Plan Cl	harac	teristic	Code	es in th	ne instruct	ions:				
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic (Codes	s in the	instructio	ns:				
	······································												
P	art V Compliance Questions												
10	During the plan year:				Yes	No	N/A		Amount				
		itions withii	n the time period				1471		unount				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo												
	Program)	-	-	10a		x							
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x							
				10c		x							
0		fidelity bor	nd, that was caused	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.) 					x							
f	f Has the plan failed to provide any benefit when due under the plan?												
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					x							
ł	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x							
i	· · ·	he required	notice or one of the	10i									

Form 5500-SF 2018

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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 Schedule SB (Form 5500 and line 11a below)										
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a										
12	ERISA? Yes X No									
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				- (1) - 1-				
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see inst g the waiver		nd ente Da		Year	tter rulli	ng		
lf y	0	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			, <u> </u>					
b	Enter t	he minimum required contribution for this plan year	•••••	12b						
С	C Enter the amount contributed by the employer to the plan for the plan year									
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)										
e 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?										
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?									
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)										
13c(1) Name of plan(s): 13c(2) Ell				N(s)		13c(3	8) PN(s)			