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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	า							
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12/	31/2014					
A This re	eturn/report is for:		yer) (Filers checking this box must attach a list ccordance with the form instructions)							
		a one-participant plan	a foreign plan	a foreign plan						
B This re	turn/report is	the first return/report	the final return/repo	urn/report						
		an amended return/report	a short plan year re	turn/report (less than 12 mo						
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC	program				
		special extension (enter desc	cription)							
Part II	Basic Plan Inf	formation—enter all requested in	nformation							
1a Name					1b Three-dig	jit				
	MEDICAL, PC 401(K) PLAN			plan num					
					(PN) •	001				
					1c Effective date of plan 01/01/2002					
	sponsor's name and a	address; include room or suite numl	per (employer, if for a sing	le-employer plan)	2b Employer (EIN)	Identification Number 45-4565038				
					2c Sponsor's	s telephone number				
105 MAXES SUITE S131						331-393-6700				
MELVILLE,	NY 11747				2d Business code (see instructions) 621111					
3a Plan	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrator's EIN					
		he plan sponsor has changed since	e the last return/report filed	d for this plan, enter the	4b EIN	55-0846990				
	e, EIN, and the plan r sor's name SCOTT S	number from the last return/report.			4c PN	001				
		ts at the beginning of the plan year			5a	13				
_		ts at the end of the plan year			5b	14				
C Num	ber of participants wit	h account balances as of the end o	f the plan year (defined be	enefit plans do not	5c	12				
'	,	participants at the beginning of the p			5d(1)	12				
d(2) To	stal number of active r	participants at the end of the plan ye	ar		5d(2)	12				
e Numb	er of participants that	terminated employment during the	plan year with accrued be		5e					
Under per SB or Sch	nalties of perjury and	e or incomplete filing of this retu- other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	uctions, I declare that I have	ve examined this return/rep	ort, including, if	applicable, a Schedule				
SIGN		d/valid electronic signature.								
HERE				Enter name of individu	Enter name of individual signing as plan administrator					
SIGN										
HERE						nployer or plan sponsor				
Preparer's	s name (including firm	name, if applicable) and address (include room or suite num	ber) (optional)	Preparer's tele	phone number (optional)				

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a sec	an independ and condition	ent qualified public accountans.)	nt (IQ	PA)					es [No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)?		Yes	No		Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd o	f Year		
a	Total plan assets	. 7a	2088						28	8448	
b	Total plan liabilities	. 7b		0						0	
С	Net plan assets (subtract line 7b from line 7a)	. 7с	2088	868					28	8448	,
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(I	b) To	tal		
	Contributions received or receivable from: (1) Employers	. 8a(1)	181	58							
	(2) Participants		504	18							
	(3) Others (including rollovers)			0							
b	Other income (loss)	. 8b	114	61							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							3	0037	,
	Benefits paid (including direct rollovers and insurance premiums			0							
	to provide benefits)			0							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		57							
	Administrative service providers (salaries, fees, commissions)			0							
	Other expenses (add by a 24 22 26 add 22)			0	_					457	
	Total expenses (add lines 8d, 8e, 8f, and 8g)						-			9580	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)			0						5500	
Par	, , , , , ,	· 8j		U							
b Part	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Coc	les in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No		A	mour	ıt	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	ction Program)	10a		X					
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					5	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)										1492
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es >	X No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedul	e SB (Form 5500) line 39			11a			_		
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA	?	Y	es	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicab	le.)								
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and e	enter tl Day			e letter ⁄ear _	rulin	g

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

Signature of employer/plan sponsor

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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

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2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Windsor Medical, PC 401(k) Plan (PN) ▶ 001 1c Effective date of plan 01/01/2002 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Windsor Medical, PC (EIN) 45-4565038 2c Sponsor's telephone number (631) 393-6700 105 Maxess Road Suite S131 2d Business code (see instructions) 621111 US Melville NY 11747 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 55-0846990 name, EIN, and the plan number from the last return/report. a Sponsor's name Scott Springer, D.O. 4C PN 001 5a Total number of participants at the beginning of the plan year 5a 13 b Total number of participants at the end of the plan year 5b 14 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 12 d(1) Total number of active participants at the beginning of the plan year 5d(1) 12 d(2) Total number of active participants at the end of the plan year 5d(2) 7 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare 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 belief, it is true, correct, and complete SIGN Scott Springer, D.O. HERE Signature of plan administrator Date Enter name of individual signing as plan administrator

Date

Scott Springer, D.O.

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

	Form 5500-SF 2014		Page 2		_					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? ((See instructions)				X Yes No			
	Are you claiming a waiver of the annual examination and report of a			(IQP	A)	********	<u>v</u> (e2 140			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	one / ***********************************	********	*******	*********	X Yes □No			
	if you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	m 5500-SF and must instead i	ise F	orm 5	500.				
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	1)?	<u></u>	Yes	No Not determined			
	Financial Information				***					
	Plan Assets and Liabilities	Estra III	(a) Beginning of Year	•		(b) End of Year			
a	Total plan assets									
<u>b</u>	Total plan liabilities			0	4	0				
<u>c</u>	Income, Expenses, and Transfers for this Plan Year	let plan assets (subtract line 7b from line 7a)					288,448			
	Contributions received or receivable from:	(a) Amount			24/01/	William Co. Mr. or	(b) Total			
	(1) Employers	. 8a(1)	18,1	58	de-		AND PROPERTY STATES			
	(2) Participants	. 8a(2)	50,4	18	2					
	(3) Others (including rollovers) Other income (loss)			0_	(S. 0)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8b	11,4		2.2	Advis " "				
d	Benefits paid (including direct rollovers and insurance premiums	-		E)		1.5	80,037			
	to provide benefits)	. 8d		0						
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
	Administrative service providers (salaries, fees, commissions)	. 8f	4:	57	17/1					
	Other expenses	. 8g		0	1	T.				
	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	. 8h	State Section 1997	e 1957 Silverier		_	457			
	Transfers to (from) the plan (see instructions)	. 8i . 8i		Similar d	New York	Talka Sa	79,580			
44 (68 30)	irtiV Plan Characteristics	<u>.i oj</u>			A. 15	200				
	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charact	- riatio	Cada					
	2E 2F 2G 2J 3D	sature cod	es nom the cist of Fight Charact	ensuc	Code	s in the i	nstructions:			
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the Liet of Plan Character	احافما	Cadaa	Ja 4b a 1	-American			
	and the production of the second of the seco	ature code	s nom the cist of Flatt Character	isuc	codes	in the in	structions:			
Pa	it V Compliance Questions				1.00					
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	tions withir	the time period described in	10a		х	7.11.04.11.			
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported	IVa			<u> </u>			
	on line 10a.)	*****	***************************************	10b		x	<u> </u>			
C				10c	x		50,000			
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	tidelity bor	nd, that was caused by fraud	10d		x				
е	J rece of continuosions paid to any pronois, adents, of other	er persons	s by an insurance carrier,							
	insurance service, or other organization that provides some or all instructions.)	of the benefits under the plan? (See			x		1,492			
f						х				
g						- 10				
s				10g		X				
	2520.101-3.)		**************************************	10h		x				
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					e de				
Pa	Pension Funding Compliance					Name of the last				
11	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) Yes X No									
118	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year from the contribution for current year.			••••••			1			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code o	sect	ion 30	2 of ERI	SA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ng amortize	ed in this plan year, see instructi	ons, a	and en	ter the d	ate of the letter ruling Year			

	Form 5500-SF 2014 Page 3-						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
<u>b</u>	Enter the minimum required contribution for this plan year	**********	12b	b)			
-			1800	A 150.0	20		
<u>C</u>	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	13. P. 13						
13a	Has a resolution to terminate the plan been adopted in any plan year?		☐ Ye	s X N	0		
	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 und of the PBGC?	er the co	ntrol		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.)	lan(s) to					
13c(1) Name of plan(s):					13c(3) PN(s)		
Part	Yill Trust Information (optional)						
14a Name of trust				14b Trust's EIN			
(c)							