-	Form 5500-SF Department of the Treasury Benefit Plan									
Inter	nal Revenue Service	This form is required to be file				2017				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 609 Revenue Code (the Code		Internal	m is Open to				
Pension Be	Public Inspection Public Inspe									
Part I		Identification Information								
For calenda	ar plan year 2017 or fi	scal plan year beginning 01/01/2			2/31/2017	ving this have	must sttash s			
A This ret	turn/report is for:	X a single-employer plan	list of participating er	lan (not multiemployer) ( nployer information in ac		-				
<b>B</b> This rote	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram				
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name	•				1b Thre	•				
WARREN LO	OBO MD PC 401(K) P	ROFIT SHARING PLAN			pian (PN)	number	002			
							olan			
0						01/01/2				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	). Box)		2b Empl (EIN)	Employer Identification Number (EIN) 20-2564292				
,	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WARREN LOBO MD PC				2c Sponsor's telephone number 631-277-5106					
					2d Busir		e instructions)			
82 THE HEL						62111				
EAST ISLIP,	NY 11730									
3a Plan a	dministrator's name ar	nd address X Same as Plan Spor	nsor.		<b>3b</b> Admi	inistrator's El	N			
		_			<b>30</b> A data					
					<b>3c</b> Administrator's telephone number					
<b>A</b> 16 th a r				entrum (non out file d fou						
		e plan sponsor or the plan name han name han name a name, EIN, the plan name a			4b EIN					
•	or's name				<b>4d</b> PN					
C Plan N	lame									
5a Total r	number of participants	at the beginning of the plan year			5a		4			
		at the end of the plan year			5b		4			
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c		4			
•	,	rticipants at the beginning of the pl			5d(1)		4			
. ,		irticipants at the end of the plan year			5d(2)		4			
		terminated employment during the			5e		0			
than Caution: A	100% vested	or incomplete filing of this return	n/report will be assessed	l unless reasonable cau		blished.				
Under pena SB or Sche	alties of perjury and ot edule MB completed a	her penalties set forth in the instruct nd signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, includi	ng, if applica				
SIGN	true, correct, and com	piete. /valid electronic signature.	10/09/2018	WARREN LOBO MD						
HERE	Signature of plan a		Date	Enter name of individ	ual signing	as nlan admi	nistrator			
SIGN		/valid electronic signature.	10/09/2018	WARREN LOBO MD	uai siyiiiiy	as pian aum	molialui			
SIGN HERE	Signature of emplo	5	Date	Enter name of individ	ual signing	as amployer	or plan sponsor			
For Paperw		byer/plan sponsor			uai siyiliriy		or plan sponsor rm 5500-SF (2017)			

lotice, see Pape

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-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
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.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V									
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this p	lan yeai	·			. (See instructions.)		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
a	Total plan assets	7a		73866				283804		
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	2	73866				283804		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) T	otal		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)			_					
	(3) Others (including rollovers)	8a(3)		40700						
	Other income (loss)	8b	· · · · · · · · · · · · · · · · · · ·	43738	_			40700		
 d	C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums       6							43738		
u	to provide benefits)	8d	:	33800						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						33800		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			9938					
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A $$ 2E $$ 2J $$ 3D $$	feature co	odes from the List of Pl	an Chai	acteris	stic Co	des in the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	cterist	ic Code	es in the instru	uctions:		
Pa	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		x				
k	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	? (Do not	include transactions	10u		X				
	<ul><li>C Was the plan covered by a fidelity bond?</li></ul>			10c	Х			340000		
	<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?</li> </ul>					x		5-0000		
e	<ul> <li>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.)</li> </ul>	ner person ne or all of	s by an insurance the benefits under	10d 10e		X				
f				10f		Х				

Х

Х

10g

10h

10i

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

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

i

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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Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 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 Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	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 left of a 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	
	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 brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

Form 5500-SF	Benefit Plan			DNET NAME: 12/56/2010 12/16-1000			
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Participant of Adver-	94	section 0057(b) and H050(a) of Control.	Inspect				
	<ul> <li>Camplets all entries in identification informatio</li> </ul>	and a local second seco	ctions to the Form \$500-5F	57.00			
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d(2) Time system in scales part			54(2	4			
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Form \$500-6F (2017) 1/170203 

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
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.)	XYes 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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	(See instructions.)

P	art III   Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	273,866	283,804
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	273,866	283,804
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	43,738	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		43,738
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33,800	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		33,800
i	Net income (loss) (subtract line 8h from line 8c)	8i		9,938
j	Transfers to (from) the plan (see instructions)	8j		

## Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 3D

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

## Part 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 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		x		
С	Was the plan covered by a fidelity bond?	10c	x			340,000
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		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	10i				

Page **3 -**

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)							Yes X	] No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							Yes <u>x</u>	] No
	`	s," 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 instructions, and enter the date of the granting the waiver							etter ruli r	-
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13						
b	Enter th	e minimum required contribution for this plan year.	•••••	12b				
С	Enter th	e amount contributed by the employer to the plan for the 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)								
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	□ N/	A
Part	: VII	Plan Terminations and Transfers of Assets						
13a	Has a r	esolution to terminate the plan been adopted in any plan year?	•••••		Yes	x	No	
	lf "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?								
С	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.)							
<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> El			N(s)		130	<b>:(3)</b> PN(:	s)	