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		Identification Information	l .							
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 1:	2/31/2018					
A This re	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
D =1.1	· · · · · · · · · · · · · · · · · · ·	a one-participant plan	a foreign plan							
D This ret	urn/report is	the first return/report	the final return/report							
		ırn/report (less than 12 m	months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım				
		special extension (enter desc	·							
Part II	Basic Plan Info	ormation—enter all requested in	formation		•					
1a Name MADONNA	•	CES, PC 401(K) PLAN TRUST			1b Three-dig plan numb (PN) ▶					
					1c Effective of	date of plan 01/01/1996				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		structions)	(EIN)	11-3145579				
-	PHYSICIANS SERVIC		, 3,	,		s telephone number 16-747-4616				
					2d Business	code (see instructions)				
300 OLD CO SUITE 202	DUNTRY ROAD					621399				
MINEOLA, N	NY 11501									
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Administra	ator's EIN				
					3c Administra	ator's telephone number				
					7 Administra	itor a telephone number				
		e plan sponsor or the plan name h onsor's name, EIN, the plan name a			4b EIN					
	sor's name	, , , , , , , , , , , , , , , , , , , ,			4d PN					
C Plan N	Name									
5a Total	number of participants	s at the beginning of the plan year.			5a	31				
		at the end of the plan year			. 5b	28				
C Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	28				
'	,	articipants at the beginning of the p			5d(1)	31				
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	28				
		terminated employment during th			5e 0					
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.								
SIGN		l/valid electronic signature.	01/24/2019	ANTHONY VIOLA						
HERE	Signature of plan a	administrator	Date	Enter name of individ	of individual signing as plan administrator					
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	nplover or plan sponsor					

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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 accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	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	n ot use Fo nsurance p	orm 5500-SF and mus program (see ERISA se	t instea ection 4	ad use 021)?	Forn	5500. Yes	Yes No	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		(Se	ee instructions.)	
Pa	rt III Financial Information		Т						
7	Plan Assets and Liabilities		(a) Beginning		·		(b) End of Y		
a	Total plan assets	7a	16	26130			13	47056	
		otal plan liabilities							
	Net plan assets (subtract line 7b from line 7a)	7c		26130				47056	
<u>8</u>	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	it			(b) Total		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	-1:	23431					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-1	23431	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1:	55643					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						55643	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					-2	79074	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics			01		0			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D	teature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the instructio	ns:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amo	unt	
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)	oluntary F	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			200000	
d	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			
е	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.)					Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			19614	
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					

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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 con (Form 5500) and line 11a below)			В		es 🗌 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 ERISA?	e or section	n 302 of		. Y	es 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 instru granting the waiver.		d enter t Day		of the letter Year	ruling
lf :	ou 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 negative amount)	of a	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	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 control of the PBGC?			Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Beneits 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 4085 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 Paner	t Identification Information	accordance with the In	structions to the Form	5500-SF.	Public Inspection			
For cale	Idar plan year 2018 or	fiscal plan year beginning							
	Total Pital Your ZV 18 Of	_	01/01/2018	and ending	12/	31/2018			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instruction.									
B This return/report is		a one-participant plan	a foreign plan	with the form instructions.)					
es 1100 (1	eronmetor is	the first return/report	=						
C observe	le le contempo	an amended return/report	turn/report (less then 12 r	months)					
G CREG	k box if filing under:	1	DFVC program						
Part II	Deals Bl - L. C	special extension (enter descri	iption)						
	Dasic Plan Into	ormation—enter all requested in	fermation						
1a Name Mad		ns Services, PC 401(k) Plan Trust		1b Thre plan	number			
					1c Effec	tive date of plan			
2a Plan	sponsor's name (emplo	yer, if for a single-employer plan)				01/1996			
City o	ny address (include noo or town, state or provinc	m, apt., suite no. and street, or P.O	. Box)	oter telle e e 1	2b Empt (EIN)	oyer Identification Number			
Mad	onna Physician	s Services, PC	- eee fa meefut 269 Ht	succions)	2c Spon	sor's telephone number			
300	Old Country R	load			516-747-4616 2d Business code (see instructions)				
	eola	NY 1150	1						
3a Plan	Rdministratore samo es	nd address X Same as Plan Spon	-		621:	399			
		a address Same as Plan Spon	sor,		3b Administrator's EiN				
					3c Admir	nistrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor or the plan name hansor's name, EIN, the plan name ar	s changed since the last	return/report filed for	4b EIN				
		er a mannot cira, are plant name &	to the plan number from	the last return/report.	4d PN				
C Plan I	Name								
5a Total	number of participants	at the beginning of the plan year	***************************************		5a	31			
O(B)	number of participants	at the end of the plan year		1	5b	28			
O Mulic	sei oi barecibatita Aliti s	account balances as of the end of the	to mion soon facts, dates,	diameters at 1	5c				
a(1) 101	lal number of active par	ticipants at the beginning of the pla	n vear	l l	5d(1)	28			
G(%) 10	rai number of active par	ticipants at the end of the plan year			5d(2)				
d(2) Total number of active participants at the end of the plan year						28			
Caution:	A penalty for the late of	r incomplete filing of this return	report will be assessed	Uniase ressonable car	en le ontehi	Bohad			
98 or Sch	atties of perjury and oth edule MB completed an inue, correct, and comp	d signed by an english actuary or	ions, I declare that I have well as the electronic ve	examined this return/report	ort, including and to the i	g, if applicable, a Schedule best of my knowledge and			
SIGN HERE	6		1/24/19	Anthony Viola					
	Signature of plan ac	Iministrator	Date	Enter name of individu	al signino a	s plan administrator			
SIGN HERE			1/24/19	Anthony Viola		्राप्ताच्या विकास स्थापना स्था स्थापना स्थापना स्थापन			
For Paperw	ark Reduction Act Nation	ture of employer/plan sponsor Citien Act Notice see the trategalize for 5 to 5							

b	Were all of the plan's assets during the plan year invested in eligit 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 cann	an independent and condition not use For	dent qualified public a ons.) m 5500-SF and mus	accoun	tant (IC	QPA) e Form 5 5	 500.	X Y	
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance pr ne PBGC pro	ogram (see ERISA seemium filing for this p	ection 4 olan yea	1021)? ar] Y	'es No	_	etermined tructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r T		(b) End	of Year	
_a	Total plan assets	7a		626,	-		10/		347,056
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	626,	130			1,	347,056
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) T	otal	
a —	Contributions received or receivable from: (1) Employers	8a(1)	W. 6		0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	_	123,	431				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						_	123,431
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		155,	643				
	Certain deemed and/or corrective distributions (see instructions)	8e							- 150
f_	Administrative service providers (salaries, fees, commissions)	8f					1 2	5,000	
_g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							155,643
	Net income (loss) (subtract line 8h from line 8c)	8i						_	279,074
j	Transfers to (from) the plan (see instructions)	8j						-	
Pai	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D	feature cod	es from the List of Pla	an Cha	racteri	stic Code:	s in the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan	n Chara	acterist	ic Codes	in the instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Δ	mount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		Х			
С				10c	Х				200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х			
е	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.)			10d		х			
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
g	1 31 map and a second and a second and a second and a second a sec			10g	х				19,614
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	ions and 29 CFR	10h		х			
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	otice or one of the	10i					

		Form 5500-SF (2018) Page 3 -					
Part	VI	Pension Funding Compliance					
11	ls t (Fo	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sorm 5500) and line 11a below)	hedule S	SB		Yes [No
11a	Ent	ter 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 secti ISA?"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 d	of		Yes	X No
a	lf a gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a nting the waiver	nd enter Da		the lett		g
If	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-			
b	Ente	er the minimum required contribution for this plan year	12b				
		r the amount contributed by the employer to the plan for this plan year	_				
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a pative amount)	40.1				
е		the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/	Ά
Part		Plan Terminations and Transfers of Assets					
13a	Has	s a resolution to terminate the plan been adopted in any plan year?		X Yes	[] i	No	
		Yes," enter the amount of any plan assets that reverted to the employer this year					0
b	We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the htrol of the PBGC?			Yes	X No	
С	If, c	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(ch assets or liabilities were transferred.		1			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):