Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury Internal Revenue Service

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).

Short Form Annual Return/Report of Small Employee

▶ 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		t Identification Information						
For calen	ndar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 1	0/31/2018			
A This r	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac				
_		a one-participant plan	a foreign plan					
B This re	eturn/report is	the first return/report	X the final return/repor	rt				
		an amended return/report	X a short plan year ret	urn/report (less than 12 m	onths)			
C Check	k box if filing under:	Form 5558	automatic extension	า	DFVC progra	am		
		special extension (enter desc	ription)					
Part II	Basic Plan Inf	ormation—enter all requested ir	formation					
1a Nam WINDSOR	e of plan MEDICAL, PC 401(K)	PLAN			1b Three-dig plan num (PN) ▶	·		
					1c Effective	date of plan 01/01/2002		
		loyer, if for a single-employer plan)	2.5.			Identification Number		
	`	om, apt., suite no. and street, or P.once, country, and ZIP or foreign pos	,	structions)	(EIN)	45-4565038		
	MEDICAL, PC	, , ,	, ,	,		s telephone number 31-393-6700		
					2d Business	code (see instructions)		
105 MAXES						621111		
	, NY 11747							
3a Plan	administrator's name	and address X Same as Plan Spo	nsor.		3b Administr	ator's EIN		
					3c Administr	ator's telephone number		
					JC Administr	ator's telephone number		
		he plan sponsor or the plan name h onsor's name, EIN, the plan name			4b EIN			
	nsor's name	, , , , , , , , , , , , , , , , , , , ,			4d PN			
C Plan	Name							
5a Tota	al number of participant	as at the beginning of the plan year.			5a	2		
_		ts at the end of the plan year			5b	0		
		n account balances as of the end of			5c	0		
	'	articipants at the beginning of the p			5d(1)	2		
					5d(1)	0		
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less								
thai	n 100% vested				5e	0		
		e or incomplete filing of this return other penalties set forth in the instru						
SB or Scl		and signed by an enrolled actuary,						
SIGN		d/valid electronic signature.	02/25/2019	SCOTT SPRINGER, I	D.O.			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator		
SIGN		d/valid electronic signature.	02/25/2019	SCOTT SPRINGER, I	<u> </u>			
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	e of individual signing as employer or plan sponsor			

Form 5500-SF (2018) Page **2**

C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								Yes No
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No		
a Total plan assets	Pai	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	•
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	23	38778					0
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	Total plan liabilities	7b		0					0
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	2:	38778					0
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
(3) Others (including rollovers)	a		8a(1)		0					
b Other income (loss)		(2) Participants	8a(2)		0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0	_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		-8747					
e Certain deemed and/or corrective distributions (see instructions) 8e			8c						-87	747
f Administrative service providers (salaries, fees, commissions)	d 	, , ,	8d	2:	29130					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		901					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0					
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2300	031
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: 2E 2F 2G 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: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10e X 10f X	<u>.</u>		8i						-2387	778
Part V Compliance Questions		, , , , ,	8j		0					
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										
Part V Compliance Questions 10 During the plan year: Yes No Amount a 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 X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 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	9a 		feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the ir	structions	:
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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 plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:	
a 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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	t
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>			·	10g		X			
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	` 		10h		X			
	i	·	•		10i					

Form 5500-SF (2018)	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 (Form 5500) and line 11a below)		SB	Yes 🛚 No				
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12	ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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 letter ruling granting the waiver Day Year							
lf y	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 of a negative amount)	12d						
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 resolution to terminate the plan been adopted in any plan year?		X Ye	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 control of the PBGC?	the		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.)	n(s) to						
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)				

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

		► Complete all entries in accord	dance with the instru	ctions to the Form 5500-	SF.		
************		Identification Information					4 11
For	calendar plan year 2018 or fis		01/01/2018	and ending	10/	/31/2018	
	This return/report is for: X 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.) a one-participant plan a foreign plan a foreign plan the first return/report X the final retur						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)		
	Check box if filing under:	Form 5558	7			DFVC progra	ım
	art II Basic Plan Info	ermation enter all requested information	mation				
1a	Name of plan					hree-digit	
	Windsor Medical, PC	401(k) Plan			(F	lan number PN) ► Effective date o	001
						1/01/2002	pian
2a	Mailing Address (include roo	oyer, if for a single-employer plan) im, apt., suite no. and street, or P.O. Bo be, country, and ZIP or foreign postal co	x) de (if foreign, see inst	ructions)		mployer Identi EIN) 45-456	fication Number
	Windsor Medical, PC		3 ,			ponsor's telepl 631) 393-6	
	105 Maxess Road Suite S131 US Melville NY 11747					dusiness code (21111	(see instructions)
3a	Plan administrator's name ar	nd address X Same as Plan Sponsor	,		3b A	dministrator's	EIN
				-	3c A	dministrator's	telephone number
4	If the name and/or EIN of the	e plan sponsor or the plan name has chasor's name, EIN, the plan name and the	anged since the last re	eturn/report filed for	4b E	IN	
а	Sponsor's name	tool of harrie, Eliv, the plan harrie and the	e plan number nom u	le last return/report.	4d P	M	
	Plan Name				4u P	IN .	
		at the beginning of the plan year			<u>5a</u>		2
		at the end of the plan year			5b		0
	complete this item)	account balances as of the end of the pl	***************************************		5c		0
		ticipants at the beginning of the plan yea	ar	••••••••••••••••••••••••	5d(1))	2
d(***************************************	5d(2))	0
е		terminated employment during the plan			5e		0
Ca	ution: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable caus	e is es	tablished.	
Un SB	der penalties of perjury and ot	her penalties set forth in the instructions nd signed by an enrolled actuary, as we	s, I declare that I have	examined this return/repo	ort, inclu	uding, if applica	able, a Schedule knowledge and
SI	GN Stt AX	and a	2-25-2019	Scott Springer, D.	0.	į	P
	ERE Signature of plan adm	inistrator	Date	Enter name of individual	signina	as plan admir	nistrator
e	GN Sut A 8	Sun on	2=25 2019	Scott Springer, D.			7
	ERE Signature of employer	/plan sponsor	Date	Enter name of individual		as employer	or plan sponsor

Form	5500	SE	201	Q

Pac	e 2
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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)				***********	X Yes	No
b	Are you claiming a waiver of the annual examination and report of a						********	<u>K</u> 165 <u></u>	_1140
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditio	ns.)	*********	********	*******	*********	X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forn	5500-SF and must ins	tead	use F	orm 5	500.		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section	n 402	1)?	******	Yes	No Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year					(See instructio	ns.)
P	art III Financial Information							(000 1100 1000	
7	Plan Assets and Liabilities		(a) Beginning o	f Vea	r	Т		(b) End of Year	
а	Total plan assets	7a		238,7				(b) End of Year	^
b	Total plan liabilities		J.		0	+			0
С	Net plan assets (subtract line 7b from line 7a)	7c	7	238,7		+			0
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		70	+		(b) Total	0
a	Contributions received or receivable from:		(4) / 11104111					(b) Total	
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)	-		0				
- h	(3) Others (including rollovers)	8a(3)		\	0				
b	Other income (loss)	8b		8,74	7)				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(8,747	")
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	29,1	30				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		9	01				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						230,03	1
i	Net income (loss) (subtract line 8h from line 8c)	8i						(238,778	
j	Transfers to (from) the plan (see instructions)	8j			0			(=50,770	
Pa	rt IV Plan Characteristics	-,							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Ch	naract	orietic	Code	e in the	instructions:	
	2E 2F 2G 2J 3D		o morn and bloc or r lair or	larace	CHOUC	Code	3 111 1116	instructions.	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic (Codes	in the i	instructions:	
							18		
-	rt V Compliance Questions							V	
10	During the plan year:				Yes	No	N/A	Amount	
а	participant continuati	ions within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)					v			
b	Program)			10a	-	X			
	reported on line 10a.)	•••••••	***************************************	10b		X		<u> </u>	
C	The first control of a matrix point.			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d	/	х			
е	Were any fees or commissions paid to any brokers, agents, or other	er persons l	by an insurance						
	carrier, insurance service, or other organization that provides some	or all of th	e benefits under						
	the plan? (See instructions.)			10e		Х			
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			10g		X			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruct	ions and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the	e required r	notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.101	-3	••••••	10i					

Form	5500-SF	2019

Page 3 - I	
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D	Na Paris E III e						
Par							
11	(Form 5500 and line 11a below)						
_11a	1a 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? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а							
	granting the waiver Month	nd enter the Dav	Year				
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day _					
b	Enter the minimum required contribution for this plan year.	12b					
С	Enter the 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)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Y€	es No N/A				
Part	VII Plan Terminations and Transfers of Assets		1				
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	0				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	. [X Yes No				
С							
13	c(1) Name of plan(s): 13c(2) El	N(s)	13c(3) PN(s)				
,							