	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and		etirement	2018				
	epartment of Labor Benefits Security Administration	057(b) and 6058(a) of the l de).	Internal	This Form is Open to						
Pension Be	enefit Guaranty Corporation	Complete all entries in	00-SF.	Public Inspection						
Part I		Identification Information								
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2			/31/2018	de a dela le construction de la c				
A This ret	turn/report is for:	plan (not multiemployer) (F employer information in acc		-						
B This ret	urn/report is	a one-participant plan	a foreign plan							
		the first return/report an amended return/report	the final return/repor							
		urn/report (less than 12 mo	months)							
C Check	box if filing under:	Form 5558	automatic extension	ו [DFVC p	rogram				
		special extension (enter desc	ription)							
Part II		ormation—enter all requested in	formation			1				
1a Name					1b Three	e-digit number				
ROBERT FE	LD, MD, L.L.C. 401(F	() PROFIT SHARING PLAN			(PN)					
					()	tive date of plan				
		······································				09/01/2001				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2D Empl (EIN)	oyer Identification Number 11-3520781				
	r town, state or provin ELD, MD, L.L.C.	ce, country, and ZIP or foreign post	al code (if foreign, see in	structions)	2c Sponsor's telephone numb					
				-	2d Business code (see instructions)					
	IAIN STREET DN, NY 11743				621111					
	JN, NT 11745									
3a Plan a	idministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN				
				-	3c Administrator's telephone number					
		e plan sponsor or the plan name h			4b EIN					
	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan N										
5a Total	number of participants	s at the beginning of the plan year .			5a	4				
b Total	number of participants	s at the end of the plan year			5b	0				
		account balances as of the end of			5c	0				
•	,	articipants at the beginning of the p			5d(1)	4				
d(2) Tot	al number of active pa		5d(2)	0						
		benefits that were less	5e	0						
Caution: A	100% vested	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau	se is estal	olished.				
Under pen SB or Sche	alties of perjury and o edule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary, a	ctions, I declare that I hav	ve examined this return/rep	ort, includi	ng, if applicable, a Schedule				
belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 06/21/2019 ROBERT										
HERE	Signature of plan	<u> </u>	Date	Enter name of individu	al signing	as plan administrator				
SIGN	· · ·	d/valid electronic signature.	06/21/2019	ROBERT FELD	iai orgining i					
HERE		oyer/plan sponsor	Date		al signing	as employer or plan sponsor				
For Paperw		ce, see the Instructions for Form 550			a siyililiyi	Form 5500-SF (2018)				

v.171027

-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No 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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 								ned ns.)	
Pa	rt III Financial Information		r							
7	Plan Assets and Liabilities (a) Beginning of Year (b) End of Year									
a	Total plan assets	7a	29	39808				0		
b	Total plan liabilities	7b		0			0			
C	Net plan assets (subtract line 7b from line 7a)	7c	29	39808				0		
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)								
b	Other income (loss)	8b		64255						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					64255			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30	3004063						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0.000						
f	Administrative service providers (salaries, fees, commissions)									
g	Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3004063		
	Net income (loss) (subtract line 8h from line 8c)	8i						-2939808		
j	Transfers to (from) the plan (see instructions)	8i								
Pa	rt IV Plan Characteristics	0)								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 3D	feature co	des from the List of Pl	an Chai	acteris	stic Co	des in the ins	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu				100	110		Amount		
_	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-		10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c	Х			110000		
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?									
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.)					Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				

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 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-** 1

Part	VI	Pension Funding Compliance									
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es	K 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 se SA?		of			Y	es	K No		
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g	
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 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	N	0	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)		
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0	
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				< Ye	s	No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to							
1	3c(1	c(1) Name of plan(s): 13c(2)				EIN(s)			13c(3) PN(s)		

Form 5500-SF	Short Form Annual Return/Report of Small Employee 0MB Nos. 1210-0110 1210-0089											
Department of the Treasury Internal Revenue Service	This form is required to be file	and 4065 of the Employe		2018								
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act Ine Inter	section 6057(b) and 6056	3(a) of		is Open to Public							
Pension Barrett Guaranty Corporation	 Complete all entries in accord 	0-SF.	Įt	tspection								
For calendar plan year 2018 or fisca	dentification Information											
·		01/01/2018	and ending		/31/2010							
A This return/report is for: a unultiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a foreign plan												
B This return/report is:	the first return/report x	the final return/report	ł									
[an amended retum/report	a short plan year retu	un/report (less than 12 m	ionths)								
C Check box If filing under:	Check box If filing under: Form 5558 automatic extension DFVC program											
Basic Plan Inform	mation enter all requested info											
1a Name of plan	TIGHOTI - CITIGI BIL ICQUEDIOS IIIO	(((a)))		1Ь т	hree-digit							
Robert Feld, MD, L.L	.C. 401(k) Profit Sharir	ng Plan			lan number ²N) ►	001						
				1C E	ffective date o 9/01/2001							
Maiiing Address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. B	ox}				ification Number						
City or town, state or province,	country, and ZIP or foreign postal or	ode (if foreign, see inst	iructions)		EIN) 11–35: ponsor's telep							
Robert Feld, MD, L.L					631) 673-							
205 East Main Street					Usiness code 21111	(see instructions)						
US Huntington NY 11743												
32 Plan administrator's name and	address X Same as Plan Sponso	h		36 A	dministrator's I	EIN						
				3c A	dministrators	telephone number						
4 If the name and/or EIN of the p	lan sponsor or the plan name has ch	anned signa the last p	alum/report filed for	4b E	INT							
· · · · · · · · · · · · · · · · · · ·	or's name, EIN, the plan name and t				41							
a Sponsor's name				4d PN								
c Plan Name												
5a Total number of participants at	the beginning of the plan year		*******	5a		4						
	the end of the plan year			5b		0						
 C Number of participants with acc complete this item) 	count balances as of the end of the p	olari year (only desned	contribution plans	5c		0						
d(1) Total number of active partic	ipants at the beginning of the plan ye	er		5d(1)		4						
d(2) Total number of active partic	ipants at the end of the plan year	*****	******	5d(2)	i	0						
	minated employment during the plan			5e		0						
	r Incomplete filing of this return/re			l Së is est	tablished.							
Under penalties of perjury and othe	er penalties set forth in the instruction	ns, I declare that I have	examined this return/rep	port, înclu	iding, if applic	able, a Schedule						
SB or Schedule MB completed and belief, it is true, correct, and completed	I signed by an annolled actuary, as w	ell as the electronic ve	rsion of this return/report	, and lo I	he best of my	knowledge and						
	211	10/22/119	Robert FR	Id-								
Signature of plan admin	intratrie 1	Date	Enter_name of individua	i signing	as nian admir	istator						
x Repert Feld												
Date U/21/19. Enter name of individual signing as employer or plan aponsor												
For Paperwork Reduction Act No	otice, see the instructions for Form	5500-SF.			Fo	orm 5500-SF (2018)						
						v.171027						

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)		*****			X Yes			
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (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.										
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								etermined		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year		-			(See instr	ictions.)		
_	Financial Information			e V		-					
7	Plan Assets and Liabilities	Silection	(a) Beginning o			+		b) End of Year			
	Total plan assets	. 7a	2,9	39, <u>8</u>		╋		0			
_	Total plan liabilities	. 75			0	+			0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c		39,8	08	_			0		
_	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	Ł				(b) Total			
u	(1) Employers	. 8a(1)				矖					
	(2) Participants	. 8a(2)				図	as 14				
	(3) Others (including rollovers)	. Ba(3)				協					
Ь	Olber income (loss)	. 8b		64,2	55						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					-10 - 620	64	.255		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3,00	04,0	63						
e	Certain deemed and/or corrective distributions (see instructions)	. 80									
f	Administrative service providers (selaries, fees, commissions)	. Ef									
g	Other expenses	. 8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					3,004,06				
	Net Income (loss) (subtract line 8h from line 8c)	. 81					808)				
J	Transfers to (from) the plan (see instructions)	. 81	a men an			探 線					
	Plan Characteristics					2044					
_	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 3D	ature code	s from the List of Plan Ch	harac	teristic	: Cod	es in the '	instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	aracte	ristic	Code	s in the in	structions;			
i v ji	Compliance Questions										
10	During the plan year:				Yes	No	577	Amount			
a	Was there a failure to transmit to the plan any participant contribut			-					·		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	uciary Correction								
	Program)			10a		x					
b 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			105		x					
C	Was the plan covered by a fidelity bond?		*******	10c	x			1	.10,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
9	8 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	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					х					
h	h if this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)					x					
i	·····			101		· · · ·					

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Par	View Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500 and line 11a below)	hedule	SB	Yes X	No				
_ <u>11a</u>	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 or secti ERISA?	on 302 (of	Yes X	No No				
	(if "Yes," 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 granting the waiver Month	nd enter		of the letter ruling Year					
If 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							
C	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	-						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Yes No N/A							
Par	Part VII Plan Terminations and Transfers of Assets								
_13a	Has a resolution to terminate the plan been adopted in any plan year?		C Yes	No No	<u> </u>				
	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?	2	X	res 🗌 No					
C									
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		13c(3) PN(s)					