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 Revenue Code (the Code).

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

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 and ending 12/31/2014 X 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 the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit PAIN MEDICINE & WELLNESS CENTER OF NEW YORK, LLC 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PAIN MEDICINE & WELLNESS CENTER OF NEW YORK, LLC (EIN) 13-4015989 Sponsor's telephone number 914-289-1507 220 WESTCHESTER AVE. WHITE PLAINS, NY 10604 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

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

SIGN	true, correct, and complete. Filed with authorized/valid electronic signature.	10/08/2015	GRIGORY KIZELSHTEYN			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrato			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r) (optional)	Preparer's telephone number (optional)		
I						

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.			es [No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not de	termir	ned
Par	t III Financial Information	1	Г		-					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	3842	0	-			33	35335	
	Total plan liabilities	7b	3842					21	35335	
	Net plan assets (subtract line 7b from line 7a)	7c		207			<i>(</i>) T		0000	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	68	323						
	(2) Participants	8a(2)	139	910						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	-52	200						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5533	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	635	565						
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	9	900						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(64465	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4	8932	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charad	cterist			he instructi	ons:		
10	During the plan year:				Yes	No		Amoui	nt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	iciary Cor	rection Program)	10a		Χ				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				7	5000
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 oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X				;	3247
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne lette Year _	ruling]

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

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 Beriefits 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 Revenue Code (the Code).

2014

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information	1		
For calend	dar plan year 2014 or	iscal plan year beginning	01/01/2014	and ending	12/31/2014
A This re	eturn/report is for:	a single-employer plan	a multiple-employer plan of participating employer	(not multiemployer) (Filers checking this box must attach a list rdance with the form instructions)
B This re	turn/report is	a one-participant plan the first return/report	a foreign plan the final return/report		
		an amended return/report	a short plan year return/re	port (less than 12 n	nonths)
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program
	橙	special extension (enter desc			
Part II	Basic Plan Infe	ormation—enter all requested in	formation		
1a Name Pain M Sharin	edicine & Wel	lness Center of New 1	ork, LLC 401(k) Pi	ofit	1b Three-digit plan number (PN)
20.0	40				1c Effective date of plan 01/01/2002
Pain M	edicine & Wel	ddress; include room or suite numb lness Center of New	er (employer, if for a single-em York, LLC	ployer plan)	2b Employer Identification Number (EIN) 13-4015989
220 We	stchester Ave	•			2c Sponsor's telephone number 914-289-1507
White		NY 10604			2d Business code (see instructions) 621111
3a Plan a	edministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrator's EIN
					3c Administrator's telephone number
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for the		
name	e, EIN, and the plan nu sor's name	mber from the last return/report.	the last return/report filed for tr	is plan, enter the	4b EIN
		at the beginning of the plan year.			4c PN
C Numb	of continue to participants	at the end of the plan year	***************************************	*	. 5b 6
compl	ete this item)	account balances as of the end of	***************************************		5c 6
		rticipants at the end of the plan year		**************	5d(1) 3
e Numbe		erminated employment during the p	plan year with accrued benefits	that were	5d(2) 2 5e
Caution: A	A penalty for the late	or incomplete filing of this return	Vennart will be account.		0
SB or Sche	alties of perjury and of	ner penalties set forth in the instructed signed by an enrolled actuary, a	tions. I declare that I have eve	minod this returnles	use is established. port, including, if applicable, a Schedule t, and to the best of my knowledge and
SIGN	ide, correct, and goth	ple V		rigory Kizel	
HERE	Signature of plan a	dministrator	Date 0 718 E	nter name of individ	lual signing as plan administrator
SIGN HERE	Signature of emplo	yer/plan sponsdr	Date E	nter name of individ	lual signing as employer or plan sponsor
Preparer's	name (including firm r	ame, if applicable) and address (in	clude room or suite number) (optional)	Preparer's telephone number (optional)
	1				
			ŀ		

6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 20 CER 2520 1014 100 (2)	an indeper	dont avalified	madalin manana					×	Yes	No
	under 29 CFR 2020, 104-467 (See instructions on waiver eligibility and conditions.)							X	Yes	∏ No	
_	a you change to to either the oa or line ob, the plan cann	iot use Fo	rm 5500-SF an	id must inste	ad ne	a Fore	- 550	0			L.
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see Ef	ISA section 4	1021)?		Yes	No	Not	dete	mined
Pa	rt III Financial Information									_	
7	Plan Assets and Liabilities		(a) Re	ginning of Ye	225			(b) =	1 624	_	
a	Total plan assets	. 7a	(2) 50		3842	67		(b) En	d of Ye		225225
b	Total plan liabilities				7042	0					335335
С	Net plan assets (subtract line 7b from line 7a)			-	2012	-					
8	Income, Expenses, and Transfers for this Plan Year	7.0	,		3842	0 /					335335
а	Contributions received or receivable from:		(a	Amount		+		(b)	Total		
	(1) Employers	8a(1)			68	23					
	(2) Participants	8a(2)	-	5	139	10					<u> </u>
	(3) Others (including rollovers)	8a(3)				\top					
b	Other income (loss)	8b			-52	nn					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-			-					10000
ď	Benefits paid (including direct rollovers and insurance premiums			ľ							15533
	to provide benefits)	8d		<u> </u>	635	65					
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f				\neg					-
<u>g</u>	Other expenses	89			90	00					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								(6	64465
i_	Net income (loss) (subtract line 8h from line 8c)	8i				_				_	48932
j	Transfers to (from) the plan (see instructions)	8i				+-					40932
Par	t IV Plan Characteristics			<u> </u>							
9a b	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2F 2G 3D 3B 3H										
D.,	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List	of Plan Chara	cterisi	ic Cod	es in	the instruc	tions:		
Pari								-			
10	During the plan year:					Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	p	10a		Х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			*************	10b		Х		-		
C	Was the plan covered by a fidelity bond?				10c	Х					75000
d	or dishonesty?		Alian en e		10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)	er persons	by an insurance	e carrier,	10e	х				_	3247
f	Has the plan failed to provide any benefit when due under the plan	?					X				KI
g	Did the plan have any participant loans? (If "Yes," enter amount as				10f						
h	If this is an individual account plan, was there a blackout period? (\$	See instruc	tions and 20 C	- m	10g		X				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the				10h		Х				
	exceptions to providing the notice applied under 29 CFR 2520.101	-3 -3	notice or one of	the	40.						
Part	VI Pension Funding Compliance			************	10i					_	
11	is this a defined benefit plan subject to minimum funding requireme	ents? (If "Ye	es," see instruc	tions and com	plete	Sched	ule SE	3 (Form		_	
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fro		- OD /E				*********		Ш,	Yes	No
12	Is this a defined contribution plan subject to the mission of all	in Scheaul	e SB (Form 55	00) line 39	*********		11a				
	Is this a defined contribution plan subject to the minimum funding r (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as annlinah	ادما							/es	
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized	I in this plan ye	ar, see instruc	tions, th_	and e	nter th	e date of t	he lette Year	r rulii	ng

	Form 5500-SF 2014				
——————————————————————————————————————	you 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	7		
С	Enter the amount contributed by the employer to the plan for this plan year	12c	T		
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	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	П No	□ N/A
Part			11	1 110	11 10/1
13a	Has a resolution to terminate the plan been adopted in any plan year?	$\overline{\Box}$	Yes X	No	
	If "Yes," enter the amount of any plan appets that repeated to the amount of any plan appets.	 13a	T		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ntrol	 	 П Ye	
С	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.)				<u> </u>
1	3c/1) Name of oldors	(2) EI	IN(s)	13c(3) PN(s)
				`	
	1			ř.	

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN