Form 5500-SF Short Form Annual Return/Report of Small Emp				oyee	OMB Nos. 1210-0110 1210-0089				
	f the Treasury enue Service	<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee F				Retirement 20 <sup>4</sup>			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Employee Benefits Security Administration   Pension Benefit Guaranty Corporation Complete all entries in generations in genetions in generations in generations in generations in									
				structions to the Form 5	500-SF.				
		dentification Information al plan year beginning 01/01,		and ending 12	2/31/2015				
·	F	a single-employer plan		er plan (not multiemployer)		king this box	must attach a		
A This return/re	port is for:	a one-participant plan	list of participating	employer information in ac	cordance wit	th the form ir	structions)		
<b>B</b> This return/rep	port is	the first return/report	the final return/repo	ort					
,		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)				
<b>C</b> Check box if	filina under:	 Form 5558	automatic extensio	n	Пъ	FVC prograr	'n		
		special extension (enter des		41		r vo prograr	1		
Part II Ba	sic Plan Inforr	<b>mation</b> —enter all requested in							
1a Name of pla					1b Three	-digit			
WAKEFIELD ME	DICAL PROFESSI	ONALS PC PROFIT SHARING	PLAN			plan number (PN) ▶ 001			
					-	ive date of p			
						01/01/			
Mailing addr	ess (include room,	er, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	2b Employer Identification Number (EIN) 13-3570956				
	ICAL PROFESSIC			·	<b>2c</b> Sponsor's telephone number 718-994-6755				
					<b>2d</b> Business code (see instructions)				
11 NEREID AVEN BRONX, NY 10466					621111				
,						02111			
3a Plan adminis	strator's name and	address XSame as Plan Spor	isor.		3b Admin	istrator's Ell	١		
		_			30 Admin	introtor's tal	ephone number		
		plan sponsor has changed since per from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN				
<b>a</b> Sponsor's na	•				4c PN				
5a Total number	er of participants at	t the beginning of the plan year			5a	5a			
		t the end of the plan year			5b		35		
		count balances as of the end o			5c	35			
•	,	cipants at the beginning of the p			5d(1)		14		
( )		cipants at the end of the plan ye			5d(2)		0		
		rminated employment during th			5e		0		
		incomplete filing of this retu				lished			
Under penalties	of perjury and othe	r penalties set forth in the instru	ctions, I declare that I ha	ave examined this return/re	port, includin	g, if applicab			
	VB completed and correct, and comple	signed by an enrolled actuary, etc.	as well as the electronic	version of this return/report	t, and to the l	best of my ki	lowledge and		
		alid electronic signature.	03/29/2016	RODOLFO UY					
HERE				Enter name of individ	ndividual signing as plan administrator				
SIGN					<u> </u>				
HERE	nature of employe	er/plan sponsor	Date	Enter name of individ	ual signing a	s employer o	or plan sponsor		
		me, if applicable) and address (				telephone nu			
For Paperwork Re	duction Act Notice	and OMB Control Numbers, see t	he instructions for Form 5	500-SF.		Fo	rm 5500-SF (2015)		

a Was there a failure to transmit to the plan any participant contribut	tions within th	ne time period					
During the plan year:			Yes	No	N/A	Amount	
If the plan provides welfare benefits, enter the applicable welfare for 4B	eature codes	from the List of Plan	Characteris	ic Cod	es in the i	nstructions:	
2A 2H 2J 2T 3D							
Plan Characteristics   If the plan provides pension benefits, enter the applicable pension	feature codo	s from the List of Pla	n Charactori	stic Co	das in tha	instructions:	
Transfers to (from) the plan (see instructions)	8j		0				
Net income (loss) (subtract line 8h from line 8c)	8i					124665	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					16476	
Other expenses	8g		0				
Administrative service providers (salaries, fees, commissions)	8f		50				
Certain deemed and/or corrective distributions (see instructions)	8e		0				
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16426				
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					141141	
Other income (loss)	8b		34689				
(3) Others (including rollovers)	8a(3)		0				
(1) Employers	8a(2)		60760				
Contributions received or receivable from: (1) Employers	8a(1)		45692				
Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Total	
Net plan assets (subtract line 7b from line 7a)	7c		2062521			2187186	
Total plan liabilities	7b		0				
Total plan assets	7a		2062521			2187186	
Plan Assets and Liabilities		(a) Beginning	of Year		(b	) End of Year	
art III Financial Information	surance proj	grann (see ERISA sec	(1011 402 1)?				
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						lo 🗌 Not determined	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountan under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	

	Program)	10a		Х					0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					0
С	Was the plan covered by a fidelity bond?	10c		х					0
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					0
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.).	10e	×						1818
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					0
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					:	2279
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							
j	Did the plan trust incur unrelated business taxable income?	10j							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)				lule SB	(Form	۱ ا	res X	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4				11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								

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	(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 enter the date of the letter ruling granting the waiver									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
<b>b</b> Enter the minimum required contribution for this plan year									
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year									
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)									
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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information	-						
14a	Name	e of trust		<b>14b</b> Trust's EIN					
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Yes		No			
<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>					esign- ased safe arbor nethod		ADP/ACP test		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					- L		No		
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				Ratio percentage test			Average benefit test		
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	es	No			
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/									
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				Yes				
19 Were in-service distributions made during the plan year?					es	No			
If "Yes," enter amount									
20						No	N/A		