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).

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

P	ension benefit (Guaranty Corporation		 Complete all entries in 	ac	cordance with the instructions to the Form 5	500-S	F.	·			
Pa	rt I A	nnual Report	lde	entification Information	n							
For	calendar pla	an year 2015 or fi	scal	plan year beginning 01/01/	/201	15 and ending 13	2/31/2	015				
A 7	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer list of participating employer information in a foreign plan a foreign plan						· ·					
Вт	his return/re	eport is		the first return/report an amended return/report	- [the final return/report a short plan year return/report (less than 12 m	onths)				
C	Check box if filing under: automatic extension					DFVC program						
_				special extension (enter desc		<u>'</u>						
Pa	rt II B	asic Plan Info	rm	nation—enter all requested in	nfor	mation						
	Name of pl MEDICINE		EN	TER OF NEW YORK, LLC 40	1(K) PROFIT SHARING PLAN	1b	Three-digit plan number (PN)	001			
							1c	Effective date of 01/0	f plan 1/2002			
	Mailing add	dress (include roo	m, a	, if for a single-employer plan) apt., suite no. and street, or P.			2b	fication Number 015989				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PAIN MEDICINE & WELLNESS CENTER OF NEW YORK, LLC						code (if foreign, see instructions)	2c Sponsor's telephone number 914-289-1507					
	ESTCHES E PLAINS,						2d	Business code (see instructions)			
3a	Plan admin	istrator's name ar	nd a	ddress XSame as Plan Spor	nsor	:	3b	Administrator's	EIN			
							3с	Administrator's t	telephone number			
4				an sponsor has changed since or from the last return/report.	the	e last return/report filed for this plan, enter the		EIN				
a	Sponsor's i	name					1	PN				
5a	Total numb	per of participants	at t	the beginning of the plan year.			5		7			
b	Total numb	per of participants	at t	the end of the plan year			5	b	7			
С						e plan year (defined benefit plans do not	5	С	7			
d(1) Total nu	mber of active pa	rtici	pants at the beginning of the p	olan	year	5d	(1)	3			
d(2) Total nu	ımber of active pa	rtici	pants at the end of the plan ye	ear.		5d	(2)	2			
е	Number o	f participants that % vested	terr	minated employment during th	e pl	an year with accrued benefits that were less		е	0			
						eport will be assessed unless reasonable ca						
						ons, I declare that I have examined this return/re well as the electronic version of this return/repor						

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature 09/28/2016 **GRIGORY KIZELSHTEYN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 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 lf you answered "No" to either line 6a or line 6b, the plan cann 	an independand condition	dent qualified public a	ccount	ant (IQ	PA) 		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	7a		335	335			329513
b Total plan liabilities	7b		225	225			220542
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A		335			329513
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)		3	8028			
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-7	'541			4540
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c						-4513
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g		1	309			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1309
Net income (loss) (subtract line 8h from line 8c)	8i						-5822
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 3B 3H	feature cod	des from the List of Pi	an Cha	racteris	stic Cc	ides in th	e instructions:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:
Part V Compliance Questions				1			
10 During the plan year:				Yes	No	N/A	Amount
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 Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest					X		
reported on line 10a.)			10b		^		
C Was the plan covered by a fidelity bond?			10c	X			75000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persons ne or all of t	by an insurance he benefits under	10e	X			3377
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan					~		3311
			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	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				
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 requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0	<u></u>	<u></u>	11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of EF	RISA? Yes X No

	F	orm 5500-SF 2015 Page 3 - 1						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	Name of trustee of custodian						a 11 0	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	ge Average benefit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	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		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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.

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information				<u></u>		
For calen	dar plan year 2015 or i	fiscal plan year beginning	01/01/2015	and ending	12/31/201	5		
A This r	eturn/report is for:	X a single-employer plan	list of participating	plan (not multiemployer employer information in	r) (Filers checking this be accordance with the form	ox must attach a instructions)		
		a one-participant plan	a foreign plan					
B This re	turn/report is	the first return/report	the first return/report the final return/report					
		an amended return/report	a short plan year ret	urn/report (less than 12 i	months)			
C Check	box if filing under:	☐ Form 5558 ☐ special extension (enter descri	automatic extension	1	DFVC progr	am		
Part II	Basic Plan Info	ormation—enter all requested info	22 ST 12 ST					
1a Name Pain M Sharin	of plan	lness Center of New Yo		Profit	1b Three-digit plan number (PN) 1c Effective date of	001		
					01/01/2002			
Mailin City o	ig address (include roo ir town, state or provinc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta liness Center of New 1	I code (if foreign, see ins	structions)	2b Employer Identific (EIN) 13-401 2c Sponsor's teleph 914-289-15	5989 none number		
220 W	estchester Ave	2 .			2d Business code (s 621111	The second secon		
	Plains	NY 10604						
3a Plan a	idministrator's name ar	nd address XSame as Plan Sponso	or.		3b Administrator's E	IN		
<u>v</u>			2		3C Administrator's te	lephone number		
name	, EIN, and the plan nur	e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN			
	or's name	at the beginning of the state of			4c PN			
		at the beginning of the plan year at the end of the plan year				7		
C Numb	er of participants with a	account balances as of the end of th	e plan vear (defined hen	efit plans do not	() () () () () () () () () ()	7		
		ticipants at the beginning of the plan				7		
		rticipants at the end of the plan year.			5d(2)	3		
e Numb	er of participants that t	terminated employment during the p	lan year with accrued he	nefits that were less	5e	2		
VEGUOIS. A	r herwith for rise late c	or incomplete filing of this patient	NASSASSE ON IIIW TIONS	unione concomphia and	use is established.	0		
OD 0. OO.IC	dule MB completed an rue, correct, and comp	ner penalties set forth in the instruction of signed by an enrolled actuary, as lete.	ons, I declare that I have well as the electronic ve	examined this return/report rsion of this return/report	port, including, if applicat t, and to the best of my k	ole, a Schedule nowledge and		
SIGN HERE	(//	self	9/29/16	Grigory Kizel:	shteyn			
	Signature of plan ac	dministrator	Date /	Enter name of individu	ual signing as plan admir	nistrator		
SIGN HERE								
	Signature of employ name (including firm na	yer/plan sponsor ame, if applicable) and address (incli	Date ude room or suite numbe	Enter name of individu	ual signing as employer of Preparer's telephone nu	r plan sponsor imber		
Eas Danne	od Oodustis Ash Mati							

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets? (S	ee instructions.)						x	Yes	No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQ inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes			Yes [] No
	If you answered "No" to either line 6a or line 6b, the plan cann't the plan is a defined benefit plan, is it covered under the PBGC in						A Lance and A		7		
		isurance proj	gram (see ERIŞA :	section	4021)/		Tes	∏µ0	Not	oetermi	nea
	rt III Financial Information					_	96		_		
7_	Plan Assets and Liabilities		(a) Beginnir	(a) Beginning of Year			(b) End				
	Total plan assets	. 7a		3.	35,3	35				329	,513
	Total plan liabilities	. 7b					- c c				
	Net plan assets (subtract line 7b from line 7a)	7c		335,3		35			-3385-	329	,513
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amo	ount_		-		(b)	Total		
-	(1) Employers	8a(1)	243		3,02	28	10.275				
	(2) Participants	Ba(2)	est and			01 100	F				
-	(3) Others (including rollovers)	8a(3)	=,00,0000	2.5			W 200			- 0	(10°)-
b	Other income (loss)	8b		-	7,54	11		# 4	W	10 -000	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0_11.5					-0.00		-4	,513
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						f.	Ĭ		
е	Certain deemed and/or corrective distributions (see instructions)	8e					II				
f	Administrative service providers (salaries, fees, commissions)	8f						81	N		
g	Other expenses	8g			1,30	9	- 3353				99636
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1000	- 11	_				1,	309
i.	Net income (loss) (subtract line 8h from line 8c)	8i		573					150	-5,	822
1	Transfers to (from) the plan (see instructions)	8j									
В	If the plan provides welfare benefits, enter the applicable welfare for	-	nom the clay of the	Ona	acions		es in ui	e maduc	dions.		_
10	During the plan year:				Yes	No	N/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 V. Program)	oluntary Fidu	ciary Correction	10a	163	х	NA		Amo	unt	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not incl	ude transactions	10b	\vdash	х			Ne X -		
c	Was the plan covered by a fidelity bond?			10c	x					75	5,00
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d		х				/-	,,,,,,
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides somethe plan? (See instructions.).	er persons by	an insurance benefits under	10e	х				2.27	3	3,37
f	Has the plan failed to provide any benefit when due under the plan			10f		х			, n		
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х					_
	If this is an individual account plan, was there a blackout period? (: 2520.101-3.)	See instruction	ns and 29 CFR	10h		х		Ø 11	- 02		
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 no	tice or one of the	10i				.5			
j	Did the plan trust incur unrelated business taxable income?			10j						-	
art	VI Pension Funding Compliance			,0,		= 00	_	_		-	
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Yes,	" see instructions :	and con	nplete :	Sched	ule SB (Form	П	Yes [No
1a	Enter the unpaid minimum required contribution for all years from S	Schedule SR	(Form 5500) line 4	0			11a				140
12	Is this a defined contribution plan subject to the minimum funding r							DISAS		Yes 🕅	No

Page 2

Form 5500-SF 2015

• Form 5500-SF 2015 Page 3 -						
(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 instruction granting the waiver	ns, and enter the Day	e date of the letter ruling Year				
If 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					
C 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)						
e 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		a service of the serv				
13a Has a resolution to terminate the plan been adopted in any plan year?	*********	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 under of the PBGC?		Yes X No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pi which assets or liabilities were transferred. (See instructions.)	an(s) to					
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)				
Part VIII Trust Information	•					
14a Name of trust	14b 1	14b Trust's EIN				
14C Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan?	Ye	s No				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emplo matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	yer ba	esign- ised safe ADP/ACP inbor lest				
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current ye testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	ear Ye:	_				
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(l	pe tes	atio Proentage Average benefit test				
16b 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?	Yes	s No				
17a Has the plan been timely amended for all required tax law changes?	Yes	s No N/A				
for tax law changes and codes).	ter the applicab					
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is 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						
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	en lo					
made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	? U Yes					
19 Were in-service distributions made during the plan year?	~ ~ ~ ~	No No				
If "Yes," enter amount	19					
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?	not Yes	No NA				