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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pa	arti Aı	nnual Report	Identification Infor	rmation				
For	calendar pla	an year 2016 or fi	scal plan year beginning	01/01/20	016 and ending	12/31/2	2016	
Α .	This return/r	eport is for:					-	
Вт	A This return/report is for: a 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 list of participanting employer information in accordance with the form instructions.) a foreign plan formation a foreign plan a multiple-employer information in accordance with the form instructions.) B This return/report is the first return/report the first return/report a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program DFVC progr							
C	Check box it	f filing under:	H	nter descri			FVC program	
Pa	rt II Ba	asic Plan Info	rmation—enter all rec	quested infe	ormation			
	Name of pla	an				1b	plan number	001
						1c		•
2a	A This return/report is for: a one-participant plan a foreign plan a foreign plan a short plan year return/report an amended return/report an automatic extension brive detact plan condition brive-digit plan number conditional number conditional number return/report filed for this plan, enter the number and return/report an amended return/report an automatic extension brive-digit plan number conditional number return/report an antomatic extension brive-digit plan number conditional number conditional number return/report an amended return/report an automatic extension brive-digit plan number conditional numb							
Mailing address (include room, apt., suite no. and street, or P.O.			914-28	9-1507				
						2d		
3a	Plan admin	istrator's name ar	nd address X Same as	Plan Spon	sor.	3b	Administrator's	EIN
						Зс	Administrator's	telephone number
4					the last return/report filed for this plan, enter the	4b	EIN	
а	Sponsor's r	name		·		4c	PN	
5a	Total numb	per of participants	at the beginning of the p	olan year		· -		
b	Total numb	er of participants	at the end of the plan ye	ear			5b	
С					. , , ,		5c	
_		laterdar plan year 2016 or fiscal plan year beginning 0161/2016 and ending 1241/2016 a single-employer plan an wittple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a return/report is the first return/report the first return/report the first return/report an amended return/report an amended return/report a short plan year return/report (less than 12 months) DEVC program DEVC program						
	This return/report is							
Cau							s established.	
Und	er penalties	of perjury and ot	her penalties set forth in	the instruc	tions, I declare that I have examined this return	/report,	including, if appli	

belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 01/31/2017 GRIGORY KIZELSHTEYN SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Dat<u>e</u> 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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF 2016 Page **2**

b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) winder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions). If you answered "No" to either line 6 a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		No No								
С						_	-	П№П	Not determi	ined
		•	<u> </u>				1			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Year	
а	Total plan assets	7a						•		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		329513	3				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Tot	al	
а		0 (1)		0						
					_					
					-				-6351	
		80								
	• • •	8d	;	323162						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-329513	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 3B 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruct	ons:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
b				10b		X				
С	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				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	Х					1851
f	Has the plan failed to provide any benefit when due under the pla	in?	<u></u>	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	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	he require	d notice or one of the	10i						

Page 3-	1	
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	Nonth _	s, and	d enter t Day		of the lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	LL		n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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.

2016

OMB Nos, 1210-0110 1210-0089

This Form is Open to **Public Inspection**

	ort Identification Inform	ation		NY		
For calendar plan year 2016			1/01/2016	and ending	12/31/:	
A This return/report is for:	a single-employer plan		list of participating	r plan (not multiemployer) employer information in a	(Filers checking t accordance with the	his box must attach a ne form instructions.)
	a one-participant plan	L	a foreign plan			
B This return/report is	the first return/report	X	the final return/repo			
	an amended return/rep	ort	a short plan year re	turn/report (less than 12)	months)	
C Check box if filing under:	Form 5558		automatic extensio	n	DFVC progra	ım
Boot II Boois Bland	special extension (ente					=766
	nformation—enter all reque	sted inform	nation		45 -	
1a Name of plan Pain Medicine & We Sharing Plan	llness Center of Ne	w York	t, LLC 401(k)	Profit	1b Three-dig plan numl (PN) ▶	
					1c Effective of 01/01/2	
Mailing address (include	nployer, if for a single-employer room, apt., suite no, and street.	or P.O. Bi	ox)		2b Employer	Identification Number
Pain Medicine & We	vince, country, and ZIP or foreign ellness Center of N	in postal c lew Yor	ode (if foreign, see in k, LLC	istructions)		telephone number
220 Westchester Av	7e.					code (see instructions)
White Plains	NY 106					
3a Plan administrator's name	e and address 🛮 Same as Pla	n Sponsor	10		3b Administra	itor's EIN
					20 11	itor's telephone number
4 If the name and/or EIN of name, EIN, and the plan	f the plan sponsor has changed number from the last return/rep	since the	last return/report file	d for this plan, enter the	4b EIN	
a Sponsor's name					4c PN	
	ints at the beginning of the plan					
b Total number of participa	ints at the end of the plan year				5b	
complete this item)	ith account balances as of the e	and of the ∣	plan year (only define	ed contribution plans	5c	
	participants at the beginning of				5d(1)	
d(2) Total number of active	participants at the end of the pl	lan year		***************************************	5d(2)	
 Number of participants than 100% vested 	hat terminated employment duri	ing the plan	n year with accrued I	benefits that were less	5e	ela a Pilo-Las A Aire
Under behaldes of periury and	te or incomplete filing of this I other penalties set forth in the	Instruction	e I declare that I have	والراجي والمستحد المشطور المستحد والمستحدد والمستحدد	and the second second	
SB or Schedule MB completed belief, it is true, correct, and co	a but sidilish by an cumplied acti	uary, as w	ell as the electronic	re examined this return/reportersion of this return/report	rt, and to the best	applicable, a Schedule of my knowledge and
SIGN HERE	MOUNT		1/3///	Grigory Kizel	shteyn	
Signature of plan	n administrator	_/_	Date	Enter name of individ	lual signing as pla	n administrator
SIGN HERE		/				
Signature of em	ployer/plan sponsor		Date	Enter name of individ	lual signing as em	ployer or plan sponsor
rieparer s name (including film	n name, if applicable) and addre	ess (includ	e room or suite num	ber)	Preparer's telep	hone number

	Form 5500-SF 2016		Page 2	
b	Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can of the plan is a defined benefit plan, is it covered under the PBGC in	f an independ and condition not use Fori	dent qualified public accountant (IQPA) ons.) m 5500-SF and must instead use Fo	m 5500
Pá	art III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	
a	Total plan assets	7a	329,513	
b	Total plan liabilities	. 7b		\$05 C.
C	Net plan assets (subtract line 7b from line 7a)	7c	329,513	-
			327,313	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	

X Yes No

X Yes No

-6,351

323,162

-329,513

.... Yes No Not determined

(b) End of Year

(b) Total

-6,351

323,162

Part IV | Plan Characteristics

(2) Participants

b Other income (loss)

to provide benefits)

g Other expenses.

(3) Others (including rollovers)

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)

h Total expenses (add lines 8d, 8e, 8f, and 8g)

i Net income (loss) (subtract line 8h from line 8c)

j Transfers to (from) the plan (see instructions)...

Benefits paid (including direct rollovers and insurance premiums

e Certain deemed and/or corrective distributions (see instructions)

f Administrative service providers (salanes, fees, commissions)

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Ptan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 3B 3H

8a(2)

8a(3)

8c

8d

80

8f

8g

8h

8]

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

10	During the plan year:	275.97	Yes	No	N/A	Amount
а	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		х		Anount
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	х		100	75,00
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		75,00
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	х			1 05
f	Has the plan failed to provide any benefit when due under the plan?	10f		х		1,85
	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		-		3100	220 4-10-2-10-20
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		X		
	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	10h 10i				

-				_
Form	5500-	SF	201	5

Page 3-	

Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500) and line 11a below)	s and complete 5	Schedule S	В		Yes [
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lin	e 40	11a				_		
12 Is this a defined contribution plan subject to the minimum function requirements of section 412.0	Uba Cada as as	ATA - 000 -	f		v	_		
ERISA? (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, signanting the waiver.	see instructions,	and enter	the date o	f the let	ter ruling	_		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	Month	Day	<i></i>	Year		-		
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			100			-		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign in negative amount)	to the left of a	-9	1	2 10		-		
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			100	140	_ IVA	-		
13a Has a resolution to terminate the plan been adopted in any plan year?		T	X Yes		No	_		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	F4 162		140	-		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or control of the PBGC?	brought under ti	ne	×	Yes	No			
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify the plan	(s) to	40 - 42	5537	Se-83	200		
13c(1) Name of plan(s):	130	2) EIN(s)		13c/	3) PN(s)			
	1 1	,			91111(0)	_		
Part VIII Trust Information 14a Name of trust								
144 Name of trust		14b T	rust's EIN		ST. 1178501	0.0		
14c Name of trustee or custodian		14d T	14d Trustee's or custodian's					
		te	elephone	number				
Part IX IRS Compliance Questions						-		
15a is the plan a 401(k) plan? If "No," skip b	Yes			No		_		
				gn-based Prior year* ADP test				
	IL ADD	rent year" test		N/A				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plyear? Check all that apply:	perd	o entage	Avera	ige fit test		A		
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a for the plan year by combining this plan with any other plan under the permissive aggregation rules.)(4) Yes			No		_		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter and the serial number.	100 243	s or advis	ory letter	enter th	e date of			
the letter and the serial number	IRS opinion lette	O adviso	.,	cities the		_		
the letter and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IR letter	S. enter the date	of the mo	st recent of	determin	nation	_		
 17b If the plan is an individually-designed plan that received a favorable determination letter from the IR letter Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended acc 62 and be to an employee who extended according to the content of the conte	S, enter the date	of the mo	st recent o	determin	nation			
 17b If the plan is an individually-designed plan that received a favorable determination letter from the IR letter Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not 	S. enter the date	of the mo	st recent o	determin o	nation			