Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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**

		rt Identification Information									
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/ X a single-employer plan	2016	and ending 12	2/31/2016						
Α-	This return/report is for:		r) (Filers checking this box must attach a accordance with the form instructions.)								
,,	The return report to ton.	a one-participant plan	a foreign plan			- · · · · · · · · · · · · · · · · · · ·					
Вт	his return/report is	the first return/report	the final return/repo	rt							
		an amended return/report	a short plan year re	turn/report (less than 12 m	onths)						
C	Check box if filing under:	Form 5558	automatic extension	n	DFVC progra	m					
		special extension (enter desc	' '								
Pa	rt II Basic Plan In	formation—enter all requested ir	nformation								
	Name of plan RWELL MEDICAL PC PRO	FIT SHARING PLAN			1b Three-digi plan numb (PN) ▶						
					1c Effective of	date of plan 01/01/2014					
		oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		2b Employer (EIN)	Identification Number 27-2221992					
	City or town, state or provi WELL MEDICAL PC	nce, country, and ZIP or foreign pos	stal code (if foreign, see in	nstructions)	2c Sponsor's	telephone number 8-686-6889					
000 5	OTH OTREET OND EL				2d Business	code (see instructions)					
	8TH STREET, 2ND FL DKLYN, NY 11220				621111						
	Plan administrator's name	and address X Same as Plan Spo	onsor		3b Administra	ator's FIN					
-	Than duminostator o mante	and address [] came as namepo									
					3C Administra	ator's telephone number					
					41						
	name, EIN, and the plan r	the plan sponsor has changed since number from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN						
	Sponsor's name				4c PN 5a						
эа b		ats at the beginning of the plan year at the end of the plan year			5b						
C	Number of participants with	th account balances as of the end of	f the plan year (only defin		5c	3					
d(participants at the beginning of the p			5d(1)	3					
	•	participants at the end of the plan ye	-		5d(2)	;					
е		at terminated employment during th			5e	(
	tion: A penalty for the lat	e or incomplete filing of this retur	rn/report will be assesse	ed unless reasonable ca							
SB		other penalties set forth in the instru and signed by an enrolled actuary, mplete.									
SIG		ed/valid electronic signature.	06/12/2017	ANDY KUO CHEN HU	J						
HEF	Signature of plar	administrator	Date	Enter name of individ	lual signing as pla	an administrator					
SIG	RF -										
	Signature of emp	oloyer/plan sponsor n name, if applicable) and address (i	Date		ual signing as en Preparer's teler	nployer or plan sponsor					
Fiel	Dater's Hame (Including IIII	i name, ii applicable) and address (l	morade room or suite hulf	ibei j	i Teparer S telep	onone numbel					

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (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.											
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes ☐ No ☐ Not determ											
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year					
a	Total plan assets	7a		26399		41109						
b	Total plan liabilities	7b		0				0				
	Net plan assets (subtract line 7b from line 7a)	7c		26399				41109				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		17410								
	(2) Participants	8a(2)		0								
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	8b		-2700								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						14710				
d				0								
	to provide benefits)	8d		0	_							
t	Certain deemed and/or corrective distributions (see instructions).	8e		0								
<u></u>	Administrative service providers (salaries, fees, commissions)	8f		0								
<u>g</u> h	Other expenses	8g 8h				0						
-		8i				14710						
÷	Transfers to (from) the plan (see instructions)	and and to though the solve to a factor of and										
Pal	rt IV Plan Characteristics	8j		0								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in	the instructions:				
	2D 2E 3D											
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	es in t	he instructions:				
Do	4 V Compliance Overtions											
Par 10					Yes	No	N/A	A				
	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions with	n the time period		res	NO	IN/A	Amount				
	described in 29 CFR 2510.3-102? (See instructions and DOL's V					X						
	Program)			10a								
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X						
				10c		X						
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			X						
	by fraud or dishonesty?			10d		^						
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.)	10e		X								
f	Has the plan failed to provide any benefit when due under the pla	10f		X								
9	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			. 511								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i								

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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)				[] `	∕es X No					
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a							
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No				
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling				
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1						
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d							
		ne 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?				Yes	s X N	lo				
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a							
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			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	olan(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			14d Trustee's or custodian's telephone number							
Par	t IX	IRS Compliance Questions										
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No					
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d ["Prior year" ADP test					
				"Curre	rrent year" N/A P test							
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:							verage enefit test	□ N/A				
	16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the 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, er	nter the	date	of the m	nost rece	ent determi	nation				
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	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ 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

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public

F	Pension Benefit Guaranty Corporation	-	► Complete all entries in acco	ordan	nce with the instru	uctio	ns to the Form 550	0-SF.		inspection			
P	art I Annual Report	<u>id</u>	entification Information										
For	r calendar plan year 2016 or fis	cal	plan year beginning		01/01/2016		and ending	1	2/31/2016				
A This return/report is for: X a single-employer plan													
C -	Check box if filing under		Form 5558 [special extension (enter descript	otion)	itomatic extension				DFVC prog	gram			
		<u>rn</u>	nation enter all requested inf	iforma	tion			• • • •					
1a	Name of plan Everwell Medical PC	. E	Profit Sharing Plan						 Three-digit plan number (PN) ► Effective date 	002 e of plan			
		_						$oxed{oxed}$	01/01/201				
2a	City or town, state or provinc	m, e, c	r, if for a single-employer plan) apt., suite no. and street, or P.O. I country, and ZIP or foreign postal		(if foreign, see inst	tructi	ons)		(EIN) 27-2	entification Number 2221992 ephone number			
	Everwell Medical PC	•						1	(718) 686	•			
	839 58th Street, 2nd Fl								2d Business code (see instructions) 621111				
3а	US Brooklyn NY 11220 Plan administrator's name an	ıd (address X Same as Plan Spons	יבחר				3b	Administrator	re FIN			
4	If the name and/or EIN of the name, EIN, and the plan num		an sponsor has changed since the	ie last	retum/report filed fo	for thi	is plan, enter the		Administrator	's telephone number			
a	Sponsor's name							4c	PN				
		at f	the beginning of the plan year	********	*************************		*************************	58	T	3			
b	· · ·		the end of the plan year					51	5	3			
C			ount balances as of the end of the					50	C	3			
d(Total number of active part	icip	pants at the beginning of the plant	year	ABARATABARASAAAAAAAAAAAAA		************************	5d((1)	3			
d((2) Total number of active part	icit	pants at the end of the plan year	*****	*******************	********	*************	5d	(2)	3			
e			ninated employment during the pla					-	ie	0			
Са	ution: A penalty for the late	OF	incomplete filing of this return/r	repor!	t will be assessed	d unl	ess reasonable cau	use is	established,				
Un SB	nder penalties of perjury and ot	her nd :	r penalties set forth in the instruction signed by an enrolled actuary, as	ions, I	declare that I have	e exa	mined this return/rep	port, ir	ncluding, if app				
SI	16N ande		Hz.		NIC THE RESERVE OF THE PROPERTY OF THE PROPERT	An	dy Kuo Chen H	u					
į.	IERE Signature of plan adm	ini	strator		Date 8/12/17	Ent	ter name of individus	al signi	ing as plan adr	ministrator			
Si	ign China	<u></u>	· Hw		· · · ·	An	dy Kuo Chen H	u					
	ERE Signature of employer	/pl	an sponsor		Date 6/12/11	Ent	ter name of individus	al sign	ıng as employe	er or plan sponsor			
	eparer's name (including firm n kip this ouestion	am	ne, if applicable) and address (incl	dude ro	oom or suite b umbe	ier)			earer's telephor io this ques				

To:12033561045 Page:3/9

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 6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	******					XYes	ΠNo	
	Are you claiming a waiver of the annual examination and report of ar		,								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ons.)				*********		XYes	□No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use For	m 5500-SF and must ins	tead	use F	orm 5	500.				
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	rogram (see ERISA sectio	n 402	1)?		Yes Yes	□ No	Not e	determined	
P	art III Financial Information										
7	Plan Assets and Liabilities	a grade	(a) Beginning o	f Yes	г	T		(b) End	of Year		
а	Total plan assets	7a		26,3	99				41	,109	
b	Total plan liabilities	7b			0	0					
c	Net plan assets (subtract line 7b from line 7a)	7c		26.3	99	1		·	41	,109	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			-		(b) '	Total		
а	Contributions received or receivable from:				4.6	3-32	And the second s				
	(1) Employers	8a(1)		17,4			ajak agilisi Tibuwani ng	<u> </u>			
	(2) Participants	8a(2)			0		100		<u> </u>		
	(3) Others (including rollovers)	8a(3)			0	3, 147					
b	Other income (loss)	86		2,70			1, 1,3				
<u></u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u>9 7 7</u>	(44) 43	1	* 2 * 1 * 1		14	,710	
d	to provide benefits)	8d			O.		ody, si Odstala				
е	Certain deemsd and/or corrective distributions (see instructions)	8e			Q	-	100 St. 100				
f	Administrative service providers (salaries, fees, commissions)	8f	enter de la companya de la constitución de la const		Q					1 11 11 11 11 11 11 11 11 11 11 11 11 1	
g	Other expenses	8g		• • • • • • • • • • • • • • • • • • • •	Q						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the second s	Marija	S PARTY	-	resolvate minorario	Halling Hall West of State State	Heranis Palametara	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i		i and depart	manhaman a	1			14	,710	
í	Transfers to (from) the plan (see instructions)	8j	3	***************************************	0	100	Cal vor	7. T.		and a state of the control of the co	
P.	ort IV Plan Characteristics								 		
	If the plan provides pension benefits, enter the applicable pension fer	ature code	se from the List of Plan Ch	าอกอก	erietic	Code	se in the	instructi	inns		
	2D 2E 3D		Which is both the countries with a property control of the countries of th			· maran			· ior i tio		
	If the plan provides welfare benefits, enter the applicable welfare feat	tura cada	a from the List of Plan Chr		ntotio (in the	in oterantio			
	ii the plan provides werare benefits, eriter the applicable werare real	inie cone:	s itan die List of Flan Oik	31 2516	nanci	ooue:	a III GRE	msuucac	H 12±.		
ا ا	art V Compliance Questions		A PRESENTANTE PROPERTY OF THE	***********	A.V. PIV		ve-nye-lile-nye-ny				
10					Yes	No	N/A		A		
10	During the plan year: Was there a failure to transmit to the plan any participant contribution	one withir	the time period]	162	14(7)	140	***************************************	Amount		
•	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol										
	Program) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	10a		х					
t	Were there any nonexempt transactions with any party-in-interest?				************						
	reported on line 10a.)	*******	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10b		Х			***************************************		
	Was the plan covered by a fidelity bond?	***********	***************************************	10c		х					
C	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	•	*	10d		x					
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan	? *******		10f		×		***************************************		***************************************	
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		ж					
h						·····		*****************	······································		
	2520.101-3.)	*********	***************	10h	dinkolana.	X		gggeran was	M. 113.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
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-			10î							

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	тогинит получилую											
Par	t VI Pension Funding Compliance	<u> </u>										
11	Is this a defined benefit plan subject to minimum (Form 5500 and line 11a below)	Schedu	le SB	l 		Yes	X	No				
11a	1 Enter the unpaid minimum required contributions		118	ı		_						
12	Is this a defined contribution plan subject to the ERISA?									Yes	(X)	No
	(If "Yes," complete line 12a or lines 12b, 12c, 1 If a waiver of the minimum funding standard for a			aa laat	winthana	and an	toe th	o doto	of the	lotter	- Line	
4	granting the waiver						uerun Day	e uate	Ye		. Oak #	,
lf y	ou completed line 12a, complete lines 3, 9, an	d 10 of Schedule MB (Form	n 5500), and skip to	line 1	3.	_,_			"			
b	Enter the minimum required contribution for this	plan year		**********	**********	. 12b	<u> </u>				·	
C	Enter the amount contributed by the employer to	the plan for the plan year		*********		120					- Industrial No.	
d	Subtract the amount in line 12c from the amount negative amount)		7			120						
е	Will the minimum funding amount reported on lin	e 12d be met by the funding	g deadline?			. E	<u> </u>	Yes 🗀] No		N/A	
Par	₩if Plan Terminations and Transf	ers of Assets										
13a	Has a resolution to terminate the plan been adop	oted in any plan year?		**********	*********			Yes	X] No		
	If "Yes," enter the amount of any plan assets tha	t reverted to the employer th	nis year			. 13a						
Ъ	Were all the plan assets distributed to participan control of the PBGC?	ts or beneficiaries, transferre				the	,.		Yes	X	No	
C	If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See		en to enother plan(s),	identif	y the pla	ın(s) to						
1:	3c(1) Name of plan(s):	<u> </u>			13c(2)	EIN(s)			13	c(3) P	N(s)	
Par	VIII Trust Information - Skip Thes	e Questions										
14a	Name of trust					14	b Tru	ıst's El	N			
140	Name of trustee or custodian					14	14d Trustee or custodian's telephone number					
Par	IX IRS Compliance Questions - S	Skip These Questions	5						,			
15a		*************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes				No	~m-=====	,,,
15b	How did the plan satisfy the nondiscrimination re 401(k)(3) for the plan year? Check all that apply:					Design safe ha	rbor			"Prior test	year	" ADP
						"Currer ADP te		31		N/A		
16a	What testing method was used to satisfy the cov year? Check all that apply:					Ratio percentest	tage		Avera benef] N/A
16b	Did the plan satisfy the coverage and nondiscrim for the plan year by combining this plan with any					Yes				No		
17a	If the plan is a master and prototype plan (M&P) the letter/ and serial n		at received a favorabl	le IRS	opinion t	etter or :	advis	ory lett	er, ent	ter the	date	of
17b	If the plan is an individually-designed plan that re		ation letter from the I	RS, en	iter the d	late of th	ie mo	st rece	ent det	termina	ation	
18	Defined Benefit Plan or Money Purchase Pensio Were any distributions made during the plan yea service?	r to an employee who attain						Yes		No		
19	Was any plan participant a 5% owner who had a				*******			Yes		No		