-	rm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan	-	yee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be file	d under sections 104 an	d 4065 of the Employee Ret		2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co		nternal	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 550	00-SF.	
For calend	Annual Report Id ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/2	.016	and ending 12/	31/2016	
		X a single-employer plan		plan (not multiemployer) (F		ing this box must attach a
A This ref	turn/report is for:	a one-participant plan		employer information in acc		-
B This retu	urn/report is	the first return/report an amended return/report	X the final return/report a short plan year ret	t urn/report (less than 12 mo	nths)	
C Check	box if filing under:	× Form 5558	automatic extension	n [DFVC p	rogram
		special extension (enter descr	,			
Part II		mation—enter all requested inf	formation		4	
1a Name KINGS MED	of plan DICAL CARE PC PENSIO	ON PLAN			1b Three plan (PN)	number
						tive date of plan 12/29/2000
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 11-3462278
	ICAL CARE PC	country, and ZIP or foreign post	al code (il foreign, see in	structions)	2c Spor	sor's telephone number 718-232-1492
7620 BAY P/ BROOKLYN	ARKWAY SUITE 1B , NY 11214			_	2d Busin	ess code (see instructions) 621330
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
				-	3c Admi	nistrator's telephone number
4 If the r	name and/or FIN of the	plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
name		ber from the last return/report.			4c PN	
5a Total	number of participants a	t the beginning of the plan year			5a	2
		t the end of the plan year			5b	C
C Numb	er of participants with ac	ccount balances as of the end of	the plan year (only defin	ed contribution plans	5c	
d(1) Tot	al number of active parti	cipants at the beginning of the pl	an year		5d(1)	2
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)	C
than	100% vested	erminated employment during the			5e	C
		r incomplete filing of this return er penalties set forth in the instruc				
SB or Sche		signed by an enrolled actuary, a				
SIGN	Filed with authorized/va	alid electronic signature.	10/10/2017	FELIX DRON		
HERE	Signature of plan ad	ministrator	Date	Enter name of individua	al signing a	as plan administrator
SIGN HERE						
	Signature of employ		Date			as employer or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address (ir	nciude room or suite num	ider)	Preparer's	telephone number
		see the Instructions for Form 550				Form 5500-SF (2016)

6a b c	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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and conditi ot use For	dent qualified public accountant (IQF ons.) m 5500-SF and must instead use I	PA) Form 5500.
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1192337	0
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1192337	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
h.			105893	

	() · · · · · · · · · · · · · · · · · · ·			
b	Other income (loss)	8b	105893	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		105893
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1298230	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1298230
i	Net income (loss) (subtract line 8h from line 8c)	8i		-1192337
j	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	1A 3D

b 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	During the plan year:		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		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			150000
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		Х		
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		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
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				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					<u> </u>	Yes 🗙 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					·· 🖵	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	is, and	enter t	he date	of the lette	er ruling
	<u> </u>	ting the waiver			_ Day	′	Year _	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the least of the matter 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?				X Ye	s N	lo
	lf "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 broug rol of the PBGC?					X Yes	No
C		uring 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 p	olan(s)	to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3	8) PN(s)
Part	VIII	Trust Information						
		of trust			14b 1	Frust's I	EIN	
14c	Name	e of trustee or custodian					s or custod	lian's
					I	leiepho	ne number	
Par	LIV	IRS Compliance Questions						
Fai							Π	
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:		Desigi safe h	n-based arbor	1 [Prior yet test	ear" ADP
				"Curre ADP t	ent year' est	13	N/A	
16a		t 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
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	date (of the m	ost rec	ent determi	ination
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 ce?		rom	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No	

Form 5500-SF	Short Form Annu	al Return/Report of Small Empl	oyee	OMB Nos, 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		Benefit Plan ad under sections 104 and 4085 of the Employee R	etiremeni	2016
Department of Labor Employee Benefits Security Administration	income Security Act of 1974	(ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).	Internal	This Form is Open to Public Inspection
Pension Bonufit Guaranty Corporation	> Complete all entries in	accordance with the instructions to the Form 8	300-SF.	
Part I Annual Report	Identification Information			31/2016
or celender plan year 2018 or f		and anding a multiple-employer plan (not multiemployer) (
A This return/report is for:	a single-employer plan	list of participating employer Information in ac	cordance wi	th the form instructions.)
	C & Ove-hautchant han			
B This return/report is	the first return/report	the final return/report		12
	an amended return/report	a short plan year rolum/report (less than 12 m	ionins)	
Check box if filing under:	Forn 5558	ulumatic extension	[] DFVC pr	ogram
	special extension (enter desc	criplion)		
Partii Basic Pian info a Name of pian ings Medical Care i	ormation—enter all requested in PC Pension Plan	nformation	(PN) 1c Effect	number
	loyor, if for a single-employer plan)	O, Box) stal code (il foreign, see instructions)	2b Empl (EIN)	byer Identification Number 11-3462278 sor's telephone number
ings Modical Care I	PC	Aren Monte III For C.		8) 232-1492
				less code (see instructions) 330
620 Bay Parkway Su:	ite 1B	NY 11214		
rooklyn	and address 🚺 Same as Plan Sp	And and the second s	3b Admi	nistrator's EIN
E Management and a Fill of	to olan engager bas changed sinc	e the last roturn/report filed for this plan, enter the	4b EIN	110 - Western
name, EIN, and the plan n	umber from the last return/report		de thi	
a Sponsor's name		and the second sec	4c PN 58	
	ts at the beginning of the plan year		5b	
a Alumbor of participants with	h account balances as of the end (of the plan year (only defined contribution plans	5c	,
complete this item)	. W MERCHART MOVE THE CONTRACT OF CONTRACT.	A A MARATINE MILLION A 2010 1 10000000 17 10 11	5d(1)	
		plan year, and a set and set of the second	5d(2)	
d(2) Total number of active p	participants at the end of the plan y	year he plan year with accrued benefits that were less	50	
than 100% vested	al remainatos employateris contrigu	im/report will be assessed unless reasonable c		blished
Caution: A ponelly for the lat Under panellies of perjury and	and signed by an enrolled actuary	ructions. I declare that I have examined this return/report as well as the electronic version of this return/report	report includ ort, and to th	ing. If applicable, is Schedulo e best of my knowledge and
SB or Schedule MB completed bebal, it is true, correct, and co	mplate	IN/IN/ S Falix limon		
SB or Schedule MB completed bebat, it is true, correct, and co SIGN	- And	10/10/17 Felix Dron	dual signing	as plan administrator
SB or Schedule MB completed bebat, it is intercorrect, and constant SIGN	- And	Date Enter name of Indiv	ldual signing	as plan administrator
SB or Schedule MB completed best in its interconnect, and con- SIGN HERE Signature of plan SIGN HERE Completed of arm	- And	Date Enter name of Indiv / Felix Dron Date 0/0//2 Enter name of Indiv	idual signing	as plan administrator as employer or plan sponsol s telephone number

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	12101034521	Page 2	12-2- An	100.100			Yes No
68 Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-48? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannot be a set of the plan cannot be an annual set of the plan cannot be an annual set of the plan cannot be a set of the p	an independ and condition lot use Form	ent qualified public ac ns.). 1 5500-SF and must	in ste a	d use	Form	0600.	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA sec	tion 40	21)7 .		ЧО З [] М	lo 🔲 Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of	Year			(b) E	nd of Year
a Totai plan assots	78	1,1	92,3	37			0
b Total plan liabilities	76			0			0
C Nel plan assets (subtract line 7b from line 7a)	70	E.	92.1	37			0
	·····	(a) Amount					u) Totai
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from							
(1) Employars	Ba(1)			0			and and the states of
(2) Participants.	80(2)			0			
(3) Others (including rollovers) .	8a(3)			0	_		
b Other Income (loss)	80		05,8	193		1	105 003
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 0b)	8c			_	_		105,893
d Benefits peld (including direct rollovers and insurance premiums to provide tenellis)	8d	1, /	98,:	230			
8 Certain deemed and/or corrective distributions (see instructions)	80						
f Administrative service providers (selarios, fees, commissions)	Bf			0			
g Other expenses	8g			0	-		1 000 000
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh			-			1,298,230
Net income (loss) (subtract line 8h from line 8c)	8)						-1,192,337
Transfers to (from) the plan (see instructions).	8)			0			
Part IV Plan Characteristics		+ consider + constraints					
9a If the plan provides pension benefits enter the applicable pension							the second se
b If the plan provides welfare benefits, enter the applicable welfare	feature code	is from the List of Plai	n Char	acleris		105 in (ne l	
Part V Compliance Questions				Yes	No	N/A	Amount
10 During the plan year:	, Mana and Mala	the time period	-				
 Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See Instructions and DOL's Program) 	Voluntary Pr	duciary concentent	10a		x		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not in	clude transactions	10b		x		
C Was the plan covered by a fidelity bond?	14 ASH		100	X			150,00
d Old the plan have a loss, whether or not reimbursed by the plan by found or distributesty?	's fidelity bon		10d		x		
9 Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.).	ther persons me or all of t	by an insurance he benefits under	100		x		
f Has the plan falled to provide any benefit when due under the p	lan?	the sector of th	101		X		
g Did the plan have any participant loans? (If "Yes," enter amount		nd.)	10g		X		
h If this is an individual account plan, was there a blackout period	? (See instru	clions and 29 CFR	1011				
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520 1	the required	I notice or one of the	101				

n Nj s

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art VI Pension Funding Compliance			
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form \$500) and line 11a below)			Ves X No
 1a Enter the unpaid minimum required contributions for all years from Schodule SB (Form 5500) line 40 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA? 			Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year. see instr Mo		the date of	the letter ruling Year
graning the warver,	3.		
b Enter the minimum required contribution for this plan year	180		
C Enter the amount contributed by the employer to the plan for this plan year	120		100
 C Enter the amount controlated by the employer to the particle part of the part of the amount in the sign to the lengt the amount in the 12c from the amount in time 12b. Enter the result (enter a minus sign to the lengt the amount) 	tora 12d		No NA
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	الم المربق الم	Yes	
art VII Plan Terminations and Transfers of Assets		PM	19
3a Has a resolution to terminate the plan been adopted in any plan year?		C Yes	No No
It may a pater the employed of any plan assets that reverted to the employer this year	13a		
b Were all the plan assets distributed to participants or beneficiaries. Iransferred to another plan, or brough		X	Yes No
 C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) 	and the second se	- 1	13c(3) PN(s)
13c(1) Name of plan(s).	13c(2) EIN(s) 1	190191 6161
Part VIII Trust Information	14b	Trust's Ell	••
Part VIII Trust Information		Trust's Ell	••• ••••••••••••••••••••••••••••••••••
Part VIII Trust Information 14a Name of trust 14C Name of trustee or custodian		Trust's Ell	N or custodian's
Part VIII Trust Information 14a Name of Irust 14c Name of Irustee or custodian Part IX IRS Compliance Questions		Trust's Ell Trustoe's telephone	N or custodian's
Part VIII Trust Information 14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions 15a Is the plan e 401(k) plan? If "No," skip b	14d	Trust's Ell Trustee's telephone	N or custodian's prumber No
Part VIII Trust Information 14a Name of trust 14c Name of trustee or custodian Part IX IRS Compliance Questions 15a Is the plan e 401(k) plan? If "No," skip b	Yes Design-bas safe harbot Current ye	Trustoe's telephone	N or custodian's o number No "Prior year" ADP feet
Part VIII Trust information 14a Name of trust 14c Name of trustee or custodian 14c Name of trustee or custodian Part IX IR8 Compliance Questions 15a is the plan e 401(k) plan? If "No," skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Yes Design-bas safe harbon "Current ye ADP test	Trust's Ell Trustee's telephone	N or custodian's o number No "Prior year" ADP feet
Part VIII Trust Information 14a Name of trust 14c Name of trustee or custodian 15a Is the plan e 401(k) plan? If "No," skip b	Yes Design-bas safe harbot Current ye	Trustoe's telephone	N or custodian's o number No "Prior year" ADP test
Part VIII Trust information 14a Name of trust 14c Name of trust 14c Name of trustee or custodian 15a Is the plan e 401(k) plan? If "No," skip b. 15b How did the plan satisfy the nondiscrimination requirements for employeo deferrats under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	14d Image: Provide state	Trustoe's tolephone	N or custodian's number No "Prior year" ADP test N/A erage nefit test N/A
Part VIII Trust Information 14a Name of trust 14c Name of trustee or custodian 14c Name of trustee or custodian 14c Name of trustee or custodian 15a Is the plan e 401(k) plan? If "No," skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(s)(4) for the plan year by containing this plan with any other plan under the permissive appropriation rules? 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	14d Yes Design-bas sale harbon "Current ye ADP test Hatto percentage tosl [] Yes opinion lotter or an	Trust's Ell Trustes's telephone ed ar"	N or custodian's onumber No "Prior year" ADP test N/A erage N/A inofit test N/A inofit test N/A
Part VIII Trust Information 14a Name of trust 14c Name of trustee or custodian 15a Is the plan a 401(k) plan? If "No," skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 15b Did the plan satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining the plan with any other plan under the permissive appropriation rules? 17b If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e between	14d Yes Design-bas sale harbon "Current ye ADP test Hatto percentage tosl [] Yes opinion lotter or an	Trust's Ell Trustes's telephone ed ar"	N or custodian's onumber No "Prior year" ADP teat N/A erage nofit teat N/A in onumber N/A
Part VIII Trust Information 14a Name of trust 14c Name of trust 14c Name of trustee or custodian 15a is the plan e 401(k) plan? If "No," skip b. 15b How did the plan satisfy the nondiscrimination requirements for employee deferrats under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 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 appropriation rules? 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number 17b If the plan is a individually-designed plan that received a favorable determination letter from the IRS, e	Yes Design-bas Sale harbon "Current ye ADP test Hatto percentage tasl Yes call Yes call Yes call Yes call enter the date of the paraled from	Trust's Ell Trustee's telephone ed ar"	N or custodian's onumber No "Prior year" ADP test N/A erage N/A instit test N/A instit test N/A

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