Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I		Identification Information				
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016	
↑ This rot	urn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer) nployer information in a		
A THIS TEL	um/report is ior.	a one-participant plan	a foreign plan	mployer information in a	ccordance with the	norm instructions.)
B This retu	ırn/report is	the first return/report	X the final return/report			
		an amended return/report	a short plan year retui	rn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558 special extension (enter description)	automatic extension		X DFVC program	ı
Part II	Rasic Plan Info	Drmation —enter all requested in	• /			
1a Name		ormation—enter all requested in	ioimation		1b Three-digit	
	DICINE, P.C. 401(K)	PLAN			plan numbe	
					1c Effective da	nte of plan 01/01/1998
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			' '	dentification Number 20-8549089
City or SELECT ME	· •	ce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)		elephone number 6-488-9700
					2d Business co	ode (see instructions)
410 LAKEVIL NEW HYDE I	LE RD PARK, NY 11042-110		VILLE RD DE PARK, NY 11042-1101			621111
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrate	or's EIN
					3c Administrat	or's telephone number
						,
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed t	for this plan, enter the	4b EIN	
a Sponso	or's name	·			4c PN	
5a Total r	number of participants	s at the beginning of the plan year			5a	32
		s at the end of the plan year			5b	0
		account balances as of the end of			5c	0
		articipants at the beginning of the pl			5d(1)	29
d(2) Tota	al number of active pa	articipants at the end of the plan year	ar		5d(2)	0
		terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca		
SB or Sche		ther penalties set forth in the instructed actuary, and signed by an enrolled actuary, aplete.				
0.0.1	Filed with authorized	/valid electronic signature.	06/24/2019	VIOLET ABEMAYOR		
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plar	n administrator
SIGN						
HERE	Signature of emplo		Date	•		oloyer or plan sponsor
Preparer's	name (including firm i	name, if applicable) and address (ir	nclude room or suite numb	er)	Preparer's telepl	none number

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	es 🗌 No
c	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					_	-	_	□ Not de	termined
	rt III Financial Information	isurarice p	nogram (See ENIOA Se	JOHOTT 4	021):		103			terminea
7	Plan Assets and Liabilities		(a) Beginning	of Voor	. [(b) End	of Voor	
<u>′</u> а	Total plan assets	7a		766603				(b) End	OI Teal	0
_	Total plan liabilities	7b		0)					0
	Net plan assets (subtract line 7b from line 7a)	7c	1	766603	3					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:		(a) runour	••				(5) .	<u> </u>	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		15690						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		80706						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9639	96
d	Benefits paid (including direct rollovers and insurance premiums	8d	1	843000						
	to provide benefits)			14181						
	Administrative service providers (salaries, fees, commissions)	8e 8f		5818						
_ <u>'</u>	Other expenses									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h							186299	99
- "	Net income (loss) (subtract line 8h from line 8c)	8i				-1766603				
	Transfers to (from) the plan (see instructions)									
	, , , , ,	8j								
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footure co	ados from the List of DI	an Cha	ractori	etic Co	odoc in	the inet	ructions:	
<i></i>	2E 2G 2J 2T 3D	leature co	des nom the List of Fi	an Ona	racteri	SIIC CC	Jues III	uie iiisi	ructions.	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	iduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
	,			10c	X					150000
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 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 pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					0
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		X				

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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 on 5500) and line 11a below)						Yes X 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.	/lonth _	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				Trustee's or custodian's telephone number			
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:	- ILI ,		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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Rep	ort Identification Informatior			
For calendar plan year 2016	or fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016	
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		
	a one-participant plan	∐ a foreign plan		
B This return/report is	the first return/report	X the final return/report		
	an amended return/report	a short plan year return/report (less than 12 n	nonths)	
C Check box if filling under:	Form 5558 special extension (enter desc	automatic extension	□ DFVC program	
Part II Basic Plan I	nformation—enter all requested in	· · ·		
1a Name of plan			1b Three-digit	
SELECT MEDICINE, P.C. 401	(K) PLAN		plan number (PN) ▶	001
			1c Effective dat	e of plan 1/01/1998
Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.G			entification Number 0-8549089
City or town, state or pro SELECT MEDICINE, PC	vince, country, and ZIP or foreign pos	tal code (if foreign, see instructions)	2c Sponsor's te	elephone number 488-9700
440 41/51/11 5 00	440 1 81/2	SVILLE DD		de (see instructions)
410 LAKEVILLE RD NEW HYDE PARK, NY 11042-		EVILLE RD DE PARK, NY 11042-1101	6.	21111
3a Plan administrator's nam	e and address X Same as Plan Spo	nsor.	3b Administrato	r's EIN
	·		3c Administrato	r's telephone number
	3			
•				
	f the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name			4c PN	
5a Total number of participa	ants at the beginning of the plan year.		5a	32
			5b	0
		the plan year (only defined contribution plans	5c	0
d(1) Total number of active	e participants at the beginning of the p	lan year	5d(1)	29
• •		are plan year with accrued benefits that were less	5d(2)	
than 100% vested			5e	
		n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/re		
	d and signed by an enrolled actuary,	as well as the electronic version of this return/repo		
SIGN	lean)	6/24/19 1/10LET	ABEMAY	σR
HERE Signature of pla	an administrator	Date Enter name of individ	dual signing as plan	administrator
SIGN HERE				
Signature of en	nployer/plan sponsor m name, if applicable) and address (i		dual signing as emp Preparer's teleph	loyer or plan sponsor
, reparer a name (monumy m	m name, ii applicable) allu auuless (l	monado room or suite number /	i roparer a telepir	one number
				3
			1	

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	Were all of the plan's assets during the plan year invested in eligib		•						X Yes	No No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condi	tions.)						X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	_	☐ Not dete	ermined
	rt III Financial Information						,	<u> </u>		
7	Plan Assets and Liabilities	٠.	(a) Beginning	of Year	T			(b) End	of Year	
a	Total plan assets	7a		766603					C	,
b	Total plan liabilities	7b		0					C)
С	Net plan assets (subtract line 7b from line 7a)	7c	1	766603		-			C)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		_		(b) ⁻	Γotal	
а	Contributions received or receivable from:								eri	¥
	(1) Employers	8a(1)		15690						
	(2) Participants	8a(2)		10000	\dashv	3		*		
<u>_</u>	(3) Others (including rollovers)	8a(3)		80706	\dashv					
	Other income (loss)	8b	#, **,	٠.					96396	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				v	3	٠.	4	
	to provide benefits)	8d	1	843000						_
e	Certain deemed and/or corrective distributions (see instructions).	8e		14181	-	<i>p</i> 8			NC	
f	Administrative service providers (salaries, fees, commissions)	8f		5818		٠,			·	
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	2 , % 5	6					1862999	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							-1766603	<u></u>
	Transfers to (from) the plan (see instructions)	8j				1.	_			">
Pa	rt IV Plan Characteristics								-	
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes ir	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare t	feature cod	des from the List of Pla	n Chara	cteris	tic Cod	des in t	the instr	uctions:	
Pai	rt 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	Voluntary F	Fiduciary Correction	10a		×				
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х			·	
c	Was the plan covered by a fidelity bond?			10c	X					150000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
- e		her persor ne or all of	ns by an insurance the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х	$oldsymbol{f L}_{-}$	<u> </u>		
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х					0
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х		> ₄	r "	
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10			10i		х		No.	: :	a 4

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ı ayc	~	

Form 5500-SF 2016

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below)			3	Ye	es 🗓 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?				Y	es 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	20.000	l ontor t	ho data	of the letter	ruling
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	115, and	Day		Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		405			
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	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)	a 	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	∐ No L	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		X Ye	s 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 uncontrol of the PBGC?				X Yes [No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	t VIII Trust Information					
<u> </u>	Name of trust		14b 1	Frust's I	EIN	
174	realite of trust					
14c	Name of trustee or custodian				's or custodia ne number	an's
Par	t IX IRS Compliance Questions					
15a	I Is the plan a 401(k) plan? If "No," skip b	Yes			☐ No	
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:		n-based narbor] "	☐ "Prior ye test	ar" ADP
		"Curre	ent year test	<u>"</u> [N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ration percontest	entage		verage enefit test	∏ N/A
	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	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter/ and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter/	e date	of the m	nost rec	ent determir	ation
18 	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 separated service?	from	Ye	s	No No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s	☐ No	