	m 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					tirement	2018	
	partment of Labor nefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		nternal	This Form is Open to	
Pension Be	nefit Guaranty Corporation	Complete all entries in a second s		tructions to the Form 550	00-SF.	Public Inspection	
Part I		dentification Information					
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2	-		31/2018	in a thin have severe attach a	
A This retu	urn/report is for:	a single-employer plan	list of participating e	plan (not multiemployer) (F employer information in acc		-	
<b>B</b> This retu	rn/report is	a one-participant plan	a foreign plan				
		the first return/report	the final return/report		ath a )		
0		an amended return/report		urn/report (less than 12 mo	ntns)		
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter desc					
Part II		mation—enter all requested in	formation	I	<u>46</u>	1111	
1a Name of HEALTHWEI	of plan _L MEDICAL PC PROI	FIT SHARING PLAN			1b Three plan	e-digit number	
					(PN)		
					1c Effec	tive date of plan 01/01/2015	
Mailing	address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 20-1781499		
•	L MEDICAL PC	e, country, and ZIP or foreign post	ai code (if foreign, see ins	structions)	2c Sponsor's telephone number 718-445-4902		
					2d Busir	ness code (see instructions)	
8533 BELL B HOLLIS HILL						621111	
<b>3a</b> Plan ad	iministrator's name and	d address X Same  as Plan Spor	nsor.		<b>3b</b> Admi	nistrator's EIN	
					3c Admi	nistrator's telephone number	
4 If the n	ame and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN		
this pla	an, enter the plan spon	sor's name, EIN, the plan name a		the last return/report.	<b>4d</b> PN		
<b>a</b> Sponso <b>c</b> Plan Na					40 PN		
5a Total n	umber of participants a	at the beginning of the plan year			5a	2	
<b>b</b> Total n	umber of participants a	at the end of the plan year			5b	2	
		ccount balances as of the end of		-	5c	2	
<b>d(1)</b> Tota	I number of active part	ticipants at the beginning of the pl	an year		5d(1)	2	
<b>d(2)</b> Tota	al number of active part	ticipants at the end of the plan ye	ar		5d(2)	1	
		terminated employment during the			5e	1	
Caution: A	penalty for the late o	or incomplete filing of this return	n/report will be assesse	d unless reasonable caus			
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, a lete					
SIGN		valid electronic signature.	09/23/2019	FEI WANG			
HERE	Signature of plan ac		Date	Enter name of individua	al signing a	as plan administrator	
SIGN	<b>v</b> 1	valid electronic signature.	09/23/2019	FEI WANG	<u> </u>		
HERE	Signature of employ		Date	Enter name of individua	al signing a	as employer or plan sponsor	
For Paperwo	ork Reduction Act Notice	e, see the Instructions for Form 5500	0-SF.			Form 5500-SF (2018)	

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<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									
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 determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year				
а	Total plan assets	72	34514		39582				

			(a) beginning of real	
а	Total plan assets	7a	34514	39582
)	Total plan liabilities	7b	0	0
	Net plan assets (subtract line 7b from line 7a)	7c	34514	39582
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
3	Contributions received or receivable from: (1) Employers	8a(1)	6500	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
)	Other income (loss)	8b	-1432	
;	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5068
1	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
•	Certain deemed and/or corrective distributions (see instructions)	8e	0	
	Administrative service providers (salaries, fees, commissions)	8f	0	
	Other expenses	8g	0	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
	Net income (loss) (subtract line 8h from line 8c)	8i		5068
	Transfers to (from) the plan (see instructions)	8j	0	
	t IV Plan Characteristics			
Pai 9a	t IV     Plan Characteristics       If the plan provides pension benefits, enter the applicable pension       2D     2E       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	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.)		х	
С	Was the plan covered by a fidelity bond? 100		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		х	
e	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.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 109		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		х	
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			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ling
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
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						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	<b>:(3)</b> PI	N(s)

Form 5500-SF	Short Form Annua	al Return/Report of Small Employ Benefit Plan	/ee	OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Retirement Income Security	be filed under sections 104 and 4065 of the Employe Act of 1974 (ERISA), and section 6057(b) and 6058 Internal Revenue Code (the Code).	(a) of	2018 s Form is Open to Public
Pension Benefit Guaranty Corporation		accordance with the instructions to the Form 550	0-SF.	Inspection
Part I Annual Report Id	lentification Informatio			
or calendar plan year 2018 or fiscal		01/01/2018 and ending	12/31/2	018
This return/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (not multiemployer) a list of participating employer information in a a foreign plan the final return/report a short plan year return/report (less than 12 m	accordance with	this box must attach the form instructions.)
Check box if filing under:	G Form 5558 special extension (enter des	automatic extension		C program
	<u></u>			
Part II Basic Plan Inform a Name of plan Healthwell Medical PC	<b>nation</b> enter all requester C Profit Sharing Pla		1b Three-d plan nu (PN) ►	mber 002
			1C Effective 01/01	e date of plan
a Plan sponsor's name (employe Mailing Address (include room, City or tawn, state or province	ant, suite no, and street, or P	) .O. Box) stal code (if foreign, see instructions)	2b Employ	er Identification Number 20–1781499
Healthwell Medical P		,		r's telephone number 445-4902
8533 Bell Blvd			2d Busines 62111	s code (see instructions) 1
US Hollis Hills NY 11427 a Plan administrator's name and	address X Same as Plan S	ponsor	3b Adminis	strator's EIN
			3c Adminis	strator's telephone number
If the name and/or EIN of the p	lan sponsor or the plan name	has changed since the last return/report filed for	4b EIN	
this plan, enter the plan sponso <b>a</b> Sponsor's name <b>c</b> Plan Name	סו s name, בווא, נחפ pian name	and the plan number from the last return/report.	4d PN	
a Total number of participants at	the beginning of the plan year		5a	2
D Total number of participants at	the end of the plan year		5b	2
Number of participants with acc complete this item)	count balances as of the end o	f the plan year (only defined contribution plans	5c	2
<b>i(1)</b> Total number of active partici	ipants at the beginning of the p	olan year	5d(1)	2
(2) Total number of active partici	ipants at the end of the plan ye	ear	5d(2)	1
Number of participants who ten	minated employment during th	e plan year with accrued benefits that were	5e	1
	her penalties set forth in the inst Ind signed by an enrolled actuary	urn/report will be assessed unless reasonable causurd the causurd of the causurd	ort, including, it	applicable, a scheuule

SIGN	: A	9/23/19	Fei Wang
		Date	Enter name of individual signing as plan administrator
HERE	Signature of plan administrator	Date	
			Fei Wang
SIGN		Date 9/23/19	Enter name of individual signing as employer or plan sponsor
HERE	Signature of employer/plan sponsor	Date 7/23/17	Litter hame of manadar againing be amplitude of pro-

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Form	550	0-SF	2018

Ρ	'a	q	е	2	

<u> </u>			Cas instructions )						<b>V</b>	ΠNo
	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>							X Yes		
	If you answered "No" to either line 6a or line 6b, the plan cannot		-							
с	If the plan is a defined benefit plan, is it covered under the PBGC ins							No	Not d	etermined
-	If "Yes" is checked, enter the My PAA confirmation number from the								(See instru	ctions.)
<u>Ра</u> 7	art III Financial Information	Nasaliya	(a) Beginning of	Year		1		(b) End	of Year	
	Plan Assets and Liabilities	7a		4,51				(2)		,582
<u>а</u> ь	Total plan assets Total plan liabilities	7b		-,	0					0
				. 5.					30	,582
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	4,51	L4			(b) <sup>1</sup>	Fotal	, 562
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:							(0)	i Olai	
u	(1) Employers	8a(1)		6,50	00					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	(1	,432	2)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5	,068
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		0						
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				문화관련		<u> 25. 199</u>
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			0
i	Net income (loss) (subtract line 8h from line 8c)	8i							5,	,068
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 2D 2E 3D	ature code	es from the List of Plan Cha	aracte	eristic	Code	es in the	e instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Char	acter	ristic C	Codes	in the	instructio	ons:	Ign
Pa	art V Compliance Questions			T			1.000			
10	During the plan year:				Yes	No	N/A		Amount	
а										
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol			100		x				
	Program)			10a						
k 	<ul> <li>Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)</li> </ul>			10Ь		x				
C	Was the plan covered by a fidelity bond?			10c		X				
C	Did the plan have a loss, whether or not reimbursed by the plan's f 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.)	e or all of t	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	i?		10f		х				
ç	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	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 th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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	Form 5500-SF 2018	Page 3 -

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Par	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500 and line 11a below)			Yes X 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 sect ERISA?	on 302	of	Yes X No	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a	nd ente	the date	of the letter ruling	
u	granting the waiver	D:		Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<b>.</b>	· · · · · · · · · · · · · · · · · · ·		
b	Enter the minimum required contribution for this plan year.	12b			
С	Enter the amount contributed by the employer to the plan for the 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)	12d	· .		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	YesNoN/A			
Par	VII Plan Terminations and Transfers of Assets	<u>.</u>			
13a	Has a resolution to terminate the plan been adopted in any plan year?	[	Yes	X 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 the Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2) E	IN(s)		<b>13c(3)</b> PN(s)	
				.,	

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