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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit ALEXANDER TOCHER PHYSICIAN, PC 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2012 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number ALEXANDER TOCHER PHYSICIAN, PC 45-5566773 (EIN) Sponsor's telephone number 631-821-4202 525 RT. 25A MILLER PLACE, NY 11764 Business code (see instructions) 621111 Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 5 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 5 d(2) Total number of active participants at the end of the plan year..... 5d(2) 5 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 07/16/2015 JASON EVERT **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.						X Yes No			
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined			
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year			
	Total plan assets	. 7a	581	178			57631			
	Total plan liabilities	7b	581	170			57631			
	Net plan assets (subtract line 7b from line 7a)	7c		170						
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	13	354						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1354			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	19	901						
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					1901			
	Net income (loss) (subtract line 8h from line 8c)	8i					-547			
_ J	Transfers to (from) the plan (see instructions)	8j								
b	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			
	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)					X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
С	Was the plan covered by a fidelity bond?			10c		X				
d 	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
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.)						202			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	J Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day				

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
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 negative 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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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).

Complete all entries in accordance with the Instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in acc	cordance with the Instruction	ons to the Form Sou	JU-3F					
Annual Report	Identification information			40 (04 (004 4					
or calendar plan year 2014 or fis	cat plan year beginning	01/01/2014	and ending	12/31/2014					
This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan of participating employer a foreign plan the final return/report a short plan year return/r	information in accor	dance with the form ins	x must attach a list intructions)				
	☐ DFVC program								
Check box if filing under:	Form 5558	automatic extension		☐ DLAC broßte	1111				
	special extension (enter descri	ption)							
Basic Plan Info	ormation enter all requested i	nformation							
a Name of plan	1b Three-digit plan number								
Alexander Tocher P	hysician, PC 401(k) Plan	n "		(PN) ► 001					
		•		1c Effective date of plan 01/01/2012					
2a Plan sponsor's name and a Alexander Tocher P	ddress; include room or suite numbe hysician, PC	er (employer, if for a single-en	nployer plan)	2b Employer Identification Number (EIN) 45-5566773					
				2c Sponsor's telephone number (631) 821-4202					
525 Rt. 25A					2d Business code (see instructions)				
US Miller Place NY 1176	4			3b Administrator's	FIN				
3 a Pian administrator's name a	and address 🕱 Same as Plan Spo	prisor Name		V / Hammon de de					
4 If the name and/or EtN of the	ne plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b EIN					
name, EiN, and the plan nu	imber from the last return/report.	•		4c PN	, and the second se				
a Sponsor's name					5				
5a Total number of participants at the beginning of the plan year					5				
b Total number of participants at the end of the plan year									
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					2				
d(1) Total number of active pa	articipants at the beginning of the pla				5				
d(2) Total number of active participants at the end of the plan year					5				
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested									
Caution: A penalty for the lat	e or Incomplete filing of this retur	n/report will be assessed u	nless reasonable c	ause is established.					
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary, mplete.	ctions, I declare that I have e as well as the electronic vers	xamined this return/ ion of this return/rep	report, Including, if appli ort, and to the best of m	cable, a Schedule y knowledge and				
i an ang									
Signature of plan ad	ministrator /	Date E	Enter name of individ	lual signing as plan adn	ninistrator				
alon	ander 1000			·					
Signature of employ	rar/plan sponsor	Date 7. /5 -20/3 E	Inter name of Individ	lual signing as employe	r or plan sponsor				
Preparer's name (including tim	neme, if applicable) and address; i			Preparer's telephon					
Troparor o hamo finadana min									
		•							
1					, se en				

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Were all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)				.,	X Yes No
Are you claiming a waiver of the annual examination and report of ar	independ	ent qualified public accountant (K	QPA)				X Yes ∐No
H -M- 174		/	*****	n 550	 10.		361 100 Elito
under 29 CFR 2520.104-46? (See Instructions on waiver eligibility an if you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC ins				⊏]Yes	∏ No [Not determined
	in the pro-	grant (das internal	,				
Financial Information	Rus var fely 1960	(a) Beginning of Year		··		(b) End of	Year
Plan Assets and Liabilities		58,178	, –			(-7	37,631
Total plan assets	7a 7b	20;+/5					
Total plan liabilities		58,178	3				57,631
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year		(a) Amount		"		(b) To	tal
Contributions received or receivable from:							
(1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)	1,35					
Other income (loss)	86		- 77x.3		4 . 1 . 1	ing the property of the	1,354
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	STREET OF STREET STREET	7 ()	an en	4.20.		
to blonge peuglis)	. 8d	1,90	1				
Certain deemed and/or corrective distributions (see instructions)							
Administrative service providers (salaries, fees, commissions)	. 8f			in Pro			
Other expenses	. 8g	ann a sa - 1707 detak bessel bar hati italia a 1707.				id dinger stalk	
Total expenses (add lines 8d, 8e, 8f, and 8g)	. en			-			1,901
Net income (loss) (subtract line 8h from line 8c)	. 8i				Selection		(347)
Transfers to (from) the plan (see instructions)	.] 8j		; 		A STORY	(1.1.2.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	i Kita da Pagan di Paga
Plan Characteristics If the plan provides pension benefits, enter the applicable pension for							
If the plan provides welfare benefits, enter the applicable welfare fe			.,				
Compliance Questions	0 <u></u>	And the second s	.]	Yes	No		Amount
During the plan year: a Was there a failure to transmit to the plan any participant contribu	itions within	the time period described in					
29 CER 2510 3-1027 (See instructions and DUL'S Voluntary Figu	CIRTY COILE	PRIORIE INDIGENIA ************************************	10a		X		
b Were there any nonexempt transactions with any party-in-interest	t? (Do not l	nclude transactions reported	10b		×		
on line 10a.)			10c		х	-	
Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity ho	nd that was caused by fraud	1	·-·			
d Did the plan have a loss, whether or not reimbursed by the plans or dishonesty?		36++44484	10d		X.		<u> </u>
a. Ware any tone or commissions neid to any brokers, agents, or of	her person	s by an insurance carrier.				1	
insurance service, or other organization that provides some or all	or the pen	SIU2 (Hitter rue brant (oèce	10e	x	ĺ	'	20
instructions.)			101		ж		······································
f Has the plan failed to provide any benefit when due under the pla	dam			-	ж	-	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year o	and.)	10g		-20		
h If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	10h		x		
2520.101-3.)	eprenancement since	d notice or one of the			<u> </u>		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	31-3 31-3	G (Office or one or 6.4	10i		<u> </u>	3 July 18	
Pension Funding Compliance	····						
	ments? (If	"Yes." see instructions and comp	lete S	ched	ule SE	(Form	177
11 is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)	****************	************************	*****	********	********		Yes 🗷 N
14. Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) ilne 39	*******				
12 is this a defined contribution plan subject to the minimum funding	3 reduirem	ents of section 412 of the Code o	rsect	ion 30	02 of E	RISA?	Yes 🛣 N
wind and 12e helps	√ as anglia	cable.)					
the state of the state of and and for a prior year to be	ilaa emarti:	zed in this plan vear, see instruct	iona,	and e	nter th	ne date of ti	he letter ruling Year
granting the waiver	*******		<u> </u>			P.Y	Year

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and skip t	o line	13.	- 1				
b Enter the minimum required contribution for this plan year				12b				
				- 1				
c Enter the amount contributed by the employer to the plan for this p	lan year	*********		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minus sign	to the	left of a	12d				
e Will the minimum funding amount reported on line 12d be met by t	he funding deadline?		***************************************	🗀	Yes	No N/A	₹	
Plan Terminations and Transfers of Assets								
3a Has a resolution to terminate the plan been adopted in any plan year?						0		
If "Yes," enter the amount of any plan assets that reverted to the e		****		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?						Yes X N	0	
c If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See Instructions.)	om this plan to another plan(s), ideni	tify the plan(s) to			·		
13c(1) Name of plan(s):			130	3c(2) EIN(s)		13c(3) PN(s)		
Company of the Compan								
Pag VUIA Trust Information (optional)								
14a Name of trust					14b Trust's EIN			
							_	