## **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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number HERSCHER & HERSCHER, PA PROFIT SHARING PLAN 001 (PN) • 1c Effective date of plan 01/01/2001 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 65-0819250 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number HERSCHER & HERSCHER, PA 305-661-4600 2d Business code (see instructions) 1550 MADRUGA AVENUE, SUITE 120 CORAL GABLES, FL 33146 541110 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year..... 5b **b** Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 3 complete this item) ..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year ...... 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e 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

Dellel, It is t	rue, correct, and complete.						
	Filed with authorized/valid electronic signature.	05/04/2016	LARRY I. HERSCHER				
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					
HEKE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				
	Signature of employer/plan sponsor name (including firm name, if applicable) and address (include r						

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon</li></ul>	an indepen and condition ot use For	dent qualified public a ons.)rm 5500-SF and mus	account t instea	ant (IQ	PA)  <b>Form</b>	5500.	X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III   Financial Information					1		
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		1234	873 0			1280166
D Total plan liabilities	7b 7c		1234				1280166
8 Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		1073			(b) Total
a Contributions received or receivable from:		(a) Alliot	u111				(b) Total
(1) Employers	8a(1)		85	986			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
<b>b</b> Other income (loss)	. 8b		-30	967			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						55019
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	. 8f			0			
<b>g</b> Other expenses	. 8g		9	726			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9726
i Net income (loss) (subtract line 8h from line 8c)	. 8i						45293
j Transfers to (from) the plan (see instructions)	8j			0			
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:
10 During the plan year:				Yes	No	N/A	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X		0
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		0
C Was the plan covered by a fidelity bond?			10c	X			150000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		0
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.)	ne or all of t	the benefits under	10e		X		0
f Has the plan failed to provide any benefit when due under the pla					Χ		0
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		0
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	he required	notice or one of the					
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance			٠٠,				
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 all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## 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

2015

This Form is Open to Public Inspection

Part I	<b>Annual Report</b>	Identification Information							
For calenda	r plan year 2015 or fis	scal plan year beginning	1/1/2015	and ending	12/31/20	15			
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attached by the form instructions are also of participating employer information in accordance with the form instructions are also of participating employer information in accordance with the form instructions.									
	·	a one-participant plan	a foreign plan						
<b>B</b> This retu	m/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/	report (less than 12 m	onths)				
C Check b	ox if filing under:	Form 5558	automatic extension DFVC program						
		special extension (enter descri							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name of Herso	•	PA Profit Sharing Plan			1b Three-digi plan numi (PN) ▶				
					1c Effective	late of plan 1/1/2001			
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	). Box)		2b Employer (EIN)	Identification Number 65-0819250			
	town, state or province or & Herscher, P/	e, country, and ZIP or foreign posta A	al code (if foreign, see Instru	ctions)	2c Sponsor's	telephone number			
1550 M	adruga Avenue, (	Suite 120				code (see instructions)			
Coral G 33146	ables	FL				541110			
3a Plan administrator's name and address ✓Same as Plan Sponsor.					3b Administrator's EIN				
					<b>3C</b> Administra	ator's telephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN				
<b>a</b> Sponso	or's name				4c PN				
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	3			
<b>b</b> Total r	umber of participants	at the end of the plan year	*******************************		. 5b	3			
C Number	er of participants with	account balances as of the end of	the plan year (defined benet	lit plans do not	5c	3			
d(1) Tota	al number of active pa	articipants at the beginning of the pl	an year	.,	5d(1)	3			
	•	articipants at the end of the plan ye	•			3			
e Numb	er of participants that	terminated employment during the	plan year with accrued ben	efits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed u	ınless reasonable ca	use is establish				
Under pena SB or Sche	alties of perjury and or dule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary, a plete.	ctions, I declare that I have eas well as the electronic vers	examined this return/resion of this return/repo	eport, including, if ort, and to the bes	applicable, a Schedule of my knowledge and			
SIGN			,		Kus u/=	-			
HERE	0:				1 4 1				
SIGN	Signature of plan	administrator	Date / 7/16	Enter name/of individ	dual signing as pi	an administrator			
HERE 1	Signature of empl	oyer/plan sponsor name, if applicable) and address (i	Data 4/1	Enter name of individ	dual signing as er Preparer's tele	nployer or plan sponsor			
1 Topalet 5	manic (moldering fill)	iamo, ii appiioabie, and addiess (ii	nouse from of Suite Hulliber		r repaid s tete	phone number			

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b.	Were all of the plan's assets during the plan year invested in eligible. 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 canrif the plan is a defined benefit plan, is it covered under the PBGC is	an indeper and condit not use Fo	ndent qualified public acions.)rm 5500-SF and must	ccounta instea	ant (IQ d use	PA) Form	5500.		Yes Yes Not determ	No No
		isurance p	rogram (see ERISA se	CUON 4	121) (	Ц	res [		Not determ	inea
_	Financial Information	1 h da h d		•••		Τ.			4	
	Plan Assets and Liabilities	name and a	(a) Beginning		ır 3487	2		(b) End	ot Year 12801	
	Total plan assets	. 7a . 7b		12		0			12001	0
	Net plan assets (subtract line 7b from line 7a)	. 7c		12	3487	<u> </u>			12801	
	Income, Expenses, and Transfers for this Plan Year	All about about a respective reservance	(a) Amou		0-107	1		(b) T		
	Contributions received or receivable from:	ce hos truend in culti	(a) Airiou	111		20000	orași radrani		otai	
	(1) Employers	. 8a(1)			8598	6				
	(2) Participants	8a(2)				0				
	(3) Others (including rollovers)	. 8a(3)				0				
	Other income (loss)	8b		-	<u> 3096</u>	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					Z-11. 10. (10.00 (1).	Service Control of the Control of th	550	)19
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d				0				
	Certain deemed and/or corrective distributions (see instructions)	. 8e				o				
	Administrative service providers (salaries, fees, commissions)	. 8f				0			2 december 7 - 2 de 20 de 1, 1 de 2 de 1, 2 de 2 de 2 de 1, 2 de 2 de 2 de 1, 2 de 2 de 1, 2 de 2 de 1, 2 de 2 d	
g	Other expenses	. 8g			972	6				Carrier of the Car
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					***************************************		97	26
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							452	93
j	Transfers to (from) the plan (see instructions)	. 8j			(	)			1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mark and American
	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D  If the plan provides welfare benefits, enter the applicable welfare  V Compliance Questions					***********				
10	During the plan year:				Yes	No	N/A	Γ	Amount	
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		✓	Section 2 and 2 an			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		/	A Vibral 2 A service of all			
	Was the plan covered by a fidelity bond?				1	Ť	W. W. Address			150000
d		s fidelity bo	nd, that was caused	10c 10d	_	1	The first and th	_		130000
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides softhe plan? (See instructions.)	ther persor me or all of	ns by an insurance the benefits under	10e		1	100 67 13 2 200 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
f	Has the plan failed to provide any benefit when due under the plan			10f		7	And Avenue and A			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end )	10g		7	Control Control Control			
b		(See instr	uctions and 29 CFR	10g 10h	1	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i			personal by the self-broad are self-broad and self-broad are self-			
j	Did the plan trust incur unrelated business taxable income?			10j			1			
Part	VI Pension Funding Compliance			,		1				
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								☐ Yes	√ No
11a	Enter the unpaid minimum required contribution for all years from		•						<u> </u>	
12	Is this a defined contribution plan subject to the minimum fundin				•		•	ERISA?	Yes	<b>√</b> No

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(If "Yes," complete line 12a or lines 12b, 12c	, 12d, and 12e below, as applicable.)						
If a waiver of the minimum funding standard granting the waiver.	for a prior year is being amortized in this plan			nter the Day_		e letter rulii ′ear	ng
If you completed line 12a, complete lines 3, 9	, and 10 of Schedule MB (Form 5500), and	skip to lin	e 13.				
<b>b</b> Enter the minimum required contribution for this plan year							
C Enter the amount contributed by the employer to the plan for this plan year							
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)							
Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A
Part VII Plan Terminations and Trans	fers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?						Ø No	
If "Yes," enter the amount of any plan assets	that reverted to the employer this year			13a			
of the PBGC?	ipants or beneficiaries, transferred to another p			•••••		Yes 🛭 N	io
C If during this plan year, any assets or liabilities which assets or liabilities were transferred.	es were transferred from this plan to another p See instructions.)	an(s), ide			1		
13c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII Trust Information							
14a Name of trust				14b	Trust's ElN		
14c Name of trustee or custodian				14d	Trustee's of telephone		n's
Part IX IRS Compliance Questions							
15a is the plan a 401(k) plan?			***************************************	Ye	es	∏No	
15b If "Yes," how does the 401(k) plan satisfy the matching contributions (as applicable) under	nondiscrimination requirements for employee sections 401(k)(3) and 401(m)(2)?			Design- based safe harbor method		ADP/ACP test	
	lan perform ADP/ACP testing for the plan year employees (Treas. Reg sections 1.401(k)-2(a)	2)(ii) and	1.401(m)-	Yes		□ No	
16a Check the box to indicate the method used b	by the plan to satisfy the coverage requirement	s under se	ction 410(b):	Ratio percentage test		Average benefit test	
16b Does the plan satisfy the coverage and nond this plan with any other plans under the perm	liscrimination tests of sections 410(b) and 401 nissive aggregation rules?			Y	es	No	
17a Has the plan been timely amended for all red	uired tax law changes?			Y	es	No	N/A
17b Date the last plan amendment/restatement for for tax law changes and codes).			Enter the a	· •		_ (See ins	
17c If the plan sponsor is an adopter of a pre-appropriate advisory letter, enter the date of that favorable				ct to a f	avorable IR	S opinion	or
17d If the plan is an individually-designed plan at determination letter	W	m the IRS	, enter the date o	f the pla	ın's last fav	orable	
	., Puerto Rico (if no election under ERISA sect onwealth of the Northern Mariana Islands or th			Ye	s	No	
19 Were in-service distributions made during the	e plan year?			Y	es	∏No	
If "Yes," enter amount				. 19			
•	co 5% owners who have attained age 70 ½ (reg	•		Y	es	No	□ N/A