-	rm 5500-SF	Short Form Annu	t of Small Employe	ployee OMB Nos.					
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee Retirem	ient	2015			
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation	-	57(b) and 6058(a) of the Interr e).	This I Pub	Form is Open to blic Inspection				
Part I		Complete all entries in a dentification Information		ructions to the Form 5500-S	F.				
		cal plan year beginning 01/01/2		and ending 12/31/2	015				
	urn/report is for:	a single-employer plan		blan (not multiemployer) (Filer: nployer information in accorda	-				
<b>B</b> This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 months)	)				
C Check I	box if filing under:	Form 5558	automatic extension		DFVC prog	Iram			
		special extension (enter descr							
Part II		rmation—enter all requested inf	formation	46					
1a Name STEPHEN H	of plan HERSHOWITZ, MD, PL	LC 401K PLAN		ID	Three-digit plan number (PN) ►	004			
				1c	Effective date c	of plan 01/2004			
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C	). Box)	2b	Employer Ident	ification Number			
	town, state or province ERSHOWITZ, M.D., PL	e, country, and ZIP or foreign post LC	al code (if foreign, see inst	ructions) 2c	Sponsor's telep				
						(see instructions)			
134 WHEATI BROOKVILL	LEY ROAD E, NY 11545-2642				621	111			
3a Plan a	dministrator's name and	d address XSame as Plan Spons	sor.	3b	Administrator's	EIN			
				3c	Administrator's	telephone number			
		plan sponsor has changed since ber from the last return/report.	the last return/report filed f	for this plan, enter the <b>4b</b>	EIN				
a Spons	or's name			4c	PN				
5a Total r	number of participants a	at the beginning of the plan year			а	1			
<b>b</b> Total r	number of participants a	at the end of the plan year			b	1			
		ccount balances as of the end of			с	1			
<b>d(1)</b> Tota	al number of active part	ticipants at the beginning of the pl	an year	5d	(1)	1			
		ticipants at the end of the plan yea erminated employment during the		mofite that ware loss	. ,	1			
than	100% vested					0			
		r incomplete filing of this return or penalties set forth in the instruct				cable a Schedule			
SB or Sche		d signed by an enrolled actuary, a							
SIGN	Filed with authorized/v	valid electronic signature.	04/20/2016	STEPHEN HERSHOWITZ					
HERE	Signature of plan ac	dministrator	Date	Enter name of individual sig	ning as plan ad	ministrator			
SIGN									
HERE	Signature of employ		Date	Enter name of individual sig					
MEL PIASE	EK ISION CONSULTANTS	ame, if applicable) and address (ir	nclude room or suite numb	er) Prep	parer's telephone 845-35	e number 54-8373			
MONSEY,									
L.	ark Daduction Act Nation	and OMB Control Numbers see the	a instructions for Form FEOO	A SE		Form 5500-SE (2015)			

	Form 5500-SF 2015		Page <b>2</b>						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes   b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes   under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes Yes   If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes									
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 40	021)?		Yes	No Not	determined
Pa	rt III   Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning			_		(b) End of Ye	
-	Total plan assets	7a		200	169	_			225473
	Total plan liabilities	7b		000	0	_			0
	Net plan assets (subtract line 7b from line 7a)	7c			169	_			225473
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt		_		(b) Total	
d	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)		24	000				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		1	304				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							25304
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				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i	Net income (loss) (subtract line 8h from line 8c)	8i							25304
j	Transfers to (from) the plan (see instructions)	8j			0				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $\begin{array}{ccc} 2E & 2G & 2J & 3D \end{array}$	feature co	odes from the List of Pl	an Chai	racteris	stic Co	odes in t	he instructions	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amo	ount
а	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 F	iduciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х			
e	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.)	ner person ne or all of	s by an insurance the benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			

11a	Enter the unpaid minimum required contribution 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 section 3	302 of E	RISA?

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

Did the plan trust incur unrelated business taxable income? .....

5500) and line 11a below).....

Pension Funding Compliance

h

i

j

Part VI

11

Yes X No

No

Yes

Х

Х

Х

10g

10h

10i

10j

Form 5500-SF 2015

Page **3** - 1

					1			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted 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				
-		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 ative amount)		12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
	of th	e PBGC?	-			Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information	-					
14a	Name	of trust		14b	Trusťs E	IN		
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's	
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Ye	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	P/ACP		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est	erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No		
	lf "Y€	es," enter amount		19				
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A	

Form 5500-SF	Short Form Annu			1		1210-00		
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan	1065 of the Employee Re	tirement	2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 608 Revenue Code (the Code	57(b) and 6058(a) of the I	Internal		orm is Open to c Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in		ructions to the Form 55	00-SF.				
Part I Annual Report I or calendar plan year 2015 or fisc	dentification Information	01/01/2015	and ending	12/	31/2015			
	X a single-employer plan	and of the second diversion of the	lan (not multiemployer)					
This return/report is for:	a one-participant plan		nployer information in acc					
This return/report is	the first return/report an amended return/report	the final return/report a short plan year retu	m/report (less than 12 mo	onths)				
Check box if filing under:	Form 5558	automatic extension			FVC progra	am		
	special extension (enter desc	cription)						
Part II Basic Plan Infor	rmation-enter all requested in	nformation						
<b>a</b> Name of plan FEPHEN HERSHOWITZ, 1	MD, PLLC 401K PLAN			1b Three plan (PN)	number	0 C 4		
					tive date of 01/2004			
a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					oyer Identifi 20-074	ication Number 1317		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STEPHEN HERSHOWITZ, M.D., PLLC					-625-14	none number 41		
				0.1 0 .	and and a l	[		
134 WHEATLEY ROAD				20 Busir 621		see instructions)		
BROOKVILLE	NY 11545-2 Id address XSame as Plan Spor	and the second second reasons where the second s		621 <b>3b</b> Admi	111 nistrator's E			
BROOKVILLE		and the second second reasons where the second s		621 <b>3b</b> Admi	111 nistrator's E	EIN		
BROOKVILLE <b>a</b> Plan administrator's name an lif the name and/or EIN of the	d address XSame as Plan Spor	nsor.	for this plan, enter the	621 3b Admi 3c Admi 4b EIN	111 nistrator's E	EIN		
BROOKVILLE a Plan administrator's name an lf the name and/or EIN of the name, EIN, and the plan num	id address ⊠Same as Plan Spor	nsor.	for this plan, enter the	621 3b Admi 3c Admi 4b EIN 4c PN	111 nistrator's E	EIN		
BROOKVILLE a Plan administrator's name an lf the name and/or EIN of the name, EIN, and the plan num a Sponsor's name	d address XSame as Plan Spor	nsor. e the last return/report filed		621 3b Admi 3c Admi 4b EIN 4c PN 5a	111 nistrator's E	EIN		
BROOKVILLE a Plan administrator's name an lif the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants b Total number of participants	d address Same as Plan Spor plan sponsor has changed sinc nber from the last return/report. at the beginning of the plan year at the end of the plan year	nsor. e the last return/report filed		621 3b Admi 3c Admi 4b EIN 4c PN 5a 5b	111 nistrator's E	EIN		
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BROOKVILLE a Plan administrator's name an lif the name and/or EIN of the name, EIN, and the plan num a Sponsor's name a Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part than 100% vested aution: A penalty for the late of nder penalties of perjury and ott B or Schedule MB completed ard elief, it is true, correct and completed ard	d address Same as Plan Spor e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the rticipants at the end of the plan y terminated employment during the or incomplete filing of this retu- her penalties set forth in the instr nd signed by an enrolled actuary plate.	e the last return/report filed of the plan year (defined be plan year ear	enefit plans do not enefits that were less d unless reasonable car e examined this return/re	621 3b Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	111 nistrator's E nistrator's t	elephone numbe		
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BROOKVILLE a Plan administrator's name an lif the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name a Total number of participants b Total number of participants c Number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part aution: A penalty for the late of nder penalties of perjury and other B or Schedule MB completed art elief, it is true, correct and completed Signature of plan a sign lieRE Signature of ample	e plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of rticipants at the beginning of the rticipants at the end of the plan y terminated employment during the rticipants at the end of the plan y terminated employment during the rticipants at the end of the plan y terminated employment during the rticipants at the end of the plan y terminated employment during the rticipants at the end of the plan y terminated employment during the spectrum the set forth in the instr med signed by an enrolled actuary plete.	e the last return/report filed of the plan year (defined being plan year	enefit plans do not enefits that were less d unless reasonable car e examined this return/re ersion of this return/repor STEPHEN HERSH Enter name of individ	621 3b Admi 3c Admi 4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includi t, and to the IOWITZ dual signing Preparer's	111 nistrator's E nistrator's t blished. Ing, if applic best of my as plan adr as employe s telephone	elephone numbe		

Form	5500	-SF	2015
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Page 2

6a Were all of the plan's assets during the plan year invested in eligib	•	· · · · · · · · · · · · · · · · · · ·					X Yes No
<b>b</b> Are you claiming a waiver of the annual examination and report of a upday 20 CER 3520 101 162 (See instructions or upday of a light)							X Yes No
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							X Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in							No 🗌 Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Paginping	ef Vo			()	b) End of Voor
a Total plan assets	7a	(a) Beginning		0016	9	(1	b) End of Year 225473
b Total plan liabilities	7b			0010	0		0
C Net plan assets (subtract line 7b from line 7a)	7c		2	0016	9		225473
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amou			-		(b) Total
a Contributions received or receivable from:		(d) Alliot					
(1) Employers	8a(1)				0		
(2) Participants	8a(2)			2400	0		
(3) Others (including rollovers)	8a(3)				0		
<b>b</b> Other income (loss)	8b			130	4		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						25304
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		
g Other expenses	8g				0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)							0
i Net income (loss) (subtract line 8h from line 8c)	8i						25304
J Transfers to (from) the plan (see instructions)	8i				0		
B If the plan provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Pla	n Chara	acterist	ic Cod	les in the i	nstructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fidu	uciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not inc	lude transactions	10b		Х		
c Was the plan covered by a fidelity bond?			10c		Х		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e 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.).	ner persons b ne or all of the	oy an insurance e benefits under	10e		х		
f Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	l.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.).			10h		Х		
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 n	otice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j		Х		
Part VI Pension Funding Compliance			,			LL	
						lule SB (F	

5500) and line 11a below)		
11a Enter the unpaid minimum required contribution 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 section 302 of ERISA?.

Yes X No

No

Yes

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	(lf "Y	es," 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 instructions, and e ing the waiver	enter Da		f the le Yea		ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter	the minimum required contribution for this plan year	12	b			
С	Enter	the amount contributed by the employer to the plan for this plan year	12	c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12	d			
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	0	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	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a	a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co e PBGC?	ontro		Ye	s X	No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to n assets or liabilities were transferred. (See instructions.)					
-	3c(1)	Name of plan(s):   13c(2)	EIN(	s)	1	3c(3) F	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		<b>o</b> Trust's E		35.	
14c	Nam	e of trustee or custodian	14	d Trustee telepho			an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Yes	[	No	
15b		s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based sat harbor method	e [	ADF	P/ACP
15c	testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2)(ii))?		Yes	[	No	
16a	Chec	the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ratio percentaç test	je [		erage lefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining lan with any other plans under the permissive aggregation rules?		Yes	[	No	
17a	Has t	ne plan been timely amended for all required tax law changes?		Yes	[	No	N/A
17b		the last plan amendment/restatement for the required tax law changes was adopted	appli	cable code		(See i	nstructions
	advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject ory letter, enter the date of that favorable letter and the letter's serial number				-	or
	deter	plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of mination letter	the p	olan's last	favora	ble	-
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been ), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes		No	
19	Were	in-service distributions made during the plan year?		Yes		No	
	lf "Ye	s," enter amount	19	)			
20		required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not d), as required under section 401(a)(9)?		Yes		No	N/A