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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pai	rt I	Annual Repor	t Ide	entification Information	1								
For c				plan year beginning 01/01/2			and ending 12	2/31/2	015				
A Th	his retui	rn/report is for:	X a single-employer plan										
				a one-participant plan		foreign plan							
B Th	is returi	n/report is	Ц	the first return/report	X the	final return/report							
C 0	b b - b -	or M. C.P. and on the control of	Ц	an amended return/report			/report (less than 12 m	onths					
	песк вс	x if filing under:	Ц	Form 5558		itomatic extension			DFVC prog	ram			
_				special extension (enter desc									
Par			orm	nation—enter all requested in	formation	on							
	Name of		NIANI	DO 404/I/) DI ANI				1b	Three-digit plan number				
ALEXA	ANDER	TOCHER PHYSIC	JAN,	PC 401(K) PLAN					(PN) ▶	001			
								1c	Effective date o	f plan 1/2012			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)								2b Employer Identification Number (EIN) 45-5566773					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EXANDER TOCHER PHYSICIAN, PC 2c Sponsor's telephone number 631-821-4202 2d Business code (see instructions) EXAMPLE PLACE, NY 11764												
								2d	Business code (see instructions)			
		E. NY 11764							6211	111			
		_,							021				
3a Plan administrator's name and address Same as Plan Sponsor.								3b	3b Administrator's EIN				
								3с	Administrator's	elephone number			
				an sponsor has changed since or from the last return/report.	the last	return/report filed for	r this plan, enter the	4b	EIN				
		's name		·				4c	PN				
5a -	Total nu	mber of participant	ts at t	he beginning of the plan year.				5	а	5			
b ⁻	Total nu	mber of participant	s at t	he end of the plan year				5	b	0			
				ount balances as of the end of		, ,	•	5	С	0			
d(1) Total	number of active p	artici	pants at the beginning of the p	lan year	·		5d	(1)	0			
d(2	2) Total	number of active p	artici	pants at the end of the plan ye	ar			5d	(2)	0			
е	Numbe	r of participants tha	at terr	minated employment during the	e plan ye	ear with accrued ben	efits that were less	5	е				
				ncomplete filing of this retur									
SB or	r Sched		and s	penalties set forth in the instru signed by an enrolled actuary, a e.									
SIGN		Filed with authorized	led with authorized/valid electronic signature. 07/14/2016 ALEXANDER TOCI										
HERE	=	Signature of plan	adm	inistrator		Date	Enter name of individ	ual siç	gning as plan adr	ninistrator			
SIGN			_					_					
HERE	E	Signature of emp	loyer	/plan sponsor		Date	Enter name of individ	ual sig	gning as employe	r or plan sponsor			
Prepa				e, if applicable) and address (i	nclude r	oom or suite number			arer's telephone				

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eliginary of the plan of the plan in the pl	ort of an independ bility and condition	an independent qualified public accountant (IQPA) and conditions.)						es No
c If the plan is a defined benefit plan, is it covered under the PB	GC insurance pro	gram (see ERISA se	ection 4	021)? .		Yes	No Not dete	ermined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year	
a Total plan assets	<u> </u>		57	631				0
b Total plan liabilities				0				0
C Net plan assets (subtract line 7b from line 7a)	7c			631				0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total	
(1) Employers	8a(1)							
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-1	899				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							-1	1899
Benefits paid (including direct rollovers and insurance premiur to provide benefits)			55	582				
e Certain deemed and/or corrective distributions (see instruction								
f Administrative service providers (salaries, fees, commissions)	8f			150				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						55	5732
i Net income (loss) (subtract line 8h from line 8c)	8i						-57	7631
j Transfers to (from) the plan (see instructions)	······ 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable per 2A 2E 2G 2J 3D	nsion feature code	es from the List of Pl	an Cha	racteris	stic Co	des in t	the instructions:	
B If the plan provides welfare benefits, enter the applicable well	fare feature codes	from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amoun	t
Was there a failure to transmit to the plan any participant condescribed in 29 CFR 2510.3-102? (See instructions and DC Program)	L's Voluntary Fid	uciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-int					.,			
reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c		X			
d Did the plan have a loss, whether or not reimbursed by the p by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, carrier, insurance service, or other organization that provides the plan? (See instructions.)	s some or all of th	e benefits under	10e	X				203
f Has the plan failed to provide any benefit when due under the			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amo	ount as of year end	d.)(.b	10g		Χ			
h If this is an individual account plan, was there a blackout per 2520.101-3.)	•		10h		X			
i If 10h was answered "Yes," check the box if you either provie exceptions to providing the notice applied under 29 CFR 252	•		10i					
j Did the plan trust incur unrelated business taxable income?			10j			X		
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding req 5500) and line 11a below)								es X No
11a Enter the unpaid minimum required contribution for all years	from Schedule SI	B (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum full	nding requiremen	ts of section 412 of t	he Cod	e or se	ction (302 of E	RISA? Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1									
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling				
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι					
b	Enter ti	he 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							
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d							
		ve amount)			Yes	No	N/A				
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A				
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo					
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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)		13c(3) F	PN(s)				
Part		Trust Information									
14a	Name o	f trust		14b Trust's EIN							
14c	Name	of trustee or custodian			14d Trustee's or custodian's						
							telephone number				
Par	t IX	IRS Compliance Questions									
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No					
	10 110			_ D	esign-						
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)?		ha	based safe ADP/ACP harbor test method						
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No							
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?									
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section		∐ р∈	Ratio Average percentage benefit 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		No					
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or				
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from t		the plai	 n's last fa	vorable					
18	Is the I	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	S	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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

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

This Form Is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Part		t Identification Information	01 /01 /001 E	and ending	12/31/201	Б						
For calenda	ar plan year 2015 or f	iscal plan year beginning	01/01/2015		, , , , , , , , , , , , , , , , , , ,							
A This ref	turn/report is for:	x a single-employer plan a one-participant plan		r plan (not multiemployer) (f g employer information in ac								
B This ref	turn/report is:	the first return/report	rn/report x the final return/report									
		an amended return/report	a short plan year return/report (less than 12 months)									
C Check	Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description)											
					······································							
Part II		ormation enter all requested	Information		1b Three-digit							
1a Name				plan numbe	er							
Alex	ander Tocher I		(PN) ▶	001								
		1c Effective date of plan 01/01/2012										
Mailir	na Address (include ro	loyer, if for a single-employer plan) som, apt., suite no. and street or P.C nce, country, and ZIP or foreign pos). Box) tal code (if foreign, see la	estructions)	2b Employer Identification Number (EIN) 45-5566773							
	a town, state of province to the content of the con		in and the foreign to a m	,	2c Sponsor's t (631) 8	elephone number 21-4202						
525	Rt. 25A		2d Business of 621111	ode (see instructions)								
TIR ME	iller Place NY 117	64										
		and address X Same as Plan Sp	onsor Name		3b Administrat	or's EIN						
			Alexander and an analysis of the	of far this plan, optar bo	3c Administrat	or's telephone number						
4 If the name	name and/or EIN of t e, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report file	d for this plan, enter the								
	sor's name				4c PN	5						
		ts at the beginning of the plan year			5a 5b	0						
		ts at the end of the plan year				V V						
C Numb	per of participants with dete this Item)	h account balances as of the end of	the plan year (defined b	enerit plans do not	5c	O						
d(1) Tot	al number of active p	articipants at the beginning of the pl	an year	***************************************	5d(1)	Ö						
d(2) Tot	al number of active p	articipants at the end of the plan yea	1	ZDZD104060440444444644444444444444444444444	5d(2)	0						
less t	han 100% vested	t terminated employment during the	****************************	499844448888888888888888888888888888888	5e	punkuni asuma arang						
Caution:	A penalty for the la	te or incomplete filing of this retu	rn/report will be assess	sed unless reasonable cau	ise is establishe	1,						
SB or Sc	nalties of perjury and hedule MB completed s true, correct, and co	other penalties set forth in the instra I and signed by an enrolled actuary, emplete.	uctions, I declare that i has well as the electronic	ave examined this return/report	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and						
300												
SIGN	Signature,∕of plan ac	iministrator	Date	Enter name of individua	al signing as plan	administrator						
	1 VOACA	16/ 1000/10/	71/42			AHILI TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO						
SIGN	Signature of employ	or/plan enoneor	Date	Enter name of individua	al signing as empl	over or plan sponsor						
		n name, if applicable) and address;			Preparer's telep							
_												

	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See Instructions.)		,,,,,,,,,	,,,,,,,,,	*********	*******	X Yes N	40 0
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.)									٥V
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?		Yes	∐ No	Not determ	nined
Pa	rt II Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of	Year	
а	plan assets									
b	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c	· · · · · ·	57,6	31				0	<u> </u>
$\frac{8}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	tier (Die Tesenni	(a) Amount			2007.00	(b) Total			
а	(1) Employers	8a(1)				200 100 100 100 100 100 100 100 100 100			The state of the s	
	(2) Participants	8a(2)				200.4.07	8 Year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Action the System of	74.12.17.17.17.17.17.17.17.17.17.17.17.17.17.	dif s
	(3) Others (including rollovers)	8a(3)				060		analizesie iku j	EXIST by the nie wash which	
b	Other income (loss)	8b	(1	1,89	9)	26: 16:		50,831,021,021,031		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						************************	(1,899)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	55,5	82	200 - 100 -				
e	Certain deemed and/or corrective distributions (see instructions)	8e				- Col. Col. Col. Col. Col. Col. Col. Col.	Maria Carana Car			Control of
f	Administrative service providers (salaries, fees, commissions)	8f		1	50	VALUE OF THE PARTY				
g	Other expenses	8g			,	- Commission			100-100-100-100-100-100-100-100-100-100	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							55,732	·
i	Net income (loss) (subtract line 8h from line 8c)	8i				0.74 0.74 0.74 0.75			(57,631)	
j	Transfers to (from) the plan (see instructions)	8j				200				91510
Pa	rt V Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	nstruction	is:	
	2A 2E 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the	instructions	:	
(Attuation										
Pe	rt V Compliance Questions			_		1				
10	During the plan year:				Yes	No	N/A	^	mount	
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 Vo		·				Street Control			
	Program)	•		10a		х	Frage for the second			
b	Were there any nonexempt transactions with any party-in-interest?						Shell and the second of the se			
	reported on line 10a.)			10b		X	127.000			
С				10c		Х	2001 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.,		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	Section of the sectio			
е			<u>"</u>	100						
Ū	carrier, insurance service, or other organization that provides some						A TOTAL CONTRACTOR OF THE STATE			
	the plan? (See instructions.)			10e	X					203
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	warner where a			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х	12.000			
h									And the second s	
	2520.101-3.)			10h		Х	702-07 A-00 A-00 A-00 A-00 A-00 A-00 A-00 A	# 14	A DESCRIPTION OF THE PROPERTY	***
		If 10h was answered "Yes," check the box if you elther provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							The second secon	
j	Did the plan trust incur unrelated business taxable income?	14004014014144		10j			х			
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes X	No
11	a Enter the unpaid minimum required contribution for current year fro	m Sched	ule SB (Form 5500) line 4	0		,,,,	11a			
12	Is this a defined contribution plan subject to the minimum funding r	equireme	nts of section 412 of the C	ode c	r seci	ion 30	02 of Ef	RISA?	Yes X	No
							-			

Form 5500-SF 2015	Page 3-								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plan year, see		enter the	e date of the		uling			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	(Form 5500), and skip to line	13.							
b Enter the minimum required contribution for this plan year	12b								
c Enter the amount contributed by the employer to the plan for this plan	***************************************	12c							
d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	12d								
e Will the minimum funding amount reported on line 12d be met by the f	unding 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?	X Ye	X Yes No							
If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year		13a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0			
b Were all the plan assets distributed to participants or beneficiaries, tra				x	Yes [□ No			
c If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)				
					· ·	1			
Part VIII Trust Information									
14a Name of trust	14b Trust's EIN								
14c Name of trustee or custodian	14d Trustee or custodian's telephone number								
Part IX IRS Compliance Questions									
15a Is the plan a 401(k) plan:	***************************************	,	Yes	; [] No				
15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination require matching contributions (as applicable) under sections 401(k)(3) and 40			bas	sign- sed safe ADP/ACP rbor test ethod					
15c if ADP/ACP test, dld the 401(k) plan perform ADP/ACP testing for the patenting method" for nonhighly compensated employees (Treas. Reg. se 2(a)(2)(ii))?	Yes	; <u> </u>] No	·					
16a Check the box to indicate the method used by the plan to satisfy the co			Rat Per Tes	centage	Avera Benef	ge fit Test			
16b Does the plan satisfy the coverage and nondiscrimination tests of sectithis plan with any other plans under the permissive aggregation rules?	ons 410(b) and 401(a)(4) by co		Yes] No	<u> </u>			
17a Has the Plan been timely amended for all required law changes?	14845744584551496514985145414498514455577114455577	***************************************	Yes	; [] No	☐ N/A			
17b Date of the last plan amendment/restatement for the required tax law constructions for tax law changes and codes).				ble code _	`	0			
17c If the plan sponsor is an adopter of a pre-approved master, prototype (and the letter's serial nuterimination letter from IRS, plea	umber. se enter the date		·					
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election made), American Samoa, Guam, the Commonwealth of the Northern M	under ERISA section 1022(i)(2 ariana Islands or the U.S. Virgir) has been i Islands)?	Yes] No				
19 Were in-service distributions made during the plan year?	***************************************	***************************************	Yes] No				
If Yes, enter amount	**************************************	******************	19						
Were minimum required distributions made to 5% owners who have att not retired) as required under section 401(a)(9)?	ained age 70 ½ (regardless of w		Yes] No	□ N/A			