For	m 5500-SF	Short Form Annu	•	•	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F			etirement	2015			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).				Internal	This Form is Open to Public Inspection				
Pension Be		Complete all entries in dentification Information		nstructions to the Form 5	500-SF.				
	ar plan year 2015 or fisc			and ending 1	2/31/2015				
A This ret	urn/report is for:	X a single-employer plan a one-participant plan		er plan (not multiemployer) employer information in ac		-			
B This retu	rn/report is	the first return/report an amended return/report	the final return/repo		ionths)				
C Check b	box if filing under:	Form 5558	automatic extension	a short plan year return/report (less than 12 months)					
Dort II	Basis Blan Inform	special extension (enter desc							
Part II Basic Plan Information—enter all requested information 1a Name of plan JEREMY A. SABATINI, DVM PC 401(K) PLAN					(PN)	number			
		er, if for a single-employer plan)			2b Emplo	yer Identifi	/2015 cation Number		
City or		apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN) 45-2276000 2c Sponsor's telephone number 914-769-3700				
479 MARBLE	AVENUE				914-769-3700 2d Business code (see instructions)				
	ILLE, NY 10570				541940				
3a Plan ad	dministrator's name and	address XSame as Plan Spor	sor.		3b Administrator's EIN				
	EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN				
		t the beginning of the plan year.			5a		2		
_		t the end of the plan year			5b		2		
C Numbe	er of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		2		
d(1) Tota	al number of active partie	cipants at the beginning of the p	lan year		5d(1)		2		
		cipants at the end of the plan ye			5d(2)		2		
than 1	00% vested	rminated employment during th incomplete filing of this return			5e	ished	0		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instru signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, includin	g, if applica			
SIGN		I with authorized/valid electronic signature. 08/09/2016 JEREMY SABATI			NI				
SIGN	Signature of plan ad	ministrator	Date	Enter name of individ	idual signing as plan administrator				
HERE	Signature of employe	er/plan sponsor	sor Date Enter name of individual signing as employer or pla			or plan sponsor			
Preparer's i		me, if applicable) and address (i			Preparer's t				
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF.			Form 5500-SF (2015)		

5500) and line 11a below).

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No				
b	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.)							X Yes No			
	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	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										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	g of Year				(b) Er	nd of Year		
а	Total plan assets	7a			0		15000				
b	Total plan liabilities	7b			0				0		
C	Net plan assets (subtract line 7b from line 7a)	7c		0					15000		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)		15	000						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b			0	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_	15000				
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	_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i		150					15000		
	Transfers to (from) the plan (see instructions)	8j			0						
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2J$ $2K$ $3D$										
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instru	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
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.)	? (Do not	include transactions	10b		Х					
C				10c		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?			10d		х					
e	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.)			10e		x					
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					x					
i				10h 10i							
j	j Did the plan trust incur unrelated business taxable income?			10j							
Par	VI Pension Funding Compliance										
11											

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 E	RISA?.

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Yes No Form 5500-SF 2015

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If you completed 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								
C 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 (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?			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?			Υe	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			<u>+</u>			
	of th	e PBGC?	-					
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th 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	e of 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 th	e plan a 401(k) plan?		Ye	es	No	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					esign- ased safe arbor nethod	e ADF test	P/ACP	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					Yes No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentage est		erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	es	No		
17a Has the plan been timely amended for all required tax law changes?			Ye	es	No	N/A		
	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?				Yes			
19 Were in-service distributions made during the plan year?					es	No		
If "Yes," enter amount								
20	20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?				es	No	N/A	