## 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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I		Identification Information								
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015					
A This ret	A This return/report is for:  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 foreign plan									
B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)										
C Check I	box if filing under:	Form 5558 special extension (enter desc	automatic extension		☐ DFVC;	orogram				
Dawt II	Dania Dian Info		1 /							
Part II		ormation—enter all requested in	formation		46					
1a Name STEVEN MI	of plan EHL DPM PC PROFIT	SHARING PLAN			<b>1b</b> Three-digit plan numbe (PN) ▶	or 005				
					1c Effective da	te of plan 01/01/1985				
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0		tructions)	2b Employer Identification Number (EIN) 11-2718694					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  STEVEN MEHL DPM PC					<b>2c</b> Sponsor's telephone number 718-326-7771					
65-08 GRAND AVE MASPETH, NY 11378  65-08 GRAND AVE MASPETH, NY 11378						2d Business code (see instructions) 621391				
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrate	or's EIN				
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	or's telephone number				
	, EIN, and the plan nu or's name	mber from the last return/report.			4c PN					
5a Total	number of participants	at the beginning of the plan year.			5a	2				
<b>b</b> Total i	number of participants	at the end of the plan year			5b	2				
C Numb	er of participants with	account balances as of the end of	the plan year (defined ber	nefit plans do not	5c	2				
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	2				
<b>d(2)</b> Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	2				
<b>e</b> Numb	per of participants that 100% vested	terminated employment during the	e plan year with accrued be	enefits that were less	5e					
		or incomplete filing of this retur								
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	authorized/valid electronic signature. 08/08/2016 STEVEN MEHL DPI								
HERE	Signature of plan a	Enter name of individ	lual signing as plan	administrator						
SIGN										
HERE	Signature of emplo		Date	Enter name of individ		•				
Preparer's	name (including firm r	name, if applicable) and address (i	nclude room or suite numb	per)	Preparer's teleph	one number				

	Form 5500-SF 2015		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indepe and condit not use Fo	ndent qualified public ations.)orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	rmined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) Eı	nd of		
	Total plan assets	. 7a		312	2342	-				313	359
	Total plan liabilities	. 7b		240	242	-				242	250
	Net plan assets (subtract line 7b from line 7a)	. 7с	(-) A		2342				\ <b>T</b> - 1	313	359
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	ınt				a)	) Tot	tai	
	(1) Employers	. 8a(1)		23	3140						
	(2) Participants	. 8a(2)									
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	. 8b		4	512						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								27	652
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		19	470						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g		7	'165						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								26	635
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. <b>8i</b>								1	017
j	Transfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in t	the inst	ructio	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instri	uction	ns:	
	4B				20101101						
Part	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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	Voluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
	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 by fraud or dishonesty?			10d		X					
е	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.)	her 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			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a				Χ						1550
<u>9</u>	If this is an individual account plan, was there a blackout period?	-		10g	^						1558
•	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i		X					
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance				-	-		-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	, <u></u>	Ye	s 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		
The Traine of Macros of Sastesian						telephone number			
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	Short Form A	Annual Return/Re Benefit P		mployee	OMB Nos. 1210-0110					
Department of the Treasury Internal Revenue Bervice	44ha Farriana	1210-0089								
Internal Revenue Bervice  This form is required to be filed under sections 104 and 4065 or Retirement Income Security Act of 1974 (ERISA), and sections 60 of the Internal Revenue Code (the Code),					a) 2015					
Pension Benefit Quaranty Corporation	This Form is Open to Public Inspection									
Part I Annual Report	<ul> <li>Complete all entries</li> <li>Identification Inforn</li> </ul>			310 1 01 111 2000 7	a s. to copie mahacdon					
For calendar plan year 2015 or fi	scal plan year beginning	01/01/201	5 ,	and ending	12/31/2015					
A This return/report is for:	🔀 a singlé-employer p		employer plan (not m	ultiemplayer) (Filer	s checking this box must attach a list					
	<b>I</b>	[***]		ation in accordance	with the form instructions)					
B This return/report is	a one participant p	<b>—</b>	plan return/report							
- The letality aport is	an amended return		returi vreport Nan year return/repo	rt flegs than 10 r	nonthe)					
C Check box if filling under:	Form 5558		c extension	(000 114211 121	DFVC program					
	special extension (	enter description)								
Part II Basic Plan Info	rmation - enter all requ	ested information								
1a Name of plan STEVEN MEHL DPM	PC PROFIT SHA	RING PLAN			ber (PN) ▶ 005					
				10 Effective date of plan 01/01/1985						
28 Plan sponsor's name (emplo Mailing address (include roo City or town state or provin STEVEN MEHL DPM	oyer, if for a single-employer, apt., suite no. and stre	er plan) et, or P.O. Box) reign postal code (if for	reion, see instr.)	11	Identification Number (EIN) -2718694					
65-08 GRAND AVE	₽C	,	, coo in easy	2c Sponsor's 718-326-	s telephone number 7771					
MASPETH	NY 113	. 78		2d Business code (see instructions) 621391						
3a Pian administrator's name a	nd address 🔀 Same as	Plan Sponsor.		3b Administr	ator's EIN					
				3c Administrator's telephone number						
4 If the name and/or EIN of the	plan sponsor has change	ed since the last return	report filed for this	4b EIN						
plan, enter the name, EIN, ar		•			• •					
Sponsor's name	•			4¢ PN.						
5a Total number of participen	te at the hadinains of the	nion year	:	5a	- 2					
<b>b</b> Total number of participan			************************	5b	2					
C Number of participants wit	h account balances as of	the end of the plan ye			" . t					
benefit plans do not comp	lete this item)		····	5c	2 2					
d (1) Total number of active d (2) Total number of active			******************************	5d(1) 5d(2)	- 4					
Number of participants the				00,27						
benefits that were less tha				5e						
Caution: A penalty for the lat	e or incomplete filing of	this return/report wil	be assessed unles	ss reasonable c	ause is established.					
Schedule SB or Schedule MB of my knowledge and belief, it is to	completed and signed by a rue, correct, and complete	an enrolled actuary, as	well as the electron	ic version of this	/report, including, if applicable, a return/report, and to the best of					
SIGN MILL	l DRIM	08/08/2016	टेमारूपरकोर अक्र	UT. POM	•					
HERE Signature of plan adm	inistrator	Date	Enter name of indi		plan administrator					
SIGN HERE					<u></u>					
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
Preparer's name (including firm	n name, if applicable) and	address (include room	or suite number)	Prepare	er's telephone number					
: : : : : :										
4				- 15 to 15	The Control of the Co					
2				<b>高新的。</b>						
For Paneswork Reduction Ac	Notice and Olds Control	al Mumbaus essabe		- EECO 0-	Form 5500-SF (2015					

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Pa	ae	2

_											
6a	Were all of the plan's assets during the plan year invested in eligible assets? (\$								X Yes	No	
þ	y a year or an arms of the arms of the arms of the following the report of an independent qualified public accountant								X Yes	_	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									☐ No	
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form						se For	<u>m</u> 5500.	_		
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see	ERISA	ection	n 4021)?	· ·····	Y	es_	No	Not de	etermined	
Pa	rt III Financial Information	_									
<u>′</u>	Plan Assets and Liabilities	1	(6	a) Begir				(i	o) End of Y		
_ <u>a</u>	Total plan assets	7a			31	2,3	42		31	3,359	
<u> </u>	Total plan liabilities	7b			21	2 2	42		21	2 250	
္င	Net plan assets (subtract line 7b from line 7a)	7c		(-)		2,3	44	313,359			
8_	Income, Expenses, and Transfers for this Plan Year	11,1,0		(a) Amount					(b) Total		
а	Contributions received or receivable from:	<b>.</b>			2	2 1	4n				
	(1) Employers	8a(1)				3,1	40				
_	(2) Participants	8a(2)					$\dashv$	12		72,500	
<u>h</u>	(3) Others (including rollovers)	8a(3)				4,5	12		TEMENT	1 1	
	Other income (loss)	8b	,	, , , , , , , , , , , , , , , , , , ,	. 4.4			SIA	-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	, mit	, , , , , , , , , , , , , , , , , , ,					<u> </u>	7,652	
d	Benefits paid (including direct rollovers and insurance premiums to provide	ا ۱			1	9,4	70 l	сπλ	STATEMENT 2		
_	benefits)	8d				J,4	70	STATEMENT Z			
-	Certain deemed and/or corrective distributions (see instructions)	8e							***		
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f				7,1	65	and the second s			
<u>g</u>	Other expenses	8g	N 40.7	<del></del>	٠, ٦	<u> </u>	.00	2 5.00	26,635		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	16.7 21.7 st		م. ومياء مه	Ŝa, -	·		1,017		
+	Net income (loss) (subtract line 8h from line 8c)	8i	957			46.7	1 . 3	,	<u>,                                    </u>	<u> </u>	
I Da	Transfers to (from) the plan (see instructions)	8j				•					
k Pa	2E 2G 3D  If the plan provides welfare benefits, enter the applicable welfare feature code  4B  Compliance Questions	des fron	n the	List of F	Plan C	harac	teristic	Codes	in the instru	uctions:	
10	During the plan year:				Yes	No	N/A		Amount		
	Was there a failure to transmit to the plan any participant contributions within	the tim		$\Box$	.,,,				Airiodite		
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta			1 1							
	Fiduciary Correction Program.)	<i>,</i>		10a		х					
k	Were there any nonexempt transactions with any party-in-interest? (Do not in	clude									
	transactions reported on line 10a.)			10b		X	2				
$\overline{}$	Was the plan covered by a fidelity bond?			10c		X					
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon			$\Box$							
	was caused by fraud or dishonesty?			. 10d		X					
-	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		of				\$ 4				
	the benefits under the plan? (See instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan?			10f		X	2				
	Did the plan have any participant loans? (If "Yes," enter amount as of year en	nd.)		10g	X					1,558	
ŀ	If this is an individual account plan, was there a blackout period? (See instru-	ctions		1 1		1					
	and 29 CFR 2520.101-3.)			10h		X		es <sub>e</sub>	, 5		
i	If 10h was answered "Yes," check the box if you either provided the required	l notice	or				, a			# 4 M	
	one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					X					
نے	Did the plan trust incur unrelated business taxable income?			10j	L			<u> </u>			
	art VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "	es," se	e ins	truction	s and	comp	olete			₩	
	Schedule SB (Form 5500) and line 11a below)						T	<u>.</u>	Yes	X No	
	Enter the unpaid minimum required contribution for all years from Schedule S						11a	<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding requirements	nts of s	ectio	n 412 o	tne (	Jode (	or		Пу	X No	
	section 302 of ERISA?								Yes	<b>⊬</b> ₹ 1/10	