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

Pa	art I Annual Report	t Identification Information	1						
For	calendar plan year 2015 or f	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions a foreign plan									
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)						
C	Check box if filing under:	automatic extension	DFVC program						
Pa	art II Basic Plan Info	ormation—enter all requested in	formation						
1a	Name of plan	K) PROFIT SHARING PLAN		1b Three-digit plan number (PN) ▶	001				
				1c Effective dat	e of plan 9/01/2001				
	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	D. Box) tal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 11-3520781 2c Sponsor's telephone number					
OBE	ERT FELD, MID, L.L.C.				631-673-6868				
	AST MAIN STREET INGTON, NY 11743	2d Business code (see instructions) 621111							
3a	Plan administrator's name a	and address ⊠Same as Plan Spon	sor.	3b Administrato 3c Administrato	r's EIN r's telephone number				
4		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
а	Sponsor's name			4c PN					
5a	Total number of participants	s at the beginning of the plan year.		5a	4				
b	Total number of participants	s at the end of the plan year		5b	4				
С	Number of participants with complete this item)	account balances as of the end of	the plan year (defined benefit plans do not	5c	4				
d((1) Total number of active pa	articipants at the beginning of the p	lan year	5d(1)	4				
d((2) Total number of active page	articipants at the end of the plan ye	ar	5d(2)	4				
	than 100% vested		e plan year with accrued benefits that were less	5e	0				
			n/report will be assessed unless reasonable ca						
SB		and signed by an enrolled actuary,	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor						

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 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepenand and condition	dent qualified public a	ccount	ant (IQ	PA)		-	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No No	t determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Y	'ear
a Total plan assets	7a		1969	9137				2104271
b Total plan liabilities	7b		1000	1127				2404274
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A	1969	1137			(b) Tatal	2104271
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total	
(1) Employers	8a(1)		51	299				
(2) Participants	8a(2)		62	2180				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		21	655				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							135134
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i Net income (loss) (subtract line 8h from line 8c)	8i							135134
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instruction	S:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	instructions	:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	An	nount
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			
b Were there any nonexempt transactions with any party-in-interest					V			
reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				110000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of t	by an insurance he benefits under			X			
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan			10e					
· · · · · · · · · · · · · · · · · · ·			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		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			10i					
j Did the plan trust incur unrelated business taxable income?			10j			X		
Part VI Pension Funding Compliance			,	1		I		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a	<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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								
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)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b	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)?					Design- based safe ADP/ACP harbor test method			
15c	C 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))?					No			
16a	6a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						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 Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instruction for tax law changes and codes).							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 section 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 Annual	Report Identification Information	1_						
For calendar plan year 2	1015 or fiscal plan year beginning	01/01/2015	and ending	12/31/201	.5			
A This return/report is	a one-participant plan	a multiple-employer plan a list of participating emp a foreign plan	i (not multiemployer) ployer information in) (Filers checking the accordance with the	nis box must attach ne form instructions)			
B This return/report is:		the final return/report			•			
	an amended return/report	a short plan year return/i	epon (less than 12	monins)				
C Check box if filing ur	nder: x Form 5558 special extension (enter desc	automatic extension		DFVC p	rogram			
Partil Basic P	ian Information enter all requested	Linformation						
1a Name of plan	an intornation enter en requested	i iniorniation		1b Three-digit	.			
•	Robert Feld, MD, L.L.C. 401(k) Profit Sharing Plan				er 001			
	1c Effective d 09/01/2							
Mailing Address (ir	ne (employer, if for a single-employer plan) iclude room, apt., suite no. and street or P. or province, country, and ZIP or foreign pos	O. Box)	ctions)		dentification Number -3520781			
Robert Feld,	MD, L.L.C.				telephone number 73–6868			
205 East Main) Street			2d Business code (see instructions) 621111				
US Huntington NY	11743			1				
3a Plan administrator	s name and address 🛽 Same as Plan Sp	onsor Name	_	3b Administra	tor's EIN			
	EIN of the plan sponsor has changed since	e the last return/report filed for	this plan, enter the	3c Administrate 4b EIN	tor's telephone number			
	e plan number from the last return/report.			4				
a Sponsor's name				4c PN	4			
	rticipants at the beginning of the plan year rticipants at the end of the plan year			5a 5b	4			
•	ants with account balances as of the end of				4			
				5c	4			
d(1) Total number of	active participants at the beginning of the p	lan year	***************************************	5d(1)	4			
	active participants at the end of the plan ye			5d(2)	4			
e Number of participates than 100% ve	ants that terminated employment during the sted			5e	0			
Caution: A penalty fo	r the late or incomplete filing of this retu	ım/report will be assessed u	nless reasonable c	ause is establishe	d.			
SB or Schedule MB co belief, it is true, correct	ury and other penalties set forth in the instr mpleted and signed by an enrolled actuary , and complete.	uctions, I declare that I have e , as well as the electronic versi	xamined this return/ ion of this return/rep	report, including, if ort, and to the best	applicable, a Schedule of my knowledge and			
Sign / Cu	X FL	6/1/1	e obest tel	<i>\\</i>				
HERE Signature of	plan administrator	Date 8////a E	nter name of individu	uai sigaing/as plan	administrator			
ESIGNE	employer/plan sponsor	Day /// E	nter name of individu	ual signing as empl	oyer or plan sponsor			
THE TAX	ding firm name, if applicable) and address;	include room of suite number		Preparer's teleph				

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions)						X Yes	
		e you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								_]IAO
	der 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno	you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
1 0 Year	If the plan is a defined benefit plan, is it covered under the PBGC in	вигалсе р	rogram (see ERISA secti	on 40	21)?		Yes	No.	Not det	ermined
Part III Financial Information										
<u>/</u>	Plan Assets and Liabilities		(a) Beginning o	f Yez	₹ Γ	\bot		(b) End c	of Year	
<u>a</u> b	otal plan assets									71
	Total plan flabilities	7b 7c	7.0	<u></u>		+-				
8	Income, Expenses, and Transfers for this Plan Year		1,90 (a) Amount		.37	╁		(b) T	2,104,2	71
а	Contributions received or receivable from:							Profit State		
	(1) Employers	8a(1)		51,2						
	(2) Participants	8a(2) 8a(3)		62,1	BU	FILE				
<u>b</u>	Other income (loss)	8b		21,6	55	20	unaer	alie de la como		NOTE:
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	建设的建筑地				A STATE OF THE STA	THE HEALTH	135,1	34
d	Benefits paid (including direct rollovers and insurance premiums		and the second second	nuser in		Hill	和相談			
_	to provide benefits)	8d	<u> </u>			164	i alcair			
f	Administrative service providers (salaries, fees, commissions)	8e 8f			_	(A)	esteren			
ġ	Other expenses	8g				10:41				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		die.		239724	medinane	eriteerii deek ile	(Dayler (a) (Control ()	Hereit in the
i	Net income (loss) (subtract line 8h from line 8c)								135,1	34
j	Transfers to (from) the plan (see instructions)	8j						偏陷顺		
P	reiVi Plan Characteristics									··
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	harad	cteristi	c Co	ies in the	e instructi	ons:	
\dashv	2E 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ns:	
10	Compliance Questions						劉法			
a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions within	n the time period	ı	Yes	No	WWW.		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		*							
	Program)			10a		ж-				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			 10Ь		х				
	Was the plan covered by a fidelity bond?			10c		42			716	,000
d				1.50						,,,,,,,,
	by fraud or dishonesty?			10d		х			<u>.</u>	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	er persons e or all of i	s by an insurance							
	the plan? (See instructions.)		······································	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х	MINE			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х				
ī		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								
j	Did the plan trust incur unrelated business taxable income?			10i 10j			X	***************************************	The second secon	
Pa	Pension Funding Compliance		•							
11		ents? (If "	Yes," see Instructions and	d com	plete :	Sche	dule SB	(Form	☐ Yes [X No
11	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40									
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the (Code	or sec	tion 3	302 of El	RISA?	☐ Yes [X No

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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 granting the waiver.	n this plan year, see ins Mont	tructions, and h D	enter thay	ne date of the Year_	e letter r	uling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to line 13	J				
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 year			12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (entregative amount)			12d			
e Will the minimum funding amount reported on line 12d be met by the funding dea	dline?	******************		Yes 🗌	No C	N/A
Part VII Plan Terminations and Transfers of Assets	<u> </u>					
13a Has a resolution to terminate the plan been adopted in any plan year?				es X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ear	******	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?			ontrol		Yes 2	∑ No _
c If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), idenlify	the plan(s) to)			
13c(1) Name of plan(s):		130	(2) EIN	s) '	13c(3) F	PN(s)
Part VIII Trust Information						
14a Name of trust			14b T	rust's EIN		
14c Name of trustee or custodian			•	rustee or cus phone numbe		3
Fartix IRS Compliance Questions						
15a is the plan a 401(k) plan:	************************		☐ Ye	s [] No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employee deferrals and	employer	ba:	sign- sed safe rbor ethod	ADP// test	/CP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for nonhighly compensated employees (Treas. Reg. section 1.40 2(a)(2)(ii))?	1(k)-2(a)(2)(ii) and 1.401		☐ Ye	s [] No	
16a Check the box to indicate the method used by the plan to satisfy the coverage re-			□ Ra □ Pe Te	ilio rcentage st	Avera Benel	ge it Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b this plan with any other plans under the permissive aggregation rules?) and 401(a)(4) by comb		☐ Ye	s _] No	
17a Has the Plan been timely amended for all required law changes?			☐ Ye	s _	No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes we instructions for tax law changes and codes).				able code	(Se	
	d the letter's se <u>rial numl</u>	ber.		•		
17d If the plan is an individually-designed plan and recleved a favorable determination determination letter			le of pla	n's last favor	able	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ER made), American Samoa, Guam, the Commonwealth of the Northern Mariana Isla	ISA section 1022(i)(2) hands or the U.S. Virgin Is	as been slands)?	☐ Ye	s [] No	
19 Were in-service distributions made during the plan year?			☐ Ye	s [] No	
If Yes, enter amount			19			
20 Were minimum required distributions made to 5% owners who have attained age not retired) as required under section 401(a)(9)?			☐ Ye	s [No	□ N/A