Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	016	and ending 12	2/31/2016	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	in (not multiemployer) (ployer information in ac	-	
	•	a one-participant plan	a foreign plan			
B This retu	ırn/report is	the first return/report	X the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	
D 4 !!	D : DI I (special extension (enter descr				
Part II		ormation—enter all requested int	formation			
1a Name STEPHEN H		LLC DEFINED BENEFIT PENSION	I PLAN		1b Three-digit plan number (PN) ▶	003
					1c Effective date of 01/0	of plan 01/2004
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C		()	2b Employer Identification (EIN) 20-0	tification Number 0741317
	ERSHOWITZ, M.D., F	ce, country, and ZIP or foreign post PLLC	ai code (if foreign, see instri	uctions)	2c Sponsor's tele 516-62	phone number 5-1441
404 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EV DOAD				2d Business code	(see instructions)
134 WHEATL BROOKVILLI	E, NY 11545-2642				621	111
3a Plan ad	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's	EIN
					3c Administrator's	telephone number
					, tarrimotrator o	tolophone named
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
a Sponso					4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	1
		at the end of the plan year			5b	0
		account balances as of the end of		•	5c	
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	1
		articipants at the end of the plan year			5d(2)	0
than '	100% vested	terminated employment during the			5e	0
		or incomplete filing of this return ther penalties set forth in the instruc-				icable a Cabadula
SB or Sche		nd signed by an enrolled actuary, a				
SIGN HERE		/valid electronic signature.	01/28/2017	STEPHEN HERSHOW		
	Signature of plan a	administrator	Date	Enter name of individe	ual signing as plan ac	dministrator
SIGN HERE						
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (ir	Date	Enter name of individer \	ual signing as employ Preparer's telephon	
MEL PIASE	, -		iciade room of Suite numbe	' /	845-35	
58 MARINE MONSEY, N						
IVIONOE I, IV	11 10302					

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligib								X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Yes	No
_	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		7	
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	t III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning					(b) End of		
<u>a</u>	Total plan assets	7a	1	463674 0					0	
	Total plan liabilities	7b	4	463674					0	
	Net plan assets (subtract line 7b from line 7a)	7c	I ·	403074					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0	,					
b	Other income (loss)	8b		36910						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							36910	
	Benefits paid (including direct rollovers and insurance premiums	- 55								
	to provide benefits)	8d	1	500584						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0	_					
f	Administrative service providers (salaries, fees, commissions)	8f		C						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1500584	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-1463674	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		C						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	tions:	
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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	Fiduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
С	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		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	ın?		10f		X				
g		-		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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form	5500	-SF	201	6

Page 3-	1	

Part	VI	Pension Funding Compliance											
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No					
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a								
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No					
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-					
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1							
b	Enter	the minimum required contribution for this plan year			12b								
С	Enter	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 live amount)			12d								
		he 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		1									
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [No					
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No					
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to								
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c	(3) PN(s)					
-													
Part	VIII	Trust Information											
14a	Name	of trust			14b ⁻	Trust's E	EIN						
14c	Name	of trustee or custodian					s or custo ne numbe						
Par	t IX	IRS Compliance Questions		<u> </u>									
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No						
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	year" ADP					
			- □ '	"Curre	ent year test	<u>"</u>	N/A						
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A					
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No						
	the le												
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent detern	nination					
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No						
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No						

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**

Revenue Code (the Code).

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to

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

 Complete all entries in accordance with the instructions to the Form 5500-SF. **Public Inspection** Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending 12/31/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant clar B This return/report is the first return/report X the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit STEPHEN HERSHOWITZ, MD, PLLC DEFINED BENEFIT PENSION PLAN plan number 003 (PN) 1c Effective date of plan 01/01/2004 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and stroot, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN)20-0741317 STEPHEN HERSHOWITZ, M.D., PLLC 2c Sponsor's telephone number 516-625-1441 134 WHEATLEY ROAD 2d Business code (see instructions) 621111 BROOKVILLE NY 11545-2642 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year 5_b Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).... 5c d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete SIGN TEPHEN HERSHOWITZ HERE Signature of plan administrato Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number MEL PIASEK 845-354-8373 ELITE PENSION CONSULTANTS 58 MARINER WAY

MONSEY

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Form	5500	CE	2010

Page 2

	unde If yo	re all of the plan's assets during the plan year invested in eligility out claiming a waiver of the annual examination and report of the 29 CFR 2520.104-46? (See instructions on weiver eligibility to answered "No" to either line 6a or line 6b, the plan cannot be planted by a defined by a de	an independ and condition	dent qualified publi ons.)	ic accou	intant (IQPA)	X Yes No
Pa	art III	plant is a delined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA	section	4021)	?	Yes	☒ No ☐ Not determined
7	Plan	Assets and Liabilities					_		
a		plan assets		(a) Beginnin					(b) End of Year
b	Total	plan liabilities	7a		1,463	,674			0
С	Net p	olan assets (subtract line 7b from line 7a)	7b			0			0
8		ne, Expenses, and Transfers for this Plan Year	7c		1,463	,674			0
a	Contr	ributions received or receivable from:		(a) Amo	unt				(b) Total
	(1) E	mployers	8a(1)			0			
	(2) F	Participants	8a(2)			0			
	(3)	thers (including rollovers)	8a(3)			0			
b	Other	income (loss)	8b		36	,910			
С	Total	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		30	, 910			
d	Benet	its paid (including direct rollovers and insurance premiums	- 00						36,910
е	Certai	vide benefits)	8d	1	,500	584			
f	Admir	in deemed and/or corrective distributions (see ins ructions)	8e			0			
		nistrative service providers (salaries, fees, commissions)	8f			0	F = T		
9 _	Total	expenses	8g			0			
"	Not in	expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,500,584
÷	Transf	come (loss) (subtract line 8h from line 8c)	8i			4			-1,463,674
,		fers to (from) the plan (see instructions)	8j			0			
	t IV	Plan Characteristics							
9a	1A	plan provides pension benefits, enter the applicable pension f $3\mathrm{D}$	eature codes	s from the List of P	lan Cha	racteri	stic C	odes in t	he instructions:
b	If the	plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	an Char	acteris	tic Co	des in the	e instructions:
Par	V	Compliance Questions							
10	Durin	g the plan year:				Yes	No	N/A	
а	4030	there a failure to transmit to the plan any participant contribution cribed in 29 CFR 2510.3-102? (See instructions and DOL's Volume)	luntary Fidu	ciary Correction		103	Х	IN/A	Amount
b	Were	there any nonexempt transactions with any party-in-interest?	(Do not incl	ude transactions			Х		
С	Was	the plan covered by a fidelity bond?			10b		Х		
d	Did th	ne plan have a loss, whether or not reimbursed by the plan's find or dishonesty?	dolity band	that	10c		X		
е	carrie	any fees or commissions paid to any brokers, agents, or other, insurance service, or other organization that provides some an? (See instructions.)	r persons by	an insurance	10d		Х		
f	Has th	ne plan failed to provide any benefit when due under the plan?			10f		Х		
g	Did th	e plan have any participant loans? (If "Yes," enter amount as	of year-end.))	10g	-	Х		
h	If this 2520.	is an individual account plan, was there a blackout period? (S 101-3.)	ee instructio	ns and 29 CFR	10g		X		
i	II IUN	was answered "Yes," check the box if you either provided the tions to providing the notice applied under 29 CFR 2520.101-	required not	ice or one of the	10ii				

Part VI	Pension Funding Compli	anno							
11 Is	this a defined benefit plan subject to	minimum funding and a company	and comp	loto C	l . l .	0.0		_	
								□ `	Yes X
12 Is	this a defined contribution plan subi	intributions for all years from Schedule SB (Form 5500) line	40		11a				
ER (If	IISA?	2b, 12c, 12d, and 12e below, as applicable.	the Code of	or secti	on 302	of		П	Yes X
a If a	waiver of the minimum funding star	2b, 12c, 12d, and 12e below, as applicable.)							
gra	inting the waiver.	ndard for a prior year is being amortized in this plan year, se	e instructi Month	ons, a	nd enter Da	r the da		lette ear	r ruling
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tan protect line 12a, complete line	es 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	line 13			лу		al _	
D Ente	er the minimum required contribution	n for this plan year			. 12b				
d Suit	er the amount contributed by the emp	ployer to the plan for this plan year			12c				
- Our	stract the annount in line 12c from the	e amount in line 12b. Enter the result (enter a minus sign to			12d				
e Will	the minimum funding amount repor	rted on line 12d be met by the funding deadline?				Yes	□ No		N//A
IL VII	Plan Terminations and Tr	ansfers of Assets				res	∐ No	, [N/A
3a Has	s a resolution to terminate the plan bee	n adopted in any plan year?				X Y		1	
" 1	es, enter the amount of any plan a	issets that reverted to the employer this year			42-	X Ye	38	No)
v ve	re all the plan assets distributed to n	participants or honoficiaries to the				-			
C If, d	uring this plan year, any assets or li	abilities were transferred from this					X Yes	; <u> </u>	No
	The state of the s	ed. (See instructions.)	dentify the	plan(s) to				
130(1	Name of plan(s):			13c(2	EIN(s)		13	Jc(3)	PN(s)
								. ,	(-)
art VIII	Trust Information			•					
a Name					-				
					14b ⁻	Trust's I	ΞIN		
C Nama	of trustee or custodian								
• Name	of trustee or custodian				14d T	rustee'	s or custo	odia	n's
					t	elepho	ne numbe	er	
art IX	IRS Compliance Question								
		ns							
a Is the	plan a 401(k) plan? If "No " skip b		In	Ves		Γ	7 No.		
				Yes		[No		
b How d	did the plan satisfy the nondiscrimina	ation requirements for employee deferrels under a still			n-based arbor	["Prior	year	r" ADP
b How d	did the plan satisfy the nondiscrimina			Desigr safe ha	arbor nt year"	["Prior test	year	" ADP
b How 6 401(k)	did the plan satisfy the nondiscrimina (3) for the plan year? Check all that	ation requirements for employee deferrals under section apply:		Desigr safe ha "Curre ADP to	arbor nt year"]	"Prior	year	r" ADP
b How of 401(k)	did the plan satisfy the nondiscrimina (3) for the plan year? Check all that testing method was used to satisfy t	ation requirements for employee deferrals under section apply:		Desigr safe ha "Curre ADP to Ratio	arbor nt year" est		"Prior test	year	
b How of 401(k) a What year?	tid the plan satisfy the nondiscriminal (3) for the plan year? Check all that testing method was used to satisfy the Check all that apply:	ation requirements for employee deferrals under section apply: the coverage requirements under section 410(b) for the plan		Desigr safe ha "Curre ADP to	arbor nt year" est		"Prior test		
b How d 401(k) a What year? b Did the for the	tid the plan satisfy the nondiscrimina (3) for the plan year? Check all that testing method was used to satisfy the Check all that apply:	ation requirements for employee deferrals under section apply: the coverage requirements under section 410(b) for the plan discrimination requirements of sections 410(b) and 401(a)(4	·······	Desigr safe hat "Curre ADP to Ratio percentest Yes	arbor nt year" est ntage	Av	"Prior test N/A verage enefit test	t [□ N/A
b How d 401(k) a What year? b Did the for the	did the plan satisfy the nondiscrimina (3) for the plan year? Check all that testing method was used to satisfy the Check all that apply: e plan satisfy the coverage and none plan year by combining this plan will blan is a master and prototype plan (ation requirements for employee deferrals under section apply: the coverage requirements under section 410(b) for the plan discrimination requirements of sections 410(b) and 401(a)(4 ith any other plan under the permissive aggregation rules? (M&P) or volume submitter plan that received a favorable IR	·······	Desigr safe hat "Curre ADP to Ratio percentest Yes	arbor nt year" est ntage	Av	"Prior test N/A verage enefit test	t [□ N/A
a What year? b Did the for the let the let	testing method was used to satisfy the Check all that the plan satisfy the coverage and none plan year by combining this plan with plan is a master and prototype plan (terand	ation requirements for employee deferrals under section apply: the coverage requirements under section 410(b) for the plan discrimination requirements of sections 410(b) and 401(a)(4 ith any other plan under the permissive aggregation rules? (M&P) or volume submitter plan that received a favorable IR the serial number.	BS opinion	Design safe has "Curre ADP te Ratio percent test Yes	arbor nt year" est ntage or advis	Av be	"Prior test N/A verage enefit test No er, enter t	t the d	N/A
a What year? b Did the for the let b If the pletter_	testing method was used to satisfy the Check all that that apply: e plan satisfy the coverage and none plan year by combining this plan with plan is a master and prototype plan (terand plan is an individually-designed plan in the plan in the plan is an individually-designed plan in the plan in the plan is an individually-designed plan in the plan	ation requirements for employee deferrals under section apply: the coverage requirements under section 410(b) for the plan discrimination requirements of sections 410(b) and 401(a)(4 ith any other plan under the permissive aggregation rules? (M&P) or volume submitter plan that received a favorable IR the serial number that received a favorable determination letter from the IRS,	BS opinion	Design safe has "Curre ADP te Ratio percent test Yes	arbor nt year" est ntage or advis	Av be	"Prior test N/A verage enefit test No er, enter t	t the d	N/A
a What year? b Did the for the a If the let b If the pletter_ Define Were a	testing method was used to satisfy the Check all that testing method was used to satisfy the Check all that apply: e plan satisfy the coverage and none plan year by combining this plan with plan is a master and prototype plan (terand plan is an individually-designed plan designed plan in the plan individually-designed plan designed plan individually-designed plan designed plan designed plan individually-designed plan designed plan desi	ation requirements for employee deferrals under section apply: the coverage requirements under section 410(b) for the plan discrimination requirements of sections 410(b) and 401(a)(4 ith any other plan under the permissive aggregation rules? (M&P) or volume submitter plan that received a favorable IR the serial number that received a favorable determination letter from the IRS, Pension Plan Only:	S opinion enter the	Desigr safe have "Curre ADP to Ratio percent test Yes letter	arbor nt year" est ntage or advis	Av be	"Prior test N/A Verage enefit test No No er, enter test	t the d	N/A
b How of 401(k) a What year? b Did the for the part the let b If the part letter Define were a service	testing method was used to satisfy the coverage and none plan year by combining this plan with plan is a master and prototype plan (terand plan is an individually-designed plan designed plan is a master and prototype plan (terand plan is an individually-designed plan designed plan designed plan is an individually-designed plan designed plan des	ation requirements for employee deferrals under section apply: the coverage requirements under section 410(b) for the plan discrimination requirements of sections 410(b) and 401(a)(4 ith any other plan under the permissive aggregation rules? (M&P) or volume submitter plan that received a favorable IR the serial number that received a favorable determination letter from the IRS,	2S opinion enter the	Designs safe have a safe have	arbor nt year" est ntage or advis	Av be	"Prior test N/A verage enefit test No er, enter t	t the d	N/A