## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Part I	Annual Report	Identification Information	l .							
For calenda	ar plan year 2014 or f	iscal plan year beginning 01/01/2	014	and ending 12	/31/20	14				
A This ret	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a li of participating employer information in accordance with the form instructions)									
		a one-participant plan	a foreign plan							
B This return/report is the first return/report		the first return/report	the final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	automatic extension DFVC program							
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name LOOMIS PL		C 401K PROFIT SHARING PLAN	AND TRUST		1b	Three-digit plan number (PN) ▶	001			
					1c	Effective date of 02/08/	•			
<b>2a</b> Plan sp OOMIS PLA	ponsor's name and ad ASTIC SURGERY, PO	ddress; include room or suite numb	er (employer, if for a single	-employer plan)	2b	Employer Identif (EIN) 06-14				
225 DOLSON	N AVENUE, SUITE 30	02			2c	Sponsor's teleph 845-342				
MIDDLETOW	VN, NY 10940				2d	Business code (s	,			
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b	Administrator's E	EIN			
		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				
	or's name	imber from the last return/report.			4c	PN				
<b>5a</b> Total r	number of participants	s at the beginning of the plan year.			5		5			
		s at the end of the plan year			51	b	5			
		account balances as of the end of			5	С	5			
		articipants at the beginning of the p			5d(		5			
٠,		articipants at the end of the plan ye			5d(	(2)	5			
		erminated employment during the p			5	е	0			
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a aplete.	ctions, I declare that I have	examined this return/rep	port, in	cluding, if applica				
SIGN	Filed with authorized	/valid electronic signature.								
HERE	Signature of plan a	administrator	Date	Enter name of individ	dividual signing as plan administrator		ninistrator			
SIGN						,g ac prairie				
HERE	Signature of emple	oyer/plan sponsor	Date	Enter name of individ						
Preparer's	name (including firm	name, if applicable) and address (in	nclude room or suite numbe	er) (optional)	Prep	arer's telephone	number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	Not dete	ermined
Par	t III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
<u>a</u>	Total plan assets	7a	16405					1894	
	Total plan liabilities	7b	40405	0				4004	0
	Net plan assets (subtract line 7b from line 7a)	7c	16405	579	-			1894	893
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
	Contributions received or receivable from: (1) Employers	8a(1)	393	372					
	(2) Participants	8a(2)	639	940					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1664	174					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						269	786
	Benefits paid (including direct rollovers and insurance premiums	04							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e							
	Administrative service providers (salaries, fees, commissions)	8f	154	172					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						15	472
	Net income (loss) (subtract line 8h from line 8c)	8i						254	314
	Transfers to (from) the plan (see instructions)	8i							
Par	IV Plan Characteristics	<u> </u>	L						
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruction	ons:	
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		Χ			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				182000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ie letter r Year	uling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	ort Identification Information								
For calendar plan year 2014		1/2014		12/31/2014					
A This return/report is for:	☐ a one-participant plan ☐ a one-participant plan	of participating en a foreign plan	er plan (not multiemployer) nployer information in accord	(Filers checking the dance with the form	is box must attach a list n instructions)				
<b>B</b> This return/report is	the first return/report	the final return/rep	ort						
	an amended return/report	t a short plan year return/report (less than 12 months)							
C Check box if filing under:	on	DFVC pi	rogram						
	special extension (enter desc	cription)							
Part II Basic Plan	nformation—enter all requested in	nformation							
1a Name of plan LOOMIS PLASTIC SURGER	Y, PC 401K PROFIT SHARING PLAN	AND TRUST		1b Three-digit plan numbe (PN) ▶	er 001				
				1c Effective da 02/08/1995					
2a Pian sponsor's name ar OOMIS PLASTIC SURGER'	d address; include room or suite numb /, PC	ber (employer, if for a sin	ngle-employer plan)		dentification Number				
OF BOLDON AVENUE, OUR	T 202				elephone number 45) 342-6884				
225 DOLSON AVENUE, SUIT	E 302			2d Business co	ode (see instructions)				
MIDDLETOWN, NY 10940	ne and address X Same as Plan Spon			621111  3b Administrator's EIN					
				3¢ Administrate	nr's telephone number				
				3¢ Administrati	or's telephone number				
name, EIN, and the pla	of the plan sponsor has changed since n number from the last return/report.	e the last return/report file	ed for this plan, enter the	4b EIN	or's telephone number				
name, EIN, and the pla a Sponsor's name	n number from the last return/report.			4b EIN 4c PN					
name, EIN, and the pla a Sponsor's name 5a Total number of particip	ants at the beginning of the plan year.			4b EIN 4c PN 5a	5				
name, EIN, and the pla a Sponsor's name Total number of particip b Total number of particip c Number of participants	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of	f the plan year (defined t	penefit plans do not	4b EIN 4c PN 5a					
name, EIN, and the pla a Sponsor's name Total number of particip b Total number of particip c Number of participants complete this item)	ants at the beginning of the plan year ants at the end of the plan year.	f the plan year (defined t	osnefit plans do not	4b EIN 4c PN 5a 5b	5 5				
name, EIN, and the pla  Sponsor's name  Total number of particip  Total number of particip  Number of participants complete this item)  d(1) Total number of activ	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of	f the plan year (defined t	osnefit plans do not	4b EIN 4c PN 5a 5b 5c	5 5 5				
name, EIN, and the pla  a Sponsor's name  5a Total number of particip  b Total number of participants complete this item)  d(1) Total number of activ  d(2) Total number of activ  e Number of participants ti	ants at the beginning of the plan year, ants at the end of the plan year, with account balances as of the end of the participants at the beginning of the plan year participants at the end of the plan year at terminated employment during the	f the plan year (defined t plan year plan year with accrued t	penefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	5 5 5 5				
name, EIN, and the pla a Sponsor's name  5a Total number of particip  b Total number of participants complete this item)  d(1) Total number of activ  e Number of participants to less than 100% vested	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year at terminated employment during the	f the plan year (defined to plan year plan year with accrued to	penefit plans do not	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e	5 5 5 5 5				
name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants to less than 100% vested Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complet	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year terminated employment during the atterninated employment during the atter incomplete filling of this returned other penalties set forth in the instructed and signed by an enrolled actuary,	f the plan year (defined to blan year	benefit plans do not benefits that were sed unless reasonable cau	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if all	5 5 5 5 0 0 i. opticable, a Schedule				
name, EIN, and the pla  a Sponsor's name  Total number of particip  b Total number of particip  C Number of participants complete this item)  d(1) Total number of activ  e Number of participants to less than 100% vested  Caution: A penalty for the subset of schedule MB complete belief, it is true, correct/pad	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year terminated employment during the atterninated employment during the atter incomplete filling of this returned other penalties set forth in the instructed and signed by an enrolled actuary,	f the plan year (defined to blan year	benefit plans do not benefits that were sed unless reasonable cau	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if all	5 5 5 5 0 0 i. opticable, a Schedule				
name, EIN, and the pla  a Sponsor's name  5a Total number of particip  b Total number of participants complete this item)  d(1) Total number of activ  d(2) Total number of activ  e Number of participants to less than 100% vested  Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complet belief, it is true, correct and	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year terminated employment during the atterninated employment during the atter incomplete filling of this returned other penalties set forth in the instructed and signed by an enrolled actuary,	f the plan year (defined to blan year	penefit plans do not  penefits that were  sed unless reasonable cau ave examined this return/report	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if alt, and to the best of	5 5 5 5 0 i. oplicable, a Schedule f my knowledge and				
name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ e Number of participants to less than 100% vested Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complete belief, it is true, correct and SIGN HERE Signature of per SIGN	ants at the beginning of the plan year ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year terminated employment during the atterminated employment during the date or incomplete filling of this returned other penalties set forth in the instruction of the plan year terminated employment during the action of the plan year terminated employment during the action of this returned other penalties set forth in the instruction of the plan year terminated employment during the complete.	olan year (defined to blan year with accrued to the sassess actions, I declare that I have as well as the electronic	penefit plans do not  penefits that were  sed unless reasonable cause examined this return/report  MARIO LOOMIS	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if alt, and to the best of	5 5 5 5 0 i. oplicable, a Schedule f my knowledge and				
name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants to less than 100% vested Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complet belief, it is true, correct and SIGN HERE Signature of pr	ants at the beginning of the plan year ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan year terminated employment during the atterminated employment during the date or incomplete filling of this returned other penalties set forth in the instruction of the plan year terminated employment during the action of the plan year terminated employment during the action of this returned other penalties set forth in the instruction of the plan year terminated employment during the complete.	olan year (defined to blan year	penefit plans do not  penefits that were  sed unless reasonable cause examined this return/report  MARIO LOOMIS  Enter name of individent	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  use is established port, including, if all, and to the best of the be	5 5 5 5 0 i. oplicable, a Schedule f my knowledge and				

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	Were all of the plan's assets during the plan year invested in eligible						X Yes No		
D	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.)								
С	If the plan is a defined benefit plan, is it covered under the PBGC in				_				
Pa	rt III Financial Information					<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	7a	164057				1894893		
b	Total plan liabilities	7b		0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	164057	9			1894893		
8	Income, Expenses, and Transfers for this Plan Year								
a	Contributions received or receivable from: (1) Employers	8a(1)	39372	2					
	(2) Participants	8a(2)	6394	0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	16647	4					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					269786		
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	15472	2					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					15472		
i_	Net income (loss) (subtract line 8h from line 8c)	8i					254314		
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Χ		182000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		Х			
е	, ,								
	insurance service, or other organization that provides some or all instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х			
i	i If 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								
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form Yes No		
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·			302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th			

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)		of a	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?				res X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		under the	control		Yes	х Мо
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify tl	ne plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3	<b>)</b> PN(s)
Part	VIII Trust Information (optional)		<u> </u>			1	
14a I	Name of trust			<b>14b</b> ⊤	rust's EIN		