_	m 5500-SF	t of Small Employ	yee	OMB Nos. 1210-0110 1210-0089							
	nent of the Treasury al Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and	4065 of the Employee Reti	irement	2015					
Employee Ben	artment of Labor efits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		nternal		orm is Open to c Inspection				
	efit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 550	0-SF.		•				
For calendar		Identification Information scal plan year beginning 01/01/2	015	and ending 12/3	31/2015						
		X a single-employer plan		plan (not multiemployer) (F		cking this bo	x must attach a				
A This retu	rn/report is for:	a one-participant plan		mployer information in acco		-					
<b>B</b> This retur	n/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	irn/report (less than 12 mor	nths)						
C Check bo	ox if filing under:	Form 5558	automatic extension			DFVC progra	ım				
		special extension (enter descr	1 )								
		rmation—enter all requested inf	ormation								
1a Name of LOOMIS PLA	•	C 401K PROFIT SHARING PLAN A	AND TRUST		1b Thre plan (PN)	number	001				
				·	. ,	ctive date of	plan				
2a Plan spo	onsor's name (emplo	yer, if for a single-employer plan)			<b>2h</b> Emp	02/08					
Mailing a	address (include roor	m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		tructions)	(EIN)	Employer Identification Numb (EIN) 06-1417830					
	OOMIS PLASTIC SURGERY, PC					Sponsor's telephone number 845-342-6884					
						2d Business code (see instructions)					
	225 DOLSON AVENUE, SUITE 302 MIDDLETOWN, NY 10940						621111				
3a Plan adı	<b>3a</b> Plan administrator's name and address Same as Plan Sponsor.				<b>3b</b> Administrator's EIN						
				:	<b>3c</b> Adm	inistrator's te	lephone number				
4 If the na	ame and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN						
name, I <b>a</b> Sponsor	<i>i</i> 1	mber from the last return/report.			<b>4c</b> pn						
5a Total nu	umber of participants	at the beginning of the plan year			5a		5				
<b>b</b> Total nι	umber of participants	at the end of the plan year			5b		5				
		account balances as of the end of t			5c		5				
	,	rticipants at the beginning of the pla			5d(1)		5				
.,		rticipants at the end of the plan yea	-		5d(2)		5				
e Numbe	er of participants that	terminated employment during the	plan year with accrued b	enefits that were less	5e		0				
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable caus							
SB or Sched		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.									
SIGN		valid electronic signature.	06/27/2016	MARIO LOOMIS							
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing	as plan admi	nistrator				
SIGN HERE											
	Signature of emplo	y <b>er/plan sponsor</b> ame, if applicable) and address (in	Date clude room or suite numb	Enter name of individua		as employer s telephone r					
i lopuloi o li											
For Paperwor	k Reduction Act Notic	e and OMB Control Numbers, see the	instructions for Form 550	0-SF.		F	orm 5500-SF (2015)				

	Form 5500-SF 2015		Page 2								
60	Ware all of the plan's access during the plan user invested in cligib		(Cas instructions)						X Ye	es No	
	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	and condit	ions.)		·····	•••••			X Ye	es No	
	If you answered "No" to either line 6a or line 6b, the plan cann								-		
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined	
Par	t III Financial Information	1									
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) En	d of Year		
а	Total plan assets	7a		1894	893				1913	3765	
b	Total plan liabilities	7b			0		0				
С	Net plan assets (subtract line 7b from line 7a)	7c		1894893					1913	3765	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total		
	Contributions received or receivable from:	0=(4)		25	812						
				25812 19575							
	ou(-)				515						
				-9	037				20	6350	
		80							30	5550	
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		17	478						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								17	7478	
i	Net income (loss) (subtract line 8h from line 8c)	8i							18	3872	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in	the instr	ructions:		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteristi	ic Coc	les in th	ne instru	ictions:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
а											
				10a		Х					
b	,			IVa							
				10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х					212000	
d		•		10d		x					
е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		х					
f		sets and Liabilities (a) Beg   n assets 7a   n liabilities 7b   assets (subtract line 7b from line 7a) 7c   Expenses, and Transfers for this Plan Year (a)   tions received or receivable from: 8a(1)   ployers 8a(2)   ers (including rollovers) 8a(3)   come (loss) 8b   oome (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c   paid (including direct rollovers and insurance premiums 8d   deemed and/or corrective distributions (see instructions) 8e   rative service providers (salaries, fees, commissions) 8f   penses 8g   beneses (add lines 8d, 8e, 8f, and 8g) 8h   me (loss) (subtract line 8h from line 8c) 8i   s to (from) the plan (see instructions) 8j   Plan Characteristics 8i   an provides pension benefits, enter the applicable pension feature codes from the List   ompliance Questions 10				Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10f 10g		Х					
h				10h		X					
i		•		10i							
j	Did the plan trust incur unrelated business taxable income?			10i							

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 requirements? (If "Yes," see instructions 5500) and line 11a below)		•		lule SB	(Form	Yes	No
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 Coo	le or se	ection 3	302 of E	RISA?	Yes	X No

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

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-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>					
b	Enter	the minimum required contribution for this plan year		12b						
-		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 ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	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								
D		e PBGC?				Yes 🗙	No			
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	of trust		14b	Trust's E	IN				
14c	Narr	e of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	es 🗌 No					
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

	rm 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
Inter	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 44 (ERISA), and sections 6057			2015			
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation		Revenue Code (the Code)	l.		This Form is Open to Public Inspection			
			accordance with the instru	uctions to the Form 55	00- <u>SF.</u>	<u> </u>			
Part I For calenda		dentification Information cal plan year beginning 01/01/20		and ending 12/3	1/2015				
		X a single-employer plan				king this box must attach a			
A This ret	turn/report is for:	a one-participant plan	list of participating em	ployer information in ac	cordance w	ith the form instructions)			
B This retu	urn/report is	the first return/report	the final return/report						
<b>D</b> marca		an amended return/report	H .	/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter desc	cription)						
Part II	Basic Plan Infor	mation-enter all requested in	formation						
1a Name					1b Three	e-digit			
LOOMIS PL	ASTIC SURGERY, PC	401K PROFIT SHARING PLAN	AND TRUST		plan (PN)	number 001			
						tive date of plan 8/1995			
Mailing	g address (include room	er, if for a single-employer plan) h, apt., suite no. and street, or P.			2b Employer Identification Number (EIN) 06-1417830				
	town, state or province ASTIC SURGERY, PC	, country, and ZIP or foreign pos	tal code (if foreign, see instru	uctions)	2c Sponsor's telephone number (845) 342-6884				
					2d Busir	ness code (see instructions)			
225 DOLSO	N AVENUE, SUITE 302	2			6211				
	WN, NY 10940				01				
3a Plan a	dministrator's name and	d address XSame as Plan Spor	ISOF.		3D Admi	inistrator's EIN			
					3c Admi	inistrator's telephone number			
name	, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN				
	or's name				4C PN				
5a Total	number of participants a	at the beginning of the plan year			5a	5			
		at the end of the plan year			5b	5			
	· . ·	account balances as of the end o			5c	5			
<b>d(1)</b> Tot	al number of active par	ticipants at the beginning of the p	olan year		<u>5d(1)</u>	5			
• •		ticipants at the end of the plan ye			5d(2)	5			
than	100% vested	erminated employment during th			5e	0			
Under pen	alties of perjury and oth	er incomplete filing of this retu er penalties set forth in the instru d signed by an enrolled actuary,	uctions, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule			
	true, correct, and comp		1.122/11	MARIO LOOMIS					
HERE	Signature	Signature of plan administrator Date Enter name of individ		ual eigning	as plan administrator				
0.01	Signature of plan a		Date	Enter name of individ	uai signing	as plan aunimistrator			
SIGN									
	Signature of employ	ver/plan sponsor ame, if applicable) and address (	Date			as employer or plan sponsor s telephone number			
		אייסאויסאויס אייסאויסאויס אייסאויסאויסאויסאויסאויסאויסאויסאויסאויס		· ,					

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6a	Were all of the plan's assets during the plan year invested in eligible	le 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.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann-							•••••	X Yes No	
~	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_		lot determined	
						····· []				
<u>–</u>	rt III   Financial Information					-				
	Plan Assets and Liabilities		(a) Beginning			(b) End of Year				
	Total plan assets	7a		189489		-	1913765			
	Total plan liabilities	7b			0					
_	Net plan assets (subtract line 7b from line 7a)	7c		189489	3				1913765	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	<u>int</u>				(b) Tot	al	
a	(1) Employers	8a(1)		2581	2					
	(2) Participants	8a(2)		1957	5					
	(3) Others (including rollovers)									
b	Other income (loss)	8b		-903	7					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							36350	
d	Benefits paid (including direct rollovers and insurance premiums	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d				-				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		1747	8					
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		1747						
<u> </u>	Other expenses	8g							17478	
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							18872	
+	Net income (loss) (subtract line 8h from line 8c)								10072	
<u>_</u>		<b>8</b> j					_			
	rt IV Plan Characteristics	footure of	dea from the List of Di	on Cha		tio Co	don in f			
Jd	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	leature co			actens				515.	
B	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Coc	les in th	e instructior	ns:	
					_					
Pa	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	A	mount	
a	Was there a failure to transmit to the plan any participant contribut					v				
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	-	10a		х				
	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			х				
	reported on line 10a.)			10b		^				
	Was the plan covered by a fidelity bond?			10c	Х				212000	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		х				
(	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.)	ne or all of	the benefits under	10e		х				
f				10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х				
	If this is an individual account plan, was there a blackout period?			ivg						
	2520.101-3.)			10h		X				
i 	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes No	
11	a Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									

	Form 5500-SF 2015 Page <b>3</b> - 1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and er granting the waiver	nter the Day		e letter ruli Year	ng
lf	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	12b			
<u>c</u>	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			
e	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?		Yes	X No	
	If "Yes," 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 brought under the could of the PBGC?	ntrol		Yes X M	10
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)				
	13c(1) Name of plan(s): 13c(2) E	EIN(s)		13c(3) P	N(s)
Part	VIII Trust Information				
14a	Name of trust	14b 1	rust's EIN		
14c	Name of trustee or custodian		Trustee's telephone	or custodia number	n's
Par	t IX 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 employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- ased safe arbor ethod	ADP/ACP test	
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))?	] Ye	s	□ No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio percentag test		ge Average benefit test	
16t	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	s	No	
	Has the plan been timely amended for all required tax law changes?	Ye		No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the a for tax law changes and codes).				structions
170	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subjec advisory letter, enter the date of that favorable letter and the letter's serial number	t to a fa	avorable IF	S opinion o	or
170	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the pla	n's last fav	orable	
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)?	Ye	s	No	
19	Were in-service distributions made during the plan year?	Ye	s	No	
	If "Yes," enter amount	19			
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)?	] Ye	s	No	<b>N/A</b>