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	Annual Report	t Identification Information	1										
For calenda		iscal plan year beginning 01/01/2			and ending 12	2/31/2	015						
A This ret	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 one-participant plan	af	oreign plan	•			,					
B This retu	urn/report is	the first return/report	H	final return/report									
•		an amended return/report	∐as	nort plan year return/report (less than 12 months)									
C Check I	box if filing under:	Form 5558 special extension (enter desc		tomatic extension		DFVC program							
Dort II	Pasia Dlan Infe	<u> </u>	' '										
Part II		ormation—enter all requested in	itormatic	on		16	There is all all						
1a Name	•	NETHOADE OF WANY 404/I/) DEAN				10	Three-digit plan number						
MEDICAL V	VEIGHT LOSS & HEA	ALTHCARE OF WNY 401(K) PLAN					(PN) ▶	001					
						1c	Effective date o	f plan					
								1/2008					
	· · · · ·	oyer, if for a single-employer plan)) D\			2b	fication Number						
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		(if foreign, see instru	ictions)	(EIN) 41-2244937							
MEDICAL WEIGHT LOSS & HEALTHCARE OF WNY						2c Sponsor's telephone number 716-689-7546							
						2d	Business code (see instructions)					
	SIT ROAD, SUITE 2 RST, NY 14051					621111							
							021						
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.			3b	Administrator's	EIN					
						3c	Administrator's	telephone number					
		ne plan sponsor has changed since umber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b EIN							
	or's name	'				4c	PN						
5a Total r	number of participants	s at the beginning of the plan year.				5a							
		s at the end of the plan year				5	b	3					
		account balances as of the end of		, ,	•	5	С	3					
d(1) Tota	al number of active pa	articipants at the beginning of the p	lan year			5d		3					
d(2) Total number of active participants at the end of the plan year						5d(2)							
than	100% vested	t terminated employment during the				5		0					
		or incomplete filing of this retur						-1-1 0-1 - 1-1					
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a polete											
SIGN		/valid electronic signature.		07/06/2016	FANWEI MENG, M.D.								
HERE				_									

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can 	f an independ and condition and use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			Yes N
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not d	etermined
Part III Financial Information					_				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	d of Yea	
a Total plan assets	7a		307	'182				3	331214
b Total plan liabilities	7b		0.07	0					0
C Net plan assets (subtract line 7b from line 7a)	7с			182					331214
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		3	261					
(2) Participants	8a(2)		18	000					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		2	771					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8с								24032
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
Certain deemed and/or corrective distributions (see instructions)	1 1								
f Administrative service providers (salaries, fees, commissions)									
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								24032
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 2F 2G 2J 2K 3B 3D	n feature cod	les from the List of Plant	an Cha	racteris	stic Co	des in t	he instru	uctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	se from the List of Pla	n Char	octorist	ic Coc	les in th	a instruc	rtione.	
If the plan provides werrare benefits, effect the applicable werrare	icatare code	3 HOM the List of Flat	ii Onaie	actorist	10 000	103 111 111	C IIIStruc	Alloris.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	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				
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 of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of the	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plant of the plant			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount					X				
h If this is an individual account plan, was there a blackout period?	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			10)						
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Ιп	Yes X N
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?	.] П	Yes X N

	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		"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)?		Design- based safe ADP/ACP harbor test method					
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	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).								
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	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)?								

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Genefit 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Annual Repo	rt Identification Informatio	accordance with the l	nstructions to the Form	5500-SF.	- www.e mobaction					
For calendar plan year 2015 or	fiscal plan year beginning 01/01/20	n	-24		-					
	X a single-employer plan		and ending 12/		· · · · · · · · · · · · · · · · · · ·					
A This return/report is for:	_	list of participation	er plan (not multiemployer) r amployer information in a	Filers checking	this box must attach a					
,	a one-participant plan	a foreign plan	· · · · · · · · · · · · · · · · · · ·	ccordance with I	ne form instructions)					
B This return/report is	the first return/report	the final return/report								
	an amended return/report		etum√report (less than 12 m	nonths)						
C Check box if filing under:	Form 5558	automatic extensio	эл	☐ OFVC program						
	apecial extension (enter desc	_		□ 5, 4,	o program					
Basic Plan Inf	ormation—enter all requested in									
1at Name of plan	·			1h Thank						
MEDICAL WEIGHT LOSS & HE	ALTHCARE OF WNY 401(K) PLAN	,		1b Three-dig						
				(PN) ▶	001					
**************************************				1c Effective 01/01/200						
Za Plan sponsor's name (empi	oyer, if for a single-employer plan)				Identification Number					
City of town, state or provin	om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post	D. Box) let code /il forming, soo (e	interrettana)	(EIN) 41-2						
MEDICAL WEIGHT LOSS & HEA	LTHCARE OF WNY	us code (ii loreign, see ii	istructions)	2c Sponsor's	telephone number					
					(716) 689-7546					
8770 TRANSIT ROAD, SUITE 2					code (see Instructions)					
				621111						
EAST AMHERST, NY 14051										
3a Plan administrator's name s	and address X Same as Plan Spons	sor.		3b Administra	itor's EIN					
				20 Administra	1-1-1-1					
			·	STERNING ST	tor's telephone number					
			ĺ							
4 If the name and/or EIN of th	e plan sponsor has changed since	the last return/report files	for this plan artes the	Ab ====						
rigine, Lity, and the plan nu	mber from the last return/report.	mo wor rotativicpost med	rior and plan, enter the	45 EIN						
ā Sponsor's name				4c PN						
5a Total number of participants	at the beginning of the plan year			5a	3					
b Total number of participants	at the end of the plan year	+		5b	3					
 Number of participants with 	account balances as of the end of the	the plan year (defined be	nefit plans do pet	5c						
	ortioinante et the Levis in the state of				3					
d(2) Total number of active pa	articipants at the beginning of the pla	an year		5d(1)	3					
Number of participants that	articipants at the end of the plan yea terminated employment during the	M		5d(2)	3					
than 100% vested				5e	. 0					
Caupon: A penalty for the late	or incomplete filling of this return	deport will be accepted	d unless ressonable caus	se is establishe	d.					
During benaries or beliefs and or	ther penelties set forth in the instruc- nd signed by an enrolled actuary, a	stions I declare that I bave	- evaminad this estern from	mak localization of						
belief, it is true, correct, and com	olete	s well as the electrolic A	ersion of this return/report,	and to the best	of my knowledge and					
		7/6/16	Fanwei Meng, M.D.							
Signature of plan a	edministrator	Date								
	THE STATE OF THE S	Calc	Enter name of Individua	ai signing as plai	administrator					
Signature of the state of the s										
Signature of emplo Preparer's name (including from n	pyer/plan sponsor name, if applicable) and address (in	Date	Enter name of individua	al signing as em	ployer or plan sponsor					
' Investment into 1	mine, is approached distincted (ii)	orare monit of strice UNIDI) () () () () () () () () () (Preparer's telepi	none number					
		•	ði.	Parting 1						

	Form 5500-SF 2015		Page 2								
6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
	If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan in the plan is a defined benefit plan in the plan is a defined benefit plan in the plan	insurance	program (see ERISA:	section	4021)?	'	Yes	No Not determined			
7	Plan Assets and Liabilities										
a	Total plan assets	7-	(a) Beginnii	ng of Ye		-		(b) End of Year 331214			
b	Total plan liabilities	. 7a . 7b	ļ	307	0	+	0				
	Net plan assets (subtract line 7b from line 7a)			3071	182	十		331214			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount		\top	(b) Total				
а	Contributions received or receivable from:							(O) TOWN			
	(1) Employers			32							
	(2) Participants			180	<i>,</i>						
b	Other income (loss)			27	71						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							24032			
	Benefits paid (including direct rollovers and insurance premiums			10401445				24002			
	to provide benefits)	. 8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e									
_ <u>'</u>	Administrative service providers (salaries, fees, commissions)	. 8f									
	Other expenses (add lines 8d, 8e, 8f, and 8g)	X									
-: -	Net income (loss) (subtract line 8h from line 8c)							24032			
j	Transfers to (from) the plan (see instructions)							24032			
Pa	IV Plan Characteristics	<u> 0</u>		· · ·							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3B 3D	feature co	des from the List of P	lan Cha	racteri	stic C	odes in	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acterist	tic Co	des in t	he instructions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
	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 F	iduciary Correction	10a		x					
b 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10b		х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х					
e	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.)	e or all of	the benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х					
ì	f 10h was answered "Yes," check the box if you either provided the required notice or one of the										
j	j Did the plan trust incur unrelated business taxable income?										
Pan	VI Pension Funding Compliance		<u> </u>	10]	<u></u>		l				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							(Form Yes X No			
	Enter the unpaid minimum required contribution for all years from	Schedule 8	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Code	e or se	ction 3	302 of E	RISA? Yes X No			

	Form 5500-SF 2015 Page 3 - 1						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	· · · · · · · · · · · · · · · · · · ·					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver.	see instructions, and	enter the		letter ru	ıling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	o line 13.					
	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	to the left of a	12d		·		
6	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 1	10 T	N/A	
Par	Plan Terminations and Transfers of Assets						
138	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		I I				
b ——	of the PBGC?	•••••••••••		Ye	Yes X No		
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify the plan(s) to)	-			
	13c(1) Name of plan(s):	13c(2)	EIN(s)	1	13c(3) PN(s)		
		i.			·		
Par	Will. Trust Information						
ACCUSED NO.	Name of trust		14b Tr	ust's EIN		······································	
			140 11	usts Liiv			
14c	Name of trustee or custodian		14d 7	ruetee's or c	uetodis	ın'e	
			14d Trustee's or custodian's telephone number				
2:1	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes		No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferramatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			oor	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 testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) ar 2(a)(2)(ii))?	he "current year nd 1.401(m)-	Yes		No		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under	.,	Rati perd test	centage L	Average benefit test		
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by this plan with any other plans under the permissive aggregation rules?	y combining	Yes]No		
17a	Has the plan been timely amended for all required tax law changes?		Yes	. [No	□ N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				tructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitt advisory letter, enter the date of that favorable letter and the letter's s	erial number				r	
	If the plan is an individually-designed plan and received a favorable determination letter from the IF determination letter	RS, enter the date of t	he plan's	last favorab	le		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. N	2(i)(2) has been /irgin Islands)?	Yes		No		
19	Were in-service distributions made during the plan year?		Yes	<u> </u>	No		
	If "Yes," enter amount		19			· · · · · · · · · · · · · · · · · · ·	
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless retired), as required under section 401(a)(9)?	of whether or not	Yes		No	N/A	