For	FOrm 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed ur	Benefit Plan ader sections 104 and	4065 of the Employee R	etirement		2015		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ER Re	ISA), and sections 60 evenue Code (the Code		Internal		orm is Open to		
	ension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection Public Inspection								
Part I For calenda	Annual Report Ic			and ending 12	2/31/2015				
_	urn/report is for:	plan (not multiemployer) mployer information in ac	(Filers che	-					
B This retu	ırn/report is								
C Check b	box if filing under:	Form 5558	automatic extension			DFVC prog	ram		
Part II	Basic Plan Inforr	nation —enter all requested inform	,						
1a Name					(PN	n number	001		
					IC Ene	ective date of 01/0	1/1999		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Em (EIN	-	fication Number 233306		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OMEGA INSTITUTE						ponsor's telephone number 845-266-4444			
					2d Business code (see instructions)				
150 LAKE DF RHINEBECK					611000				
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor.			3b Adr	ninistrator's	EIN		
4 If the r	name and/or EIN of the c	plan sponsor has changed since the	ast return/report filed	for this plan, enter the	3C Adr 4b EIN		elephone number		
	EIN, and the plan numb	per from the last return/report.		,	4c PN				
·		the beginning of the plan year			5a		112		
		the end of the plan year			5b		179		
	· ·	count balances as of the end of the	• •	•	5c		47		
d(1) Tota	al number of active partic	cipants at the beginning of the plan y	ear		5d(1)		101		
• •		cipants at the end of the plan year			5d(2)		167		
		rminated employment during the pla			5e		0		
		incomplete filing of this return/rep r penalties set forth in the instruction					able a Schedule		
SB or Sche		signed by an enrolled actuary, as we							
SIGN	Filed with authorized/va		10/03/2016	JOEL LEVITAN					
HERE	Signature of plan adr		Date	Enter name of individ	ual signing	as plan adr	ninistrator		
SIGN									
HERE Preparer's	Signature of employe	er/plan sponsor ne, if applicable) and address (includ	Date	Enter name of individ		as employe s telephone			
Fiepalei S	name (including intri nai	ne, il applicable) and address (includ		ют)	Fieparei	s telephone	number		
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the ins	tructions for Form 550	0-SF.			Form 5500-SF (2015)		

-	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		,					X Yes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		·····	·····		X Yes No				
	If you answered "No" to either line 6a or line 6b, the plan cann							No Not determined				
	f the plan is a defined benefit plan, is it covered under the PBGC ir	isurance p	logram (see ERISA se	ection 4	021)?		res					
Par				- 6 14 -								
	Plan Assets and Liabilities	7a	(a) Beginning	<u>1440</u>				(b) End of Year 1517110				
	Total plan assets Total plan liabilities	7a 7b		1440	512	+		1317110				
	Net plan assets (subtract line 7b from line 7a)	70 70		1440	972		1517110					
_	Income, Expenses, and Transfers for this Plan Year	10	(a) Amou		0.2		(b) Total					
	Contributions received or receivable from:		(a) Amount									
	(1) Employers	8a(1)										
	(2) Participants	8a(2)		190612								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		-8	674							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						181938				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		90	755							
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f		15	045							
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						105800				
-	Net income (loss) (subtract line 8h from line 8c)	8i						76138				
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 $2F$ 2G 2M 2T	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:				
B	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:				
Part	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 contribut 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.)			10b		x						
С	Was the plan covered by a fidelity bond?			10c	х			90000				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х						
е	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						Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							2606				
h				10h		Х						
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								
Part	VI Pension Funding Compliance											

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scher 5500) and line 11a below)	lule SB	(Form	Yes	X 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 Code or section	302 of E	RISA?	Yes	X No

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					1				
	(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	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	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	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							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h 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	Trusťs E	IN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	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			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer 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		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF Short Form Annual Return/Report of Small Em						OMB Nos. 1210-0110 1210-0089				
Department of the Treas Internal Revenue Servic		This form is required to be fil	Benefit Plan ed under sections 104 and	4065 of the Employee F	Retirement	2015				
Department of Labor Employee Benefits Security Adm		Income Security Act of 197	4 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the	e Internal	This Form is Open to Public Inspection				
Pension Benefit Guaranty Cor		Complete all entries in	accordance with the inst	tructions to the Form 5	500-SF.	Fublic inspection				
Part I Annual R For calendar plan year 20		entification Information	n 01/01/2015	and ending	10	/21/2015				
Tor caloridar plan your 20	X	7		0		/31/2015 cking this box must attach a				
A This return/report is fo		a one-participant plan				ith the form instructions)				
B This return/report is	Γ	the first return/report	the final return/report							
		an amended reţurn/report								
C Check box if filing und	er: X	Form 5558	automatic extension		П	DFVC program				
	Г	special extension (enter desc	cription)							
Part II Basic Pla	n Inforn	nation—enter all requested in	nformation							
1a Name of plan					1b Three	e-digit				
Omega Institute	403(b)	Plan			plan	number				
					(PN) 1c Effect	tive date of plan				
						01/1999				
		; if for a single-employer plan) apt., suite no. and street, or P.0	O. Box)			oyer Identification Number				
City or town, state or Omega Institute	province, o	country, and ZIP or foreign pos	tal code (if foreign, see inst	ructions)	(EIN) 23-7233306 2c Sponsor's telephone number					
Omega Institute					(845) 266-4444					
150 Jako Duine					2d Business code (see instructions) 611000					
150 Lake Drive										
Rhinebeck 3a Plan administrator's n	ame and a	address XSame as Plan Spon	N	12572	3h Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
4 If the name and/or Ell	N of the pla	an sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN					
a Sponsor's name	ian numbe	er from the last return/report.			4c PN					
5a Total number of partic	cipants at t	he beginning of the plan year			5a	112				
		he end of the plan year				179				
c Number of participant	s with acc	ount balances as of the end of	the plan year (defined ben	efit plans do not	5c	47				
d(1) Total number of ac	tive partici	pants at the beginning of the p	lan year		5d(1)	101				
d(2) Total number of ac	tive partici	pants at the end of the plan ye	ar		5d(2)	167				
than 100% vested		ninated employment during the			5e	0				
Caution: A penalty for the	e late or i	ncomplete filing of this return	n/report will be assessed	unless reasonable car	use is estab	lished.				
SB or Schedule MB completelief, it is true, correct, an	eted and s	penalties set forth in the instruction igned by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ver	examined this return/re sion of this return/report	port, includin t, and to the	g, if applicable, a Schedule best of my knowledge and				
SIGN HERE	Dex	fut	10/2/16	Joel Levitan						
Signature of	plan admi	inistrator	Date	Enter name of individ	ual signing a	s plan administrator				
SIGN HERE	pel	Jut_	12/3/16							
Signature of		plan sponsor e, if applicable) and address (ir	Date	Enter name of individ		s employer or plan sponsor				
	nini name	, il applicable) alla address (il		, () ,	Preparers	telephone number				

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6a	X Yes 🗌 No								
b	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	A) X Yes [] No							
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1,440,972	1,517,110					

u	Total plan assets	/a	1/110/5/2	1 , 31 , 11
b	Total plan liabilities	7b		
c	Net plan assets (subtract line 7b from line 7a)	7c	1,440,972	1,517,110
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)	190,612	
	(3) Others (including rollovers)	8a(3)		
b		8b	-8,674	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		181,938
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	90,755	
e	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	15,045	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		105,800
i	Net income (loss) (subtract line 8h from line 8c)	8i		76,138
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension f	feature codes	from the List of Plan Characteristic Code	es in the instructions:

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2M 2T

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

During the plan year:		Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	10b		Х		
Wee the plan appared by a fidelity hand?	10c	Х			90,000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under	10e		х		
Has the plan failed to provide any benefit when due under the plan?	10f		х		
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			2,606
and is a manual about plan, was there a blacked period? (See instructions and 25 CFR	10h		Х		
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	10i				
Did the plan trust incur unrelated business taxable income?	10j				
VI Pension Funding Compliance					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500) and line 11a below)	nd com	nplete	Sched	ule SB (F	orm
					SA? Yes X No
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. Did the plan trust incur unrelated business taxable income? VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b Was the plan covered by a fidelity bond? 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 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. 10j VI Pension Funding Compliance 10j Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below). 10 minimum required contribution for all years from Schedule SB (Form 5500) line 40	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Was there a failure to transmit to the plan any participant contributions within the time period 10a X Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
e 	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and Month	enter the Day	e date of	the letter ru Year	uling
!	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
k	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			
c	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	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	s 🛛 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	-			Yes X	No
с 	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information					
14a	Name of trust		14b T	rust's EIN	1	
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number			an's
Par	IX 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 deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba: ba:	sign- sed safe rbor ethod	e 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 "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	urrent year 01(m)-	Yes	3	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under secti		Ra per tes	centage	ge Average benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		Yes	6	🗌 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 app			_ (See inst	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial nu	mber			2	or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter		the plan	'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) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes			
	Were in-service distributions made during the plan year?		Yes No			
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A