Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 section 6058(a) of the Internal Revenue Code (the Code).

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

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information									
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/2	2009				
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	final retur	n/report	_					
	an amended return/report	short plan	year return/report (less than 12 mo	onths)					
С	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter description	n)							
Pá	art II Basic Plan Information—enter all requested informa	,							
	Name of plan	20011		1b	Three-digit				
	SPRINGS AESTHETIC PLASTIC SURGERY 401(K) PLAN				plan number				
					(PN)				
		1C	Effective date of plan 01/01/2009						
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
THE	SPRINGS AESTHETIC PLASTIC SURGERY, PC			20	(EIN) 26-2420332				
115	MAPLE STREET			20	Plan sponsor's telephone number 518-761-9500				
	NS FALLS, NY 12801			2d	Business code (see instructions)				
				01	621111				
	Plan administrator's name and address (if same as Plan sponsor, er SPRINGS AESTHETIC PLASTIC SURGERY, PC 115 MAPLE S) ")	30	Administrator's EIN 26-2420332				
	GLENS FALL	.S, NY 128	301	3с	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	nort filed for this plan, enter the	4h	518-761-9500 EIN				
	name, EIN, and the plan number from the last return/report. Sponsor		port mod for this plant, enter the						
			4c	PN					
5a	Total number of participants at the beginning of the plan year		1						
b				5b	6				
С	Total number of participants with account balances as of the end of complete this item)			5c	6				
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No				
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IC	QPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5:	500.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
·	Total plan assets	7a	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	0	110304				
_	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0 11					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:				•				
	(1) Employers	8a(1)	7730	-					
	(2) Participants	8a(2)	3300	00					
L	(3) Others (including rollovers)	8a(3)		\dashv					
b	Other income (loss)	8b			110304				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			110304				
u	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		_					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0				
į	Net income (loss) (subtract line 8h from line 8c)	8i			110304				
j	Transfers to (from) the plan (see instructions)	8j							

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D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits.

D	ir the p	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	ies in t	ne instru	ictions	5.	
art	V (Compliance Questions							
0	During	g the plan year:		Yes	No		Am	ount	
а		here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c		X				
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	10d		X				
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X				
f	Has th	ne plan failed to provide any benefit when due under the plan?	10f		X				
g	Did th	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI F	Pension Funding Compliance							
1		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					[Yes	X No
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
		s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_	_
а	If a wa	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-							
lf :	you co	mpleted 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				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ve amount)			12d			_	
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?	under	the co	ntrol			Yes	× No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					_
1	3c(1) N	Name of plan(s):	13c(2) EIN(s)				13c(3) PN(s)		
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Jnde SB o	r penal r Sched	ties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned by the MB completed and signed by an enrolled actuary, as well as the electronic version of this returned ue, correct, and complete.	urn/rep	oort, in	cludin	g, if appl			
	Eilo	d with authorized/valid electronic signature 10/04/2010 DR IEEEDEV R							

SIGN	Filed with authorized/valid electronic signature.	10/04/2010	DR. JEFFREY RIDHA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/04/2010	DR. JEFFREY RIDHA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection.

F	Pension Benefit Guaranty Corporation Complete all entries in accord	lance with	the instructions to the Form 5500	-SF.	·			
P	art I Annual Report Identification Information							
or	the calendar plan year 2009 or fiscal plan year beginning	01/01	/2009 and ending	12	/31/2009			
Α .	This return/report is for: x single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final return	/report					
	an amended return/report	short plan	year return/report (less than 12 month	s)				
C 4	Check box if filing under: 🗓 Form 5558	automatic e	extension		DFVC program			
	special extension (enter description))						
Pa	art II Basic Plan Information enter all requested infor	mation.						
1a	Name of plan				Three-digit	•		
	The Springs Aesthetic Plastic Surgery 401(k) P.	lan			olan number PN) ▶ 001			
					Effective date of plan			
		01/01/2009						
2a	Plan sponsor's name and address (employer, if for single-employer pl The Springs Aesthetic Plastic Surgery, PC	an)		2b Employer Identification Number (EIN) 26-2420332				
			ľ		Plan sponsor's telephone numb	er		
	115 Maple Street		-		(518) 761-9500			
	Glens Falls NY 12801				Business code (see instructions 621111	•}		
3 a	Plan administrator's name and address (If same as plan employer, en Same	ter "Same";		3b /	Administrator's EIN			
	Same							
				3c /	Administrator's telephone numb	er		
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return. Sponsor's Name		rn/report filed for this plan, enter the 4b EIN					
				4c	PN			
5a	Total number of participants at the beginning of the plan year			<u>5a</u>	1			
b	Total number of participants at the end of the plan year		Г	<u>5b</u>	6			
С	Total number of participants with account balances as of the end of the complete this item)			5c	6			
6a	Were all of the plan's assets during the plan year invested in eligible a				XYes	No		
b	Are you claiming a waiver of the annual examination and report of an				₩V [7]	١		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form		•		<u> X</u> Yes	No		
Da			and most motored and the common of the control of t					
7	Plan Assets and Liabilities	Part III Financial Information						
a	right rigodo and Elabilities		(a) Beginning of Year	1	(b) End of Year			
b	Total plan assets	7a	(a) Beginning of Year		(b) End of Year	4		
	Total plan assets	7a 7b	(a) Beginning of Year 0		(b) End of Year 110,30	4		
С		7a 7b 7c						
c B	Total plan liabilities	7b	0		110,30			
	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7b 7c	0 (a) Amount		110,30			
В	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1)	0 (a) Amount 77,304		110,30			
В	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2)	0 (a) Amount		110,30			
B a	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2) 8a(3)	0 (a) Amount 77,304		110,30			
a b	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers. (2) Participants (3) Others (including rollovers). Other income (loss)	7b 7c 8a(1) 8a(2) 8a(3) 8b	0 (a) Amount 77,304		110,30 110,30 (b) Total	4		
B a	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2) 8a(3)	0 (a) Amount 77,304		110,30	4		
B a b	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	0 (a) Amount 77,304		110,30 110,30 (b) Total	4		
B a b cd e	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers. (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	0 (a) Amount 77,304		110,30 110,30 (b) Total	4		
8 a b cd	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers. (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	0 (a) Amount 77,304		110,30 110,30 (b) Total	4		
B a b cd e f g .	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	0 (a) Amount 77,304		110,30 110,30 (b) Total	4		
8 a b cd	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers. (2) Participants (3) Others (including rollovers). Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	0 (a) Amount 77,304		110,30 110,30 (b) Total	4		
B a b cd e f g .	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	0 (a) Amount 77,304		110,30 110,30 (b) Total	4		

	Form 5500-SF (2009)	· · · · · · · · · · · · · · · · · · ·		P	age 2-		_				
Par	V Plan Characteristics										
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2A 2E 2F 2G 2J 2T 3D the plan provides welfare benefits, enter the applicable welfare feature	codes fron	n the	List	of Plan Characteristic	Cod	es in	the insi	tructions:		
P.	V Compliance Questions	·									
10	During the plan year:						Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution							x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not includ	e tra	nsact	ions reported	10a 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 fidel or dishonesty?	ity bond, th	at wa	as cau	ised by fraud	10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the instructions.)	ne benefits i	unde	r the	plan? (See	10e		ж			
f	Has the plan failed to provide any benefit when due under the plan?				<i>.</i>	10f	·	х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of				F	10g		x			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instruction	s and	1 29 C	FR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the re	quired notic	се ог	one o	of the						
	exceptions to providing the notice applied under 29 CFR 2520,101-3 WI Pension Funding Compliance	<u> </u>	•	• •	* * . * . * . * * 1 *	101		<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirements 5500))									Yes	<u>x</u> No
12 a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•			•		Г	12b	1		·
b	Enter the minimum required contribution for this plan year						г	12c			
d	Enter the amount contributed by the employer to the plan for this plan. Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (ente	ran	ninus	-			12d			
е	Will the minimum funding amount reported on line 12d be met by the fu						_		Yes	□No	□N/A
200											
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any p	rior y	/ear?			•			Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer	oyer this ye	ar				•	13a			
b c	Were all the plan assets distributed to participants or beneficiaries, transfer the PBGC? If during this plan year, any assets or liabilities were transferred from the plan year.									. Yes	X No
	which assets or liabilities were transferred. (See instructions.)						42	-(2) [IN/->	42-(2)	DN//=\
	3c(1) Name of plan(s):						13	c(2) E	in(s)	13c(3)	PN(S)
Cautio	n: A penalty for the late or incomplete filing of this return/report w	ill he seed		lunie	es resconable caries	o ie	aetah	liebad		<u> </u>	
	penalties of perjury and other penalties set forth in the instructions, I de				· · · · · · · · · · · · · · · · · · ·					Schedule	
SB or	Schedule MB completed and signed by an enrolled actuary, as well as to true, correct, and complete										
SIG			_		Dr. Jeffrey R	idh	a				
HE		Date (*	1	10	Enter name of indivi	idual	signi	ng as p	lan adminis	trator	
SIG					Dr. Jeffrey R	idh	a				
HER		Date 0	14	10	Enter name of indivi	idual	signi	ng as e	mployer or	plan spons	or