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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.	1,000		
		dentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010		
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
	3 · · ·	special extension (enter descripti	on)					
Da	art II Basic Plan Infor	mation—enter all requested inform						
		mation—enter all requested inform	iation		1h	Three-digit		
	Name of plan CORNEA & REFRACTIVE SUI	RGERY PRACTICE OF NEW YORK	C, P.C. PRO	FIT SHARING PLAN	10	plan number 001		
					4 -	(PN)		
					10	Effective date of plan 05/01/1986		
		ess (employer, if for single-employer			2b	Employer Identification Number		
THE	CORNEA & REFRACTIVE SUI	RGERY PRACTICE OF NEW YORK	., P.C.		2c	(EIN) 11-2/49144 Plan sponsor's telephone number		
	MADISON AVENUE, SUITE 150 VYORK, NY 10017	01				212-838-1053		
INLVV	TORR, NT 10017				2d	Business code (see instructions) 621111		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN		
NEW	YORK, P.C.	RGERY PRACTICE OF 425 MADISO NEW YORK			3c Administrator's telephone numb			
					212-838-1053			
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN		
				4c	PN			
5a	Total number of participants at the beginning of the plan year				5a	4		
b	b Total number of participants at the end of the plan year				5b	4		
С		ith account balances as of the end c			5c	3		
6a				(See instructions.)		Yes No		
b				ndent qualified public accountant (IQI				
				ions.)		Yes No		
D-			orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Financial Inform	ation		T				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		<u>7a</u>	1136780		1331727		
b	Total plan liabilities		7b	(0		
C	Net plan assets (subtract line	7b from line 7a)	7с	1136780)	1331727		
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or rece (1) Employers	ivable from:	8a(1)	(
	`, ',			()			
		·)	1000					
b	Other income (loss)		8b	175567	7			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			194947		
d	Benefits paid (including direct	rollovers and insurance premiums		()			
е		tive distributions (see instructions)		()			
f		rs (salaries, fees, commissions)		()			
g				()			
h	•	8e, 8f, and 8g)				0		
i		e 8h from line 8c)				194947		
i		ee instructions)		()			
			. XI					

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Part IV	Dian	(`haract	Orietics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	it the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icteris	tic Coc	ies in t	ne instru	ctions:		
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Χ				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes	X No
2	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	. 🔲	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
If y	ou c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	er the minimum required contribution for this plan year		⊢	12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo X	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 "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?			ntrol			Yes	X No
С		uring 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.)	ne pla	n(s) to					
1	3c(1	Name of plan(s):		130	(2) EI	N(s)	1	13c(3)	PN(s)
							+		
		A manufactor the late an incomplete filling of this material for an extensive the second of the seco	<u> </u>	!-	4-1-1	inhad			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						o Cobe	dula
SB o	· Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	07/05/2011	MARTIN FOX, M.D.				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/05/2011	MARTIN FOX, M.D.				
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).

Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information	3 /03 /02	22.0		12/31/2010
For c		1/01/20		-	
Ат	This return/report is for: X single-employer plan	multiple-er	mployer plan (not multiemployer)		one-participant plan
Вт	This return/report is for: first return/report	final return	/report		
	an amended return/report	short plan	year return/report (less than 12 mor	iths)	
Ç	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	on)			
Pa	Irt II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
•	The Cornea & Refractive Surgery Practice	of Nev	<i>i</i>		plan number (PN) > 001
•	York, P.C. Profit Sharing Plan			10	Effective date of plan
					05/01/1986
2a	Plan sponsor's name and address (employer, if for single-employer The Cornea & Refractive Surgery	plan)		2b	Employer Identification Number
	The Cornea & Refractive Surgery Practice of New York, P.C.			20	(EIN) 11-2749144
				4C	Plan sponsor's telephone number (212) 838-1053
	425 Madison Avenue, Suite 1501			2d	Business code (see instructions)
	New York		NY 10017	<u></u>	621111
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	")	3b	Administrator's EIN
				3c	Administrator's telephone number
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
Г	name, EIN, and the plan number from the last return/report. Sponso	a s name		4c	PN
5a	Total number of participants at the beginning of the plan year				4
b	Total number of participants at the end of the plan year			5b	4
	Total number of participants with account balances as of the end o				
	complete this item)			5c	
	Were all of the plan's assets during the plan year invested in eligib				X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F				
Pa	rt III Financial Information			.,	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	1,136,78		1,331,72
b	Total plan liabilities	. 7b		0	
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	1,136,78	<u> </u>	1,331,72
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	\bot	(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)		o	
	(2) Participants	[0	
	(3) Others (including rollovers)	8a(3)	19,38	0	
b	Other income (loss)	8b	175,56		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			194,94
d	Benefits paid (including direct rollovers and insurance premiums			\prod	
	to provide benefits)	8d		0	
e	Certain deemed and/or corrective distributions (see instructions)			의	
f	Administrative service providers (salaries, fees, commissions)			0	
9	Other expenses			4	
h	•				194,94
i	Net income (loss) (subtract line 8h from line 8c)			0	194,94
J	Transfers to (from) the plan (see instructions)	· 8j		٧	F FF00 07 (0040)

Dane	2_	Τ
-age	Z -	

Form	5500	SF	201	iC

HERE

Signature of employer/plan sponsor

Part IV	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:

2A 2E 3D

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

		provides werrare benefits, effer the applicable werrare reduce		" -						
Part	٧	Compliance Questions								
10	Dur	ing the plan year:		_		Yes	No	A	mount	
	29	s there a failure to transmit to the plan any participant contributions w CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (Correction Progra	m)	0a		х			
b	We on I	re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)	not include transa	ctions reported	0ь		х			
С	Wa	s the plan covered by a fidelity bond?			0с		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						х			
е	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.)						х			
f	Has	s the plan failed to provide any benefit when due under the plan?	• • • • • • • • • • • • • • • • • • • •		Of		х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		0g		x		-	
_	If th	is is an individual account plan, was there a blackout period? (See in	nstructions and 29	CFR	0h		х			***
i	If 1	Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	e of the	lOi					
Part		Pension Funding Compliance								
	Is th	nis a defined benefit plan subject to minimum funding requirements?	(If "Yes," see inst	ructions and comp	ete S	Sched	lule SB	(Form	Yes	X No
12		his a defined contribution plan subject to the minimum funding requir							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a grai	waiver of the minimum funding standard for a prior year is being amo	ortized in this plar	Month	ons,	and e	enter the Day	e date of the	e letter ru ′ear	ling
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (_	4.01			
b	Ent	er the minimum required contribution for this plan year			·····		12b			
		er the amount contributed by the employer to the plan for this plan ye				··· _	12c			
d	Sub neg	otract the amount in line 12c from the amount in line 12b. Enter the reative amount)	esult (enter a minu	us sign to the left o	а 		12d		1 1	
е	Will	the minimum funding amount reported on line 12d be met by the fur	nding deadline?					Yes	No	X N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan yea	ar or any prior yea	г?					Yes	X No
		es," enter the amount of any plan assets that reverted to the employ					13a			
b	We	re all the plan assets distributed to participants or beneficiaries, trans	sferred to another	plan, or brought u	nder 1	the co	ontrol		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from thi ich assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), identify the	plan	n(s) to)		,	···
1	3c(1) Name of plan(s):				13	c(2) Ell	N(s)	13c(3) PN(s)
			,							
Caut	ion:	A penalty for the late or incomplete filing of this return/report w	vill be assessed u	ınless reasonable	cau	se is	establ	ished.	·	
Unde SB o	r pe r Scl	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as t s true, correct, and complete.	clare that I have e	examined this retur	n/rep	ort, ir	ncluding	g, if applicat	ole, a Sch nowledge	nedule e and
0:0	.	y la Open	P/29/4	Martin Fox,	М.	D.				
SIGI HER			Date	Enter name of inc			ning as	s plan admir	istrator	
	6/19/4 Martin Fox, M.D.									

Date

Enter name of individual signing as employer or plan sponsor