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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in ac	cordance wit	h the instructions to the Form 5500	0-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/	2011	and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is:	=	return/report			·	
-		Ħ	•	antha\			
	an amended return/report	H	an year return/report (less than 12 mo	ontns) '			
С	Check box if filing under: Form 5558	automatio	cextension		DFVC progra	m	
	special extension (enter descri	ription)					
Pa	art II Basic Plan Information—enter all requested inf	ormation					
	Name of plan			1b	Three-digit		
	SPRINGS AESTHETIC PLASTIC SURGERY 401(K) PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date of	plan	
					01/01/	2009	
2a	Plan sponsor's name and address; include room or suite number	er (employer, i	f for a single-employer plan)	2b	Employer Identif		r
THE	SPRINGS AESTHETIC PLASTIC SURGERY, PC				(EIN) 26-242	20332	
				2c	Sponsor's teleph		
115	MAPLE STREET				518-761		
GLE	NS FALLS, NY 12801			2d	Business code (s)
					62111	1	
	Plan administrator's name and address (if same as plan sponsor		e")	3b	Administrator's E		
THE		LE STREET ALLS, NY 128	301	20	26-24		L
		-,		30	Administrator's to 518-761		ber
4	If the name and/or EIN of the plan sponsor has changed since	the last return/	report filed for this plan, enter the	4b			
•	name, EIN, and the plan number from the last return/report.	aro laot rotarri	ropert med for the plant, enter the	70	LIIV		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			5
b	Total number of participants at the end of the plan year			5b			(
C	Number of participants with account balances as of the end of			30			
Ū	complete this item)		•	5с			6
6a	Were all of the plan's assets during the plan year invested in e	ligible assets?	(See instructions.)			X Yes	No
b		J	,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligib					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot us	e Form 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	240151			351753	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)		240151			351753	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(a) Amount		(b) T	- Lui	
ű	(1) Employers	8a(1)	80389				
	(2) Participants	8a(2)	34668				
	(3) Others (including rollovers)						
b	Other income (loss)		-2724				
	,		2127			112333	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					112333	
d	Benefits paid (including direct rollovers and insurance premium to provide benefits)						
е	Certain deemed and/or corrective distributions (see instructions						
f	Administrative service providers (salaries, fees, commissions).		731				
	· · · · · · · · · · · · · · · · · · ·						
g	Other expenses					704	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					731	
i	Net income (loss) (subtract line 8h from line 8c)					111602	
j	Transfers to (from) the plan (see instructions)	······ 8j					

Plan Characteristics

5500-SF 2011	Page 2 - 1

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

Part IV

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

art	V Compliance Questions							
	•		V		1			
0	During the plan year:		Yes	No		Am	ount	
а	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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 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 fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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.)	10e		X				
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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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						
art			Į					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 000).iiOii C)OZ 01	LINIO			ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,			~·	
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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		Ye	s \square	No	N/A
art						<u> </u>	<u>L</u>	
	Has a resolution to terminate the plan been adopted in any plan year?				Yes D	No		
Ju	If "Yes," enter the amount of any plan assets that reverted to the employer this year				100	140		
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol				
D	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), identify the which assets or liabilities were transferred. (See instructions.)	e plan	(s) to					
1	13c(1) Name of plan(s):				13c(2) EIN(s)			PN(s)
				``	, ,			
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e can	se is	estah	lished			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returns						a Sche	edule
B or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	eport,	and t	o the	best of	my kno	wledge	and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/04/2012	DR. JEFFREY RIDHA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/04/2012	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 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

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information				10/	1 /0011				
	he calendar plan year 2011 or fiscal plan year beginning	01/01/2		and ending		31/2011	38 FEET E&T			
A	This return/report is for: 🛛 a single-employer plan	multiple-em	ployer plan ((not multiemployer)	Ц	a one-particip	ant plan			
В	This return/report is:	ne final retur	n/report							
		short plan y	/ear return/re	port (less than 12 mo	nths)					
~ (Check box if filing under: Form 5558	utomatic ex	tension			DFVC progra	m			
•	special extension (enter description)									
1150		ation								
	Int II Basic Plan Information enter all requested information	ation.				ree-digit				
ıa	· ·				1000	an number N) ►	001			
	The Springs Aesthetic Plastic Surgery 401(k) Pla	an			1c E	fective date of	fplan			
2a	Plan sponsor's name and address; include room or suite number (emplo The Springs Aesthetic Plastic Surgery, PC	yer, if for sir	ngle-employe	er plan)	7 450	2b Employer Identification Number (EIN) 26-2420332				
					2c Plan sponsor's telephone number (518) 761-9500					
	115 Maple Street						(see instructions)			
110	Glens Falls NY 12801				6	21111				
3a	CICID PULL	"Same")			3b A	dministrator's	EIN			
					3c A	dministrator's	telephone number			
_		-turn/ronart	filed for this	plan enter the	4b E	IN				
4	If the name and/or EIN of the plan sponsor has changed since the last rename, EIN, and the plan number from the last return/report.	eturn/report	nieu ior tris	plan, enter the	4c P					
а	Sponsor's Name					in .	5			
5a					5a 5b		6			
b	Total number of participants at the end of the plan year	· · · ·	d benefit plan	ne do not	30					
С	Number of participants with account balances as of the end of the plan scomplete this item)	year (define	u benenii piai	is do not	5c		6			
6a	Were all of the plan's assets during the plan year invested in eligible ass	sets? (See i	nstructions.)		* * *		x Yes No			
b	Are you claiming a waiver of the annual examination and report of an incurder 29 CFR 2520,104-46? (See instructions on waiver eligibility and of	dependent (conditions.)	qualified publ				x Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF an	d must inste	ead use Form 5500.						
Pa	art III Financial Information	Participation of				(h) En	d of Year			
7	Plan Assets and Liabilities	7.00 Year	(a) E	Beginning of Year	_	(D) En				
а	Total plan assets	7a		240,151	_		351,753			
b	Total plan liabilities	7b		040 454			351,753			
C	Net plan assets (subtract line 7b from line 7a)	7c		240,151 (a) Amount	-	(h) Total			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount						
а	Contributions received or receivable from: (1) Employers	8a(1)		80,389						
	(2) Participants	. 8a(2)		34,668						
	(3) Others (including rollovers)	. 8a(3)			17.00					
b	Other income (loss)	. 8b		(2,724)	MILES MILES					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			A Comment	Maria Carlos de	112,333			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			CAVE					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				TATAL STATE				
f	Administrative service providers (salaries, fees, commissions) .	. 8f		731						
g	Other expenses	. 8g	Marin State				721			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	A SERVICE CONT.	one mail a service			731			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			A CONTRACTOR		111,602			
j	Transfers to (from) the plan (see instructions)	. 8j			0.78	San Constitution	Form 5500-SF (2011			
	and the Author and OMD Control Numbers see	the instruc	tions for Fo	rm 5500-SF.			FORTH 3300-3F (2011			

Pai	rt 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:								
b	If the	2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
-									
Pa	rt V	Compliance Questions							
10		ring the plan year:			\vdash	Yes No	-	Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		described in	10a	х	3		
b) We	re there any nonexempt transactions with any party-in-interest? (Do	not include transactio			x			
		line 10a.)			10b	x			
d		s the plan covered by a fidelity bond?			10c	^			
u		the plan have a loss, whether of not rembursed by the plans lideling tishonesty?	-	-	10d	х			
е	. We	re any fees or commisions paid to any brokers, agents, or other per	sons by an insurance	carrier,					
		urance services or other organization that provides some or all of the tructions.)			10e	x			
f		s the plan failed to provide any benefit when due under the plan?			10f	х			
a		the plan have any participant loans? (If "Yes," enter amount as of y			10g	х			,
h		is is an individual account plan, was there a blackout period? (See				x			
		20.101-3.)			10h		CONTRACTOR AND		
'	ex	Oh was answered "Yes," check the box if you either provided the re- eptions to providing the notice applied under 29 CFR 2520.101-3	quirea notice or one or		10i				3 TO Y 1 2 O
Pai	rt VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements						Yes	X No
12		his a defined contribution plan subject to the minimum funding requ						. Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
а		waiver of the minimum funding standard for a prior year is being ar					ate of the le	etter ruling	
If		nting the waiver			ιτη		ау	Year	
b	_	er the minimum required contribution for this plan year				. 12b			
С		er the amount contributed by the employer to the plan for this plan				40.			
d		otract the amount in line 12c from the amount in line 12b. Enter the	•	ign to the left of a		12d			
۵		pative amount)				• —	Yes	No	N/A
	t VII		ariding deadilite:						•
-	-	s a resolution to terminate the plan been adopted in any plan year?				3 32 4		. Yes	X No
		Yes," enter the amount of any plan assets that reverted to the emplo				40			
b		re all the plan assets distributed to participants or beneficiaries, trai	nsferred to another pla	in, or brought und	er the	control			W No
С		he PBGC?		n(s), identify the p	 lan(s)	to		· LIYes	X No
		ch assets or liabilities were transferred. (See instructions.)							
	13c(Name of plan(s):			-	13c(2)	EIN(s)	13c(3)	PN(s)
_	_								
		-			1				
		A penalty for the late or incomplete filing of this return/report w							
SBc	or Sch	alties of perjury and other penalties set forth in the instructions, I de adule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have exam the electronic version	nined this return/re of this return/repor	port, i rt, and	including, if to the best	applicable, of my know	a Schedule ledge and	
3.20	GN			Dr. Jeffrey	Rid	ha			
355550	ERE	Signature of plan administrator	Date 4 22 12	Enter name of in		51.04	s plan admi	nistrator	
7	GN		11-1-0-						
	ERE	Signature of employer/plan sponsor	Date	Enter name of in	dividu	al signing a	s employer	or plan spons	or

Page 2-

Form 5500-SF 2011