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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	F Complete all entries in acco	idance wit	n the mstructions to the Form 5500	-ог.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 12	2/31/2	2011
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	return/report		
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)	_
C	Check box if filing under: X Form 5558	automatio	cextension		DFVC program
	special extension (enter descript	on)			
Pa	art II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan			1b	
CHE	LSEA IMAGING 401(K) PLAN				plan number
			_	4 -	` '
				1C	Effective date of plan 01/01/1998
		employer, i	f for a single-employer plan)	2b	Employer Identification Number
CHE	ELSEA IMAGING HOLDINGS, L.L.C.				(/
				2c	Sponsor's telephone number 917-305-2601
	WEST 17TH STREET / YORK, NY 10011		-	24	
142 00	7 TORK, NT 10011	Multiple Multiple			
				3b	Administrator's EIN
CHEL				3c	26-2039330 Administrator's telephone number
	If the group and/or FINI of the glass argues has absented sizes the	plan year 2011 or fiscal plan year beginning 01/01/2011 and ending n/report is for:			
4	name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4D	EIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	4
b	Total number of participants at the end of the plan year			5b	4
С				5c	3
6a	· · · · · · · · · · · · · · · · · · ·				X Yes No
b	, , , ,		•	'A)	
	· · · · · · · · · · · · · · · · · · ·		,		X Yes No
D-	<u> </u>	orm 5500-	SF and must instead use Form 550	0.	
			I		
7	Plan Assets and Liabilities				(b) End of Year 1482287
a			2430317		100
b	•		2436517		1482187
<u>C</u>		/с			
8 a			(a) Amount		(b) Total
а	(1) Employers	8a(1)			
	(2) Participants	8a(2)	88958		
	(3) Others (including rollovers)				
b	Other income (loss)	8b	45535		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			134493
d	Benefits paid (including direct rollovers and insurance premiums		1082912		
е	Certain deemed and/or corrective distributions (see instructions)				
f	Administrative service providers (salaries, fees, commissions)		5911		
g	,				
h					1088823
i	Net income (loss) (subtract line 8h from line 8c)				-954330
j	Transfers to (from) the plan (see instructions)	-			
			•		

Form	5500-	SF	201

Part IV	Plan	Characteristics
Parriv	Pian	Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D
 - 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							
			Vac	Na				
0	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		Yes	No		Amo	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)		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a		Х				
	on line 10a.)	10b		^				
С	Was the plan covered by a fidelity bond?	10c	X					25000
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					77010
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	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
12	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.)					· Ш		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							
lf y	rou completed 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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		Yes	N	10	N/A
art								
	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							
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			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.)	he plai	n(s) to	1				
1	3c(1) Name of plan(s):		13	c(2) E	IN(s)	•	13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retrieved and signed by an enrolled actuary, as well as the electronic version of this return.		,		O, 11	,		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/03/2012	AMY KOHN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

								CANADA CA	
Par	t IV	Plan Characteristics							
9a	If the	plan provides pension benefits, enter the applicable pension featu E $$ 2F $$ 2G $$ 2J $$ 2K $$ 3D	re codes from the L	ist of Plan Chara	acteris	itic Co	des in I	the instruction	ons:
b	If the	plan provides welfare benefits, enter the applicable welfare feature	e codes from the Lis	t of Plan Charac	cteristi	ic Cod	es in th	e instruction	ns:
Part	٧	Compliance Questions							
10	Dur	ing the plan year:				Yes	No	Α	mount
	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	n)	10a		Х	, a, a	
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		Х		
С	Wa	is the plan covered by a fidelity bond?			10c	Х			25,000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fideli	ity bond, that was ca	aused by fraud	10d		Х		
е	Wei	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the ructions.)	ersons by an insura benefits under the	nce carrier, plan? (See	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.)		10g	Х			77,010
h	If th	is is an individual account plan, was there a blackout period? (See	instructions and 29	CFR	10h		Х		
i		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			10i				
Par	t VI	Pension Funding Compliance					COMMISSION OF THE PERSON OF TH		
11	ls ti	nis a defined benefit plan subject to minimum funding requirements 0))							Yes X No
e Par	(If " If a gradyout you have been been been been been been been be	his a defined contribution plan subject to the minimum funding requives," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being arthing the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule ME are the minimum required contribution for this plan year. er the amount contributed by the employer to the plan for this plan bract the amount in line 12c from the amount in line 12b. Enter the lative amount) the minimum funding amount reported on line 12d be met by the five plan Terminations and Transfers of Assets as a resolution to terminate the plan been adopted in any plan year? Yes," enter the amount of any plan assets that reverted to the emplore all the plan assets distributed to participants or beneficiaries, traine PBGC?	mortized in this plan 3 (Form 5500), and year result (enter a minuunding deadline? oyer this year nsferred to another	year, see instru Mor skip to line 13. s sign to the left	of a	, and (12b 12c 12d	ne date of the	Year
	If d wh	uring this plan year, any assets or liabilities were transferred from tich assets or liabilities were transferred. (See instructions.)							
	13c(1	Name of plan(s):			13c(2) EIN(s) 13c(3			13c(3) PN(s)	
Cau	ıtion:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonal	ble ca	use is	estab	lished.	
SB	or Scl	nalties of perjury and other penalties set forth in the instructions, I on nedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.	declare that I have e s the electronic vers	examined this re iion of this return	turn/re n/repo	eport, i rt, and	ncludir to the	ng, if applications best of my k	ble, a Schedule knowledge and
			10/1124,2	Anny	×(.>	Jar	·.		
SIC HE	and a second second	Signature of plan administrator	Date Date	Enter name of			<u> </u>	s nlan admir	nistrator
		organization plan administrator	Date	CINCI HOME OF			grinig o	o pian aoni	
SIO HE	3N RE	Signature of employer/plan sponsor	Date	Enter name of	individ	dual si	gning a	ıs employer	or plan sponsor

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Instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Annual Report Identification Information	A 6 7 7 6 7 6 7		-1 - 3:		19/21/201	3
Ford		01/01/20		and ending		12/31/201	
Ат	his return/report is for:	a multiple-	employer plar	(not multiemployer)	į	a one-particip	eant plan
Вт	his return/report is:		turn/report				
	an amended return/report	a short pla	n year return/r	eport (less than 12 m	onths)	_	
C	Check box if filing under: X Form 5558	automatic	extension			DFVC progra	m
	special extension (enter descript	ion)					
Pa	rt II Basic Plan Information—enter all requested inform	nation					
	Name of plan				1b	Three-digit	
	CHELSEA IMAGING 401(k) PLAN					plan number	001
					10	(PN) ▶ Effective date o	1
						01/01/199	
	Plan sponsor's name and address; include room or suite number (employer, if	for a single-er	nployer plan)	2b	Employer Identi	fication Number
	CHELSEA IMAGING HOLDINGS, L.L.C.	. , ,			<u> </u>	(EIN) 26-203	9330
					2c	Sponsor's telep	
	030 Mece 17mu capear					(917) 305-	
	230 WEST 17TH STREET				2d	Business code 621510	(see instructions)
	NEW YORK			10011	3h	Administrator's	EIN
	Plan administrator's name and address (if same as plan sponsor, SAME	enter Same)		1	Administrators	L-11X
					3с	Administrator's	telephone number
					 		
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	e last return/i	eport filed for	this plan, enter the	46	EIN	
а	Sponsor's name				4c	PN	
5a	Total number of participants at the beginning of the plan year				5a		4.7
b	Total number of participants at the end of the plan year				5b		4.8
	Number of participants with account balances as of the end of the						2 0
	complete this item)					<u> </u>	39
	Were all of the plan's assets during the plan year invested in elig						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)	of an indeper	dent qualified	public accountant (IC	IFA)		Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use						<u></u>
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End	of Year
а	Total plan assets	7a		2,436,5	17		1,482,287
b	Total plan liabilities	7b					100
С	Net plan assets (subtract line 7b from line 7a)	7c		2,436,5	17		1,482,187
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	\perp	(p)	Total
а	Contributions received or receivable from:	8a(1)					
	(1) Employers			88,9	5.8		
	(2) Participants				\dashv		
h	(3) Others (including rollovers)			45,5	35		
b c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				77		134,493
ď		····	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		.gk,		
~	to provide benefits)	8d		1,082,9	12		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		5,9	11		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,088,823
į	Net income (loss) (subtract line 8h from line 8c)	8i	\$57				(954,330)
_	Transfers to (from) the plan (see instructions)		1		13.1		