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

P		lance witl	n the instructions to the Form 5500	-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 12	2/31/20	011	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final r	eturn/report			
		a short pla	an year return/report (less than 12 mo	nths)		
_	H_	•	extension	Γ	DFVC progra	m
C			CATCHSION	L	_ Di vo piogia	
_	special extension (enter description	,				
	rt II Basic Plan Information—enter all requested information	ation		4.		
	Name of plan	D.O. DDO			Three-digit plan number	
THE	CORNEA & REFRACTIVE SURGERY PRACTICE OF NEW YORK,	P.C. PRO	FIT SHARING PLAN		(PN)	001
			<u> </u>		Effective date of	
					05/01/	•
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Number
THE	CORNEA & REFRACTIVE SURGÉRY PRACTICE OF NEW YORK,	P.C.			(EIN) 11-27	
				2c :	Sponsor's telep	hone number
425 N	MADISON AVENUE, SUITE 1501				212-838	
	YORK, NY 10017			2d	Business code (see instructions)
					62111	1
3a	Plan administrator's name and address (if same as plan sponsor, en	iter "Same	e")	3b /	Administrator's [
	CORNEA & REFRACTIVE SURGERY PRACTICE OF 425 MADISON YORK, P.C. NEW YORK, I		E, SUITE 1501	2-		49144
				3C /	Administrator's t 212-838	elephone number 3-1053
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b		
•	name, EIN, and the plan number from the last return/report.	act rotarri,	report 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		
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of the p	lan year (defined benefit plans do not			
	complete this item)			5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes N
b	Are you claiming a waiver of the annual examination and report of a					X Yes N
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo					V les I
Pa	rt III Financial Information	7111 3300-	or and must instead use roim 550	<u>u.</u>		
7	Plan Assets and Liabilities		(a) Posinning of Voor		(b) End	of Voor
-		70	(a) Beginning of Year		(b) End	1316410
a	Total plan assets	7a	0			0
D	Total plan liabilities	7b	1331727			1316410
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	0			
	(2) Participants	8a(2)	0	_		
	(3) Others (including rollovers)	8a(3)	0			
h	Other income (loss)		-15317			
b	` '	8b	10017			-15317
ч С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				10017
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	0			
g	Other expenses	8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
;	Net income (loss) (subtract line 8h from line 8c)	8i				-15317
i	Transfers to (from) the plan (see instructions)		0			
	Transiers to (nom) the plan (see instructions)	8j	U			

Form	5500.	SF.	201

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Part IV	Plan	Characteristic	
ralliv	ГІАП	CHALACIELISTIC	

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

Part V	Compliance Questions							
	uring the plan year:		Yes	No		Δ	moun	+
a w	as there a failure to transmit to the plan any participant contributions within the time period described in	I0a		X		<u> </u>	inoun	•
b w	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	l0b		X				
c v	/as the plan covered by a fidelity bond?	I0c		X				
	d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	l0d		X				
in	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	l0e		X				
f H	as the plan failed to provide any benefit when due under the plan?	10f		X				
g Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	l0q		X				
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	l 0 h		X				
	10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part VI	Pension Funding Compliance			•				
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp						Y	es X
a If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver. Month completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year.							
C Er	nter the amount contributed by the employer to the plan for this plan year			12c				
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of gative amount)		[12d				
e w	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	es	No	X N
art VI	Plan Terminations and Transfers of Assets							
I3a ⊣	as 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	1:	3a		·	i		
b W	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur the PBGC?	der	the co	ontrol			Y	es X
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the nich assets or liabilities were transferred. (See instructions.)	plar	n(s) to)				
13c	(1) Name of plan(s):		13	c(2) E	IN(s)		13c	(3) PN(
Sauti	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	•		eet-l-	liah a :			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	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.	10/11/2012	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 sections 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

P	art I	Annual Report	Identification Information					•	
For	calenda:	r plan year 2011 or f	iscal plan year beginning	01/01/	2011	and ending		12/31/201	1
Α	This retu	rn/report is for:	🛮 a single-employer plan	a multipi	e-employer pla	ın (not multiemployer)		a one-partici	nant plan
_		rn/report is:	the first return/report	╡	return/report				p.c.,
			an amended return/report	╡	•	report (less than 12 m	anthe\		
_	Chook he	av if filia a vandan		╡		report (leas than 12 fil	Ontria)	_	
Ü	Check bt	ox if filing under:	H	_	c extension			DFVC progra	ım
Б	and II	Dania Dian Info	special extension (enter descrip	,					
_			ormation—enter all requested infor	mation					
ıa	Name of	•	contino Curanus Deserti-	5 N			1b	Three-digit plan number	
			active Surgery Practic	e or Ne	eW.		1	(PN)	001
	York,	P.C. Profit	Sharing Plan				1c	Effective date of	f plan
_		· · · · · · · · · · · · · · · · · · ·						05/01/1986	
Za	Plan spo	onsor's name and ac	ddress; include room or suite number active Surgery	(employer, i	f for a single-e	mployer plan)	2b	Employer Identif	ication Number
	Pract	ice of New Y	ork, P.C.				<u> </u>	(EIN) 11-274	
							2C	Sponsor's telepi (212) 838-	hone number -1053
	425 M	adison Avenu	e, Suite 1501				2d	· · · · · · · · · · · · · · · · · · ·	see instructions)
	New Y	ork			NY	10017		621111	ode manaemona,
3a	Plan adr SAME	ministrator's name a	nd address (if same as plan sponsor,	enter "Sam			3b	Administrator's E	EIN
	SAME								
							3C	Administrator's t	elephone number
4	If the na	me and/or EfN of the	e plan sponsor has changed since the	last return/	report filed for	this plan, enter the	4b	EiN	
_	name, E	EIN, and the plan nu	mber from the last return/report.			·			
	Sponsor		of the hardware of the sales				4c	PN	
			at the beginning of the plan year				5a		
			at the end of the plan year				5b		······
	complet	e this item)	account balances as of the end of the	pian year (defined benefi	t plans do not	5c		
6a	Were a	ll of the plan's asset	s during the plan year invested in eligi	ble assets?	(See instruction	ons.)		***************	Yes No
þ	Are you	claiming a waiver of	f the annual examination and report of	an indeper	ndent qualified	public accountant (IQF	⊃A)		X Yes No
	if you a	9 CFR 2520, 104-46 nswered "No" to e	? (See instructions on waiver eligibility ither 6a or 6b, the plan cannot use	and condit	SF and must	instead use Form 550		***************************************	X Yes No
Pa		Financial Infor		OTHI COOC	or anamast	mateur use i oim soc			
7	Plan As:	sets and Liabilities			(a) B	eginning of Year	1	(b) End	of Year
а	Total pla	an assets		7a		1,331,72	7		1,316,410
b	Total pla	an liabilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 7b			0		(
С	Net plan	assets (subtract line	e 7b from line 7a)	7c		1,331,72	7		1,316,410
8	Income,	Expenses, and Train	nsfers for this Plan Year		(a) Amount		(b) T	otal
а		itions received or rec					0		
	, ,	· •	***************************************	· · · · · · · · · · · · · · · · · · ·	<u> </u>		긝		
			rs)				쉬		
h		, ,		·· - · · · · · · · · · · · · · · · · ·		(15,317	픣		
Ç), 8a(2), 8a(3), and 8b)			(10,017	' 		(15,317)
d			ct rollovers and insurance premiums	1 80			+		(13,317)
•				. 8d			0		
е	Certain	deemed and/or corre	ective distributions (see instructions)	8e			0		
f	Administ	trative service provid	fers (salaries, fees, commissions)	8f			0		
g	Other ex	rpenses		8g			0		
h		•	d, 8e, 8f, and 8g)				_		(
į			ine 8h from line 8c)						(15,317)
j	Transfer	s to (from) the plan	(see instructions)	· 8j			0		

	Form 5500-SF 2011 Page 2 -						
Part							-
9 a 1	if the plan provides pension benefits, enter the applicable pansion feature codes from the List of Plan Ct 2A 2E 3D	are ale	-4- 6	ada . '			·
b ı	If the plan provides walfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	wated	tia Ca	OG## 1		etructions):
Part 1		to entropy to		G E \$ 13	the insi	fuctions;	
	V Compliance Questions During the plan year:						
	Was there a fallure to transmit to the plan and any and any		Yes	No	1	Arsıc	unt
	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			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported by the standard or include transactions with any party-in-interest?	, 10a			┼		
•	***** trie plan covered by a fidelity bond?	10b	 	×	-	· · · · · · · · · · · · · · · · · · ·	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	100	-	×			 -
		10d		X			
ir	instructions.)			x			
T H	fas the plan falled to provide any benefit when due under the plan?	1Be			 		
A	one plan have any participant loans? (If "Yes," enter amount as of year and \	101		X	ļ		
•• "	* 499 (0 01) \$(COVERIGN SCOVER) (New 1964 1964 16-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	100		×	-		-, ,
1 1	10h was answered "Yes " chart the han It	10h	\dashv	X	11		vi
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		- 1			
	The state of the s						
2 (s	this a defined benefit plan subject to minimum funding requirements? (If "Yes," one instructions and con 500)	or sec	ion 30)2 of 6	(Form	[] \	/es 🔯 (
1 is 55 55 2 is (if a if (this a defined benefit plan subject to minimum funding requirements? (If "Yes," one instructions and con 500)	or sec	ion 30)2 of 6	(Form	[] \	/es 🔯 (
7 18 55 2 19 (If a If (gn	this a defined benefit plan subject to minimum funding requirements? (If "Yes," one instructions and cons500)	or sec	tion 30	02 of 6 ter the Day_	(Form	[] \	/es 🔯 (
2 is (if a if a gra if you b En	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constitution plan subject to the minimum funding requirements of section 412 of the Code ("Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding stendard for a prior year is being amortized in this plan year, see instructions the waiver. Montage of the minimum required contribution for this plan year.	ctions, a	tion 30)2 of 6	(Form	[] \	/es 🔯 (
1 is 55 2 is (if gri if you b En c Em d Sui	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constitution plan subject to the minimum funding requirements of section 412 of the Code ("Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding stendard for a prior year is being amortized in this plan year, see instructions the waiver. Monter the minimum required contribution for this plan year. the rinimum required contributed by the employer to the plan for this plan year. Abtract the amount contributed by the employer to the plan for this plan year.	ctions, a	ion 30	D2 of 6 ter the Day_ 2b	(Form	[] \	/es 🕅
7 is 55 2 is (if grind if you be for the grind if you be for the grind if you be for the grind if you have the	this a defined benefit plan subject to minimum funding requirements? (if "Yes," one instructions and conscious this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ("Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a walver of the minimum funding stendard for a prior year is being amordized in this plan year, see instructions the walver. It completed line 12a, complete times 3, 9, and 10 of Schedule MB (Form \$300), and skip to line 13. There the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in time 12c from the amount in time 12b. Enter the result (enter a minus sign to the left of gettive amount).	ctions, a	ion 30	D2 of 6 ter the Day_ 2b 2c 2d	(Form	[] \	/es 🔯 (
7 is 555 2 is (if gri if you be En d Suu neg	this a defined benefit plan subject to minimum funding requirements? (If "Yes," one instructions and constitution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a walver of the minimum funding stendard for a prior year is being amorded in this plan year, see instructions the waiver. a completed line 12a, complete lines 3, 2, and 10 of Schedule MB (Form \$380), and skip to line 13. there the minimum required contribution for this plan year. there the amount contributed by the employer to the plan for this plan year. abtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gettive amount).	ctions, a	ion 30	D2 of 6 ter the Day_ 2b 2c 2d	(Form	[] \	r ruiling
2 is 55 2 is (if gn Hyou b En G Em neg Will wit VII	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and consolon). It is taken a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ("Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) It is waiver of the minimum funding stendard for a prior year is being amortized in this plan year, see instructions the waiver. It completed line 12a, complete times 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left in the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, a	ion 30	ter the Day _	(Form ERISA? a date o	f the lette Year_	r ruiling
1 is 55 2 is 1 if c gri if you b En c Errich Sui no; 6 Wii	this a defined benefit plan subject to minimum funding requirements? (if "Yes," one instructions and constitution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amordized in this plan year, see instructions the waiver. Accompleted line 12a, complete tines 3, 9, and 10 of Schedule MB (Form \$380), and skip to line 13. There the minimum required contribution for this plan year. There the amount contributed by the employer to the plan for this plan year. Abtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gettive amount). If the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets is a resolution to terminate the plan been adopted in any plan year?	ctions, and the contraction of a	and en	ter the Day _	(Form ERISA?	f the lette Year_	r ruiling
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2 is 55 2 is (if you be En of Sun neg the Will Sa Harris of the white the wind with the second secon	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500)	ctions, sith	and en	Day	(Form ERISA? a date o	f the lette Year_ No	r ruiling
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1 is 55 55 2 is 6 (if you had such that the	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500)	ctions, sith	and en	D2 of 6 ter the Day	(Form ERISA? a date o	f the lette Year_ No	r ruling
Is 55 55 2 is 55 2 is 9 if you be En of Suit of 1 if di which is 130(1	in this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constitution plan subject to the minimum funding requirements of section 412 of the Gode ("Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding stendard for a prior year is being amortized in this plan year, see instructions are completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$380), and skip to line 13. The minimum required contribution for this plan year. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the last agettive amount). If the minimum funding amount reported on time 12d be met by the funding deadline? If I Plan Terminations and Transfers of Assets is a resolution to terminate the plan been adopted in any plan year? Yes, "enter the amount of any plan essets that reverted to the employer this year. The PBGC? A penalty for the tate or incomplete filling of this returns to the last of plan(s). A penalty for the tate or incomplete filling of this returns to the last of the last of plan(s).	or sec ctions, a ith of a 13a 13a 10er(s	and en	D2 of 6 ter the Day 2b	(Form ERISA? a date o	f the lette Year No No 136	r ruling
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