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

2012

This Form is Open to Public Inspection

		Complete all entries in accorda	nce with the instru	ctions to the Form 550	00-3F.	
Part I		Identification Information				
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/2012		and ending	12/31/2012	
A This ref	turn/report is for:	a single-employer plan a	multiple-employer p	lan (not multiemployer)	a one-par	ticipant plan
B This ref	turn/report is:	the first return/report the	ne final return/report			
		an amended return/report a	short plan year retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	utomatic extension		DFVC pro	gram
	Ü	special extension (enter description)				
Part II	Basic Plan Info	rmation—enter all requested informati	on			
1a Name					1b Three-digit	
	•	JRGERY PRACTICE OF NEW YORK, P.	.C. PROFIT SHARIN	IG PLAN	plan number	
					(PN) ▶	001
					1c Effective dat	•
20.51						/01/1986
THE CORN	ponsor's name and add EA & REFRACTIVE SI	dress; include room or suite number (emp URGERY PRACTICE OF NEW YORK, P	ployer, if for a single- '.C.	employer plan)		entification Number -2749144
					(EII1)	
425 MADIS	ON AVENUE, SUITE 1	501			2c Sponsor's te	838-1053
NEW YORK		301			2d Business coo	de (see instructions)
						1111
3a Plan a	dministrator's name an	nd address XSame as Plan Sponsor Nar	me Same as Plar	Sponsor Address	3b Administrato	's EIN
			_			
					3c Administrato	r's telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN	
		mber from the last return/report.		,	-10 EII1	
a Spons	or's name				4c PN	
5a Total	number of participants	at the beginning of the plan year			· 5a	3
b Total	number of participants	at the end of the plan year			. 5b	2
	· ·	account balances as of the end of the pla	• •		5c	2
	•					
		s during the plan year invested in eligible the annual examination and report of an				X Yes No
		? (See instructions on waiver eligibility an				X Yes No
		ther line 6a or line 6b, the plan cannot				
Caution: A	A penalty for the late of	or incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	use is established.	
		ner penalties set forth in the instructions,				
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as well	as the electronic ver	sion of this return/repor	rt, and to the best of	my knowledge and
Deller, it is	true, correct, and comp	Diete.				
SIGN	Filed with authorized/	valid electronic signature.	07/12/2013	MARTIN FOX, M.D.		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN	Filed with authorized/	valid electronic signature.	07/12/2013	MARTIN FOX, M.D.		
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual signing as empl	oyer or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; include	room or suite numbe	r (optional)	Preparer's telepho	ne number (optional)

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	1 01111 3300 01 2012		r age =							
Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year		
a	Total plan assets	. 7a	131641					1434		
b	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	131641	0				1434	448	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
	Contributions received or receivable from:		, ,				` '			
	(1) Employers	8a(1)		0						
	(2) Participants									
	(3) Others (including rollovers)									
	Other income (loss)	8b	11803	88						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						118	038	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		0						
	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>	_				0	
	Net income (loss) (subtract line 8h from line 8c)	8i						118	3038	
	Transfers to (from) the plan (see instructions)	8j		0				- 110	0000	
	t IV Plan Characteristics	l ol		U						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	ndes in	the instruc	ctions:		
Ju	2A 2E 3D		200 110111 1110 2101 01 1 1 1 1 1 1 1 1							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ions:		
Par	V Compliance Questions				1		T			
10	During the plan year:				Yes	No		Amou	nt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	405		X				
	,			10b		Χ				
c	Was the plan covered by a fidelity bond?			10c		^				
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service or other organization that provides some or all of instructions.)		• ,	10e		X				
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a					X				
<u>9</u>				10g						
••	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the									
Dart	vi Pension Funding Compliance	1-3		10i						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	Soot) die in o i it a soow).									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of t	the lette Year _	r ruling	<u>, </u>
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
b	Enter the minimum required contribution for this plan year					12b				

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	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	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			1
	Name of trust	14b ⊺	rust's EIN	

	Form 5500-SF	Short Form Annua	Return/Report	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to be		2012					
	Department of Labor splayes Barmits Security Administration	Retirement Income Security Actine inte	This Form	This Form is Open to Public					
	ension Benefit Gueranty Corperation	Complete all entries in acc	line line	p ect on					
	ert I Annual Report lo celender plan year 2012 or fac	lentification information	21 (21 (22)						
_	Ĭ	X a single-employer plan	01/01/2012	and ending		12/31/20	.2		
		the first return/report	a multiple-employer the final return/repo	ŀ	s one pertici	pant pian			
D .	This return/report is:								
<u> </u>		an amended return/report	=	ım/raport (less then 12 m	nonthe)_			
.	Check box if filing under:	4	Form 5558 automatic extension						
De	rt II Basic Plan Inform	special extension (enter descri							
	Name of plan	nation—enter all requested info	mellon		T As				
	•	tive Surgery Practic	on of Nov		10	Three-digit plan number			
1	York, P.C. Profit S	haring Plan	CG OT MAN			(PN) ▶	001		
2-					1c	Effective date of 05/01/1986			
"	rian aponsor's name and addre The Cornea & Refrac Practice of New Yor	es; include room or suits number tive Surgery	r (employer, if for a single	e-employer plan)	2b	Employer Identil (EIN) 11-274			
	102	A, E.C.			2c	Sponsor's telepi			
4	25 Madison Avenue,	Suite 1501			2d	(212) 838~			
	lew York		NO.	_10017		Business code (see instructions) 621111			
3a F	Plan administrator's name and a	address XSame as Plan Sponso	r Name Same as Pla	n Sponsor Address	3b	Administrator's E	3N		
6 #	f the name and/or EIN of the ple	an aponaor has changed since th	e last return/recort filed	or this plan enter the	4b	Pal			
	name, EIN, and the plan numbe ponsor's name	ir from the last return/report.		pioni, orner en		······································			
		he beginning of the plan year			46	PN			
b T	otal number of participants at 8	he end of the plan year		^~÷=##+>+##+4+#+++++#######################	5a		3		
CN	lumber of perticipants with acco	ount balances as of the end of the	a pien weer (defined hen	eff cieco do nos	5b		2		
	Cultinate tare tents)	*******************************			5c	<u> </u>	2		
b A	rere an or the plan's assets out tre you claiming a waiver of the nder 29 CFR 2520.104-46? (Se	ring the plan year invested in eligic annual examination and report of the first plant on waiver eligibility time the or live the then can	ible assets? (See instruc if an independent qualific v and conditions.)	d public secountant (iQf	PA)		Yes No		
euth	on: A penalty for the late or in	complete Ming of this returning	eport will be seened	unines massachie sour	-				
Bor:	penalities of pertury and called r	Penallies set forth in the instruction	on I declare make I have	manufacid this art artist			ile, a Schedule nowledge and		
ign ERE	1 UTA		7/12/13	Martin Fox, H.	D.				
	Signature of pitch admir	Signature of plan estrainistrator Date Enter name of individ				ing es plan admi	nistrator		
ion Ere	1 0 /h		7/12/13	Martin Pox, M.D.					
	Fignature of employers or's name (including firm name,	plan aponeor , if applicable) and address; inclu	Onte de room or suite numbe	Enter name of individue (optional)	ei sion Prapa	ing as employer o rer's telephone o	r plen eponeor umber (optional)		

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	г			(b) End of Year	
a	Total plan assets	7a	1,316		0	1,434,448		
b	Total plan liabilities	7b			0		0	
	Net plan assets (subtract line 7b from line 7a)	7c	1,316	,41	0	1,434,448		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from:				$\overline{\ }$			
	(1) Employers	8a(1)			<u> </u>			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	110	0.00	0			
	Other income (loss)	8b	110	3,03	-		118,038	
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		110,030	
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			이			
e	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	
i	Net income (loss) (subtract line 8h from line 8c)	8i					118,038	
j	Transfers to (from) the plan (see instructions)	8j			0			
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
	2Å 2Ë 3D		on from the List of Dian Charac	ntoriot	io Cod	loo in t	he instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	es from the List of Plan Charac	sterist	ic Coc	ies in t	ne instructions.	
Par	t V Compliance Questions				•			
10	During the plan year:				Yes	No	Amount	
a		tions withir	n the time period described in ection Program)	10a		Х		
t	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х		
				10c		Х		
				100				
	or dishonesty?			10d		Х		
E	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		X		
f				10f		Х		
						X		
				10g				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				
Par	Part VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11	11a Enter the amount from Schedule SB line 39							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes 🛚 No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	· · · · · · · · · · · · · · · · · · ·	Mor	nth	, and	enter ti Day		
<u> </u>	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year				1	12b	1	

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	Enter the amount contributed by the employer to the plan for this p	plan year	12c	!	<u> </u>
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	r the result (enter a minus sign to the left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by t	the funding deadline?		Yes	No 🗵 N/A
Part	VII Plan Terminations and Transfers of Assets				
	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	13a		
b	Were all the plan assets distributed to participants or beneficiaries of the PBGC?				Yes 🖺 No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	rom this plan to another plan(s), identify the plan	n(s) to		_
	I3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a Name of trust			14b ⊤	rust's EIN	