## 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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This ref	turn/report is for:			an (not multiemployer)		a one-partici	oant plan
<b>B</b> This ref	turn/report is:		the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	_	
C Check	box if filing under:		automatic extension			DFVC progra	am
D ( II	Desir Dies Ister	special extension (enter description	<u> </u>				
Part II		mation—enter all requested informa	tion		41-	<del></del>	
1a Name THE CORNE		RGERY PRACTICE OF NEW YORK, F	P.C. PROFIT SHARIN	G PLAN		Three-digit plan number (PN) ▶	001
						Effective date o	
2a Plan s	ponsor's name and add	ress; include room or suite number (en RGERY PRACTICE OF NEW YORK,	nployer, if for a single-P.C.	employer plan)		Employer Identi	fication Number 49144
425 MADIS	ON AVENUE CHITE 45	04				Sponsor's telep	
NEW YORK	ON AVENUE, SUITE 15 (, NY 10017	OT			2d		(see instructions)
<b>3a</b> Plan a	dministrator's name and	d address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	FIN	
name		ber from the last return/report.			4c		
		at the beginning of the plan year			5a	<u> </u>	2
_		it the end of the plan year			5b		0
		ccount balances as of the end of the pl	• •	•	5c		0
		during the plan year invested in eligible					X Yes No
under	29 CFR 2520.104-46?	the annual examination and report of a (See instructions on waiver eligibility a	nd conditions.)				X Yes No
•		her line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins					Not determined
Caution: A	h penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ıse is e	established.	
Under pena SB or Sche	alties of perjury and other	er penalties set forth in the instructions d signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	oort, ind	cluding, if applic	
SIGN	Filed with authorized/va	alid electronic signature.	03/01/2014	MARTIN FOX, M.D.			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sigr	ning as plan adr	ninistrator
SIGN	Filed with authorized/va	alid electronic signature.	03/01/2014	MARTIN FOX, M.D.			
HERE	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	me, if applicable) and address; include	e room or suite numbe	r (optional)	Prepa	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2** 

	•							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a	143444				0	
	Total plan liabilities	7b		0			0	
С	Net plan assets (subtract line 7b from line 7a)	7с	143444	1434448			0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	13035	4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-			130354	
_	Benefits paid (including direct rollovers and insurance premiums	00					100004	
	to provide benefits)	8d	156480	2				
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					1564802	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-1434448	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
b —— Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	is from the list of Plan Chara	cterist	ic Coa	es in th	e instructions:	
10	During the plan year:				Yes	No	Amount	
а				10a		X		
b		? (Do not in	nclude transactions reported	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 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	er persons	by an insurance carrier,					
	instructions.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	nd.)	10q		Χ		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	ctions and 29 CFR	10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a	·····	
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA? Yes X	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•					<u> </u>	
a	If a waiver of the minimum funding standard for a prior year is being			ctions	, and e	enter the	e date of the letter ruling	
٠.	granting the waiver	-	Mon	th		Day	Year	
	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			th		Day _	Year	

Page	3 -	. 1	
гаус	J		

С	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	N/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0				
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		

## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in accorda	ince with the instruc	tions to the Form 5500	)-SF.	
Part I		lentification Information				
For calend	ar plan year 2013 or fisc	al plan year beginning 01	/01/2013	and ending		12/31/2013
A This ret	turn/report is for:	🛚 a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-participant plan
B This ret	turn/report is:	the first return/report X t	he final return/report			
	[	an amended return/report a	short plan year return	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC program
O CHECK		special extension (enter description				
Part II	Racio Plan Inform	nation—enter all requested informat	,			
1a Name		riation enter all requested informat	IOTI		1h	Three-digit
		atino Curgory Dragtico	of Nou			plan number
	, P.C. Profit S	ctive Surgery Practice Sharing Plan	or New			(PN) ▶ 001
10111	, 1101 110110				1c	Effective date of plan
						05/01/1986
	<b>ponsor's name and addr</b> Cornea & Refrac	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number
	tice of New Yor					(EIN) 11-2749144
					2C	Sponsor's telephone number (212) 838-1053
425 1	Madison Avenue,	, Suite 1501			24	Business code (see instructions)
New	Vork		NV	10017	20	621111
		address Same as Plan Sponsor Na		Sponsor Address	3b	Administrator's EIN
	onwindi ator o mante and	additions (Activities to the Sperioes Tha		Oponios: ricarioso		, , , , , , , , , , , , , , , , , , , ,
					3с	Administrator's telephone number
4 If the r	nome and/or FIN of the r	plan sponsor has changed since the las	et roturn/roport filed fo	rthic plan, optortho	4 h	CINI
		or from the last return/report.	st return/report nied it	r this plant, enter the	4D	EIN
	or's name				4c	PN
<b>5a</b> Total i	number of participants at	t the beginning of the plan year			5a	
<b>b</b> Total i	number of participants at	t the end of the plan year	*!!!*******	*******************************	5b	(
	, ,	count balances as of the end of the pla				
				-	5c	(
6a Were	all of the plan's assets of	during the plan year invested in eligible	assets? (See instruc	tions.)		X Yes No
		he annual examination and report of ar				
		(See instructions on waiver eligibility ar ner line 6a or line 6b, the plan canno				
· <del>-</del>		•	t use roim 5500-57	ano musi insteau use	COLLI	5500.
C II the p		alam in it an analysis day tha PDCC inc.			_	Mark I black I black data and and
	pian is a defined benefit	plan, is it covered under the PBGC ins	urance program (see		_	Yes No Not determined
Caution; A		plan, is it covered under the PBGC ins incomplete filing of this return/repo		ERISA section 4021)? .		
Under pena	A penalty for the late or alties of perjury and othe	incomplete filing of this return/report penalties set forth in the instructions,	ort will be assessed	ERISA section 4021)? . unless reasonable cau examined this return/rep	se is	established.  ncluding, if applicable, a Schedule
Under pena SB or Sche	A penalty for the late or alties of perjury and othe edule MB completed and	incomplete filing of this return/report penalties set forth in the instructions, signed by an enrolled actuary, as well	ort will be assessed	ERISA section 4021)? . unless reasonable cau examined this return/rep	se is	established.  ncluding, if applicable, a Schedule
Under pena SB or Sche	A penalty for the late or alties of perjury and othe	incomplete filing of this return/report penalties set forth in the instructions, signed by an enrolled actuary, as well	ort will be assessed	ERISA section 4021)? . unless reasonable cau examined this return/rep	se is	established.  ncluding, if applicable, a Schedule
Under pend SB or Sche belief, it is	A penalty for the late or alties of perjury and othe edule MB completed and	incomplete filing of this return/report penalties set forth in the instructions, signed by an enrolled actuary, as well	ort will be assessed i declare that I have as the electronic ver	ERISA section 4021)? . unless reasonable cau examined this return/rep	se is oort, ir , and	established.  ncluding, if applicable, a Schedule
Under pend SB or Sche belief, it is	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and comple	incomplete filing of this return/report penalties set forth in the instructions, is signed by an enrolled actuary, as wellete.	ort will be assessed ideclare that I have as the electronic ven	ERISA section 4021)?  unless reasonable cau examined this return/rep sion of this return/report  Martin Fox, M.	se is port, ir, and	established.  ncluding, if applicable, a Schedule to the best of my knowledge and
Under pend SB or Sche belief, it is i SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and complete Signature of plan address	incomplete filing of this return/report penalties set forth in the instructions, a signed by an enrolled actuary, as wellete.	declare that I have as the electronic verse as the Date	ERISA section 4021)?  unless reasonable cau examined this return/rep sion of this return/report  Martin Fox, M.  Enter name of individu	port, ir, and	established.  ncluding, if applicable, a Schedule
Under pend SB or Sche belief, it is	A penalty for the late or alties of perjury and other and true, correct, and complete and signature of plan address.	incomplete filing of this return/report penalties set forth in the instructions, a signed by an enrolled actuary, as wellete.	rt will be assessed a declare that I have as the electronic ven	examined this return/report  Martin Fox, M.  Enter name of individu  Martin Fox, M.	D.  D.  D.  D.  D.	established.  Including, if applicable, a Schedule to the best of my knowledge and the property of the propert
Under pend SB or Sche belief, it is i SIGN HERE SIGN HERE	A penalty for the late or alties of perjury and other and true, correct, and complete signature of plan address Signature of employers	incomplete filing of this return/report penalties set forth in the instructions, a signed by an enrolled actuary, as wellete.  In the instructions in the instructions, a signed by an enrolled actuary, as wellete.  In the instruction in the i	int will be assessed I declare that I have as the electronic verse as the elec	examined this return/report  Martin Fox, M.  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu	D.  ual sig	established.  Including, if applicable, a Schedule to the best of my knowledge and graing as plan administrator.
Under pend SB or Sche belief, it is i SIGN HERE SIGN HERE	A penalty for the late or alties of perjury and other and true, correct, and complete signature of plan address Signature of employers	incomplete filing of this return/report penalties set forth in the instructions, a signed by an enrolled actuary, as wellete.	int will be assessed I declare that I have as the electronic verse as the elec	examined this return/report  Martin Fox, M.  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu	D.  ual sig	established.  Including, if applicable, a Schedule to the best of my knowledge and the property of the propert
Under pend SB or Sche belief, it is i SIGN HERE SIGN HERE	A penalty for the late or alties of perjury and other and true, correct, and complete signature of plan address Signature of employers	incomplete filing of this return/report penalties set forth in the instructions, a signed by an enrolled actuary, as wellete.  In the instructions in the instructions, a signed by an enrolled actuary, as wellete.  In the instruction in the i	int will be assessed I declare that I have as the electronic verse as the elec	examined this return/report  Martin Fox, M.  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu	D.  ual sig	established.  Including, if applicable, a Schedule to the best of my knowledge and graing as plan administrator.
Under pend SB or Sche belief, it is i SIGN HERE SIGN HERE	A penalty for the late or alties of perjury and other and true, correct, and complete signature of plan address Signature of employers	incomplete filing of this return/report penalties set forth in the instructions, a signed by an enrolled actuary, as wellete.  In the instructions in the instructions, a signed by an enrolled actuary, as wellete.  In the instruction in the i	int will be assessed I declare that I have as the electronic verse as the elec	examined this return/report  Martin Fox, M.  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu	D.  ual sig	established.  Including, if applicable, a Schedule to the best of my knowledge and graing as plan administrator.
Under pend SB or Sche belief, it is i SIGN HERE SIGN HERE	A penalty for the late or alties of perjury and other and true, correct, and complete signature of plan address Signature of employers	incomplete filing of this return/report penalties set forth in the instructions, a signed by an enrolled actuary, as wellete.  In the instructions in the instructions, a signed by an enrolled actuary, as wellete.  In the instruction in the i	int will be assessed I declare that I have as the electronic verse as the elec	examined this return/report  Martin Fox, M.  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu  Enter name of individu	D.  ual sig	established.  Including, if applicable, a Schedule to the best of my knowledge and graing as plan administrator.

Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ľ			(b) End of Year				
a	Total plan assets	7a	1,434		8		0				
b	Total plan liabilities	7b			0		0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1,434	4,44	8	•	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:				0		- We				
	(1) Employers	8a(1)			0						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)	1 2 (	0,35	4						
	Other income (loss)	8b	13/	J, 33	4		130,354				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+-		130,334				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,56	4,80	2						
	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					1,564,802				
	Net income (loss) (subtract line 8h from line 8c)	8i					(1,434,448)				
	Transfers to (from) the plan (see instructions)	8j			0						
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:				
D = 4	V Compliance Constitute										
Part 10	<u> </u>				Yes	No	A				
a	During the plan year:  Was there a failure to transmit to the plan any participant contributions of the plan and policy of the plan and p			10a	.00	Х	Amount				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported	10a		х					
	on line 10a.)			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		Х					
	Were any fees or commissions paid to any brokers, agents, or oth			100							
J	insurance service or other organization that provides some or all or instructions.)	of the bene	efits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		Х					
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i							
Part			<u> </u>								
	Is this a defined benefit plan subject to minimum funding requirem	ents? /If "									
11			***************************************		5500) and line 11a below)						
	5500) and line 11a below)										
	5500) and line 11a below)	rom Sched	dule SB (Form 5500) line 39			11a					
11a	Enter the unpaid minimum required contribution for current year for ls this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	rom Sched requireme	dule SB (Form 5500) line 39 ents of section 412 of the Code able.)	or se	ection	<b>11a</b> 302 of	ERISA? Yes 🛚 No				
11a	Enter the unpaid minimum required contribution for current year for this a defined contribution plan subject to the minimum funding	rom Scheo requireme , as applic ng amortiz	dule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection	<b>11a</b> 302 of	ERISA? Yes No				
11a 12 a	Enter the unpaid minimum required contribution for current year for list his a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being the standard for a prior year is being the standard for a prior year.	rom Scheo requireme , as applic ng amortiz	dule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection	302 of enter the Day	ERISA? Yes No				
11a 12 a	Enter the unpaid minimum required contribution for current year for list his a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being granting the waiver.	rom Scheo requireme , as applic ng amortiz e MB (For	dule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	ctions	ection , and	11a 302 of enter th	ERISA? Yes No				

	Form 5500-SF 2013 130118 Page <b>3</b> -			
	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 N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X \	Yes No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?			Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b T	rust's EIN	