Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pe	ension Be	nefit Guaranty Corporation	➤ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	ins	spection		
Pa	rt I	Annual Report	Identification Information							
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013										
A 1	his retu	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	oant plan		
B 1	his retu	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C	C Check box if filing under: Form 5558 automatic extension							am		
					_					
Pa	rt II	Basic Plan Info	rmation—enter all requested inf	formation						
1a	Name o		·			1b	Three-digit			
CERT	IFIED F	PLASTIC SURGERY	OF NEW YORK LLC 401(K) PLAN				plan number			
							(PN) •	001		
						1C	Effective date of	•		
22	Dlan er	oneor's name and ad	Idrose: include room or suite numbe	or (ampleyor if for a single	omployor plan)	2h	01/01			
		PLASTIC SURGERY	dress; include room or suite numbe OF NEW YORK LLC	er (employer, ir for a single-	-епіріоуег ріап)	20	Employer Identi (EIN) 27-28	35550		
						2c	Sponsor's telep	hone number		
		Y HILL DR.					518-20	3-2582		
LATH	AM, NY	′ 12110				2d	Business code 6215	(see instructions)		
3a	Plan ac	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Plar	n Sponsor Address	3b	Administrator's			
						30	Administrator's	talanhana numbar		
						36	Administrators	telephone number		
4			e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN			
_		•	mber from the last return/report.			4.0	DN			
		or's name	- A About a series in a set About a series in a			4c	PN T			
_			at the beginning of the plan year			5a		3		
			at the end of the plan yearaccount balances as of the end of the			5b		2		
			account balances as of the end of the	' ' '	•	5c		2		
6a		·	s during the plan year invested in e	•	•			X Yes No		
b			f the annual examination and repor			PA)		X Yes No		
			? (See instructions on waiver eligible ither line 6a or line 6b, the plan c			Form	5500	A 105 100		
c	•		fit plan, is it covered under the PBG			_		Not determined		
			· · · · · · · · · · · · · · · · · · ·					Not determined		
			or incomplete filing of this returr							
			her penalties set forth in the instruction and signed by an enrolled actuary, a							
		rue, correct, and com		is well as the electronic ver	sion of this return/report	i, anu	o the best of my	knowledge and		
SIGN Filed with authorized/valid electronic signature. 04/01/2014 JEROME CHAO HERE										
	_	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator		
SIGI										
HERE Signature of employer/plan sponsor Date Enter name of individ						ual sig	ning as employe	er or plan sponsor		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						Prep	arer's telephone	number (optional)		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	·			(b) End o	f Voc)r		
	Total plan assets	7a	(a) beginning of Tea				(b) Ella c		1739		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	564	9	+			1	1739		
	Income, Expenses, and Transfers for this Plan Year	70					(b) Ta				
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)	249	0							
	(2) Participants	8a(2)	278	2							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	81	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(6090		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i							6090		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, ,	L								
9a		feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instruction	ns:			
Dor	V Compliance Ougations										
Par				Ī	Vaa	Ma	l				
10	During the plan year:	tiono withi	n the time period described in		Yes	No	•	Amou	ınt		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)	`	•	10b		X					
				10-	Χ					200	000
				10c						200	000
d	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										
	instructions.)			10e	X					10	067
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 e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	10g		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	d notice or one of the	10ii		X					
Dow		1-3		101							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								V		N.
	5500) and line 11a below)							Ш	Yes	۸	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>				
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						1				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day		e lette Year	er ruli	ng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			П	46.	1				
h	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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

FG	nation benefit dualanty corporation	' Complete all entries in accord	lance with the instru	<u>ictions to the Form 550</u>)0-SF.				
Pa		t Identification Information							
For c	alendar plan year 2013 or	fiscal plan year beginning 0	1/01/2013	and ending	12/31/20	13			
Ат	his return/report is for:			olan (not multiemployer)	a one-partic	ipant plan			
Вт	his return/report is:		the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	_				
C	heck box if filing under:		automatic extension		DFVC progr	ram			
		special extension (enter description							
Par	~~····································	ormation—enter all requested informa	ation			<u> </u>			
	Name of plan				1b Three-digit plan number				
		c Surgery of New York LLC	C		(PN)	001			
4	01(k) Plan				1c Effective date	1			
					01/01/201				
		address; include room or suite number (er c Surgery of New	nployer, if for a single	-employer plan)	2b Employer Ideni				
	ork LLC	, burgery or new			(EIN) 27-28:				
					2c Sponsor's telephone number (518) 203-2582				
1	3 Century Hill I	or.			2d Business code				
L	atham		NY	12110	621510				
3a F	Plan administrator's name a	and address 🏿 Same as Plan Sponsor Na	ame 🏻 Same as Plai	n Sponsor Address	3b Administrator's	EIN			
					3c Administrator's	telephone number			
					O Administrators	torophono numbor			
		ne plan sponsor has changed since the la	ist return/report filed for	or this plan, enter the	4b EIN				
	name, chv, and me pian m Sponsor's name	umber from the last return/report.			4c PN				
5a `	Total number of participant	s at the beginning of the plan year			5a	3			
b 1	Fotal number of participant	s at the end of the plan year			5b	2			
		account balances as of the end of the pl			5c	2			
		ts during the plan year invested in eligible				X Yes No			
	•	of the annual examination and report of a	•	-					
		6? (See instructions on waiver eligibility a				X Yes No			
	•	either line 6a or line 6b, the plan canno				7			
CH	Tine plan is a defined bene	efit plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?	Yes No [Not determined			
		or incomplete filing of this return/repo							
		ther penalties set forth in the instructions, and signed by an enrolled actuary, as wel							
	it is true, correct, and com		a do dio dicolionio voi	bion of this retentinopolity	, and to the bost of my	monicago ano			
SIGN		/ see	3/28/14	Jerome Chao					
HERE			Date	Enter name of individu	ual sinninn as nlan adı	ministrator			
SIGN	Hadi / J				and any many do prom du	111111111111111111111111111111111111111			
HERE		over/plan sponsor	Date	Enter name of individu	ual signing as employe	er or plan sponsor			
Prepa		name, if applicable) and address; include			Preparer's telephone				

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	2	(a) Beginning of Ye	ar			(b) End	of Ye	ar
	Total plan assets	7a		5,6	19		(,		11,739
	Total plan liabilities	7b						• • • • • • • • • • • • • • • • • • • •	
C	Net plan assets (subtract line 7b from line 7a)	7¢		5,64	19				11,739
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	Fotal	
	Contributions received or receivable from:								
	(1) Employers	8a(1)		2,49					
	(2) Participants	8a(2)		2,78	32				
	(3) Others (including rollovers)	8a(3)			_ _				
	Other income (loss)	d8		8:	18				
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4				6,090
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see Instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			-				
g	Other expenses	8g			- -				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Net income (loss) (subtract line 8h from line 8c)	8i							6,090
_ <u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics		-,						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	des from the List of Plan Char	acteri	stic Co	odes ir	the instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cteris	ic Co	des in	the instruct	ions:	
Pari	V Compliance Questions								
	. Toomphanio Quodisiio								
10	During the plan year:				Yes	No		Amo	unt
<u>10</u> a				10a	Yes	No X		Amo	unt
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	ciary Corre ? (Do not in	ection Program)nclude transactions reported	10a	Yes			Amo	unt
b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not in	ection Program)nclude transactions reported	10b		х		Amo	
b c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre	ection Program)nclude transactions reported		Yes	х		Amo	20,000
b c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre (Do not in	ection Program)ections reported	10b		х		Amo	
b c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Corre	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x		Amo	
b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.)	clary Corre (Do not in fidelity bon er persons f the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e	X	x x		Amo	20,000
a b c d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Corre (Do not in fidelity bon er persons of the benefit	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	X	x x x		Amo	20,000
a b c d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Corre (Do not in fidelity bon er persons of the benefits of year er	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e	X	x x		Amo	20,000
a b c d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Corre (Do not in fidelity bon er persons if the benefit s of year er	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	X	x x x		Amo	20,000
a b c d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre (Do not in fidelity bon er persons if the benefit s of year er See instruct e required	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g	X	x x x		Amo	20,000
a b c d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ciary Corre (Do not in fidelity bon er persons if the benefit s of year er See instruct e required	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g	X	x x x		Amo	20,000
a b c d e f g h	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Corre (Do not in fidelity bon er persons if the benefit s of year er See instruct e required -3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	x x x x x x x dule Si			20,000
d e f Part 11	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre (Do not in fidelity bon er persons if the benef s of year er See instruct e required -3	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	x x x x x x x dule Si			20,000 1,067 Yes X No
d e f Part 11	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ciary Corre (Do not in fidelity bon er persons of the benefit s of year er See instruct e required -3ents? (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See notice or one of the res," see instructions and comule SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Adule St			1,067
6 c d e f g h i 11a 11a 12	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements and line 11a below) Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	ciary Corre (Do not in fidelity bon er persons if the benef s of year er See instruct e required -3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Schec	X X X X X Aule Si	ERISA?		20,000 1,067 Yes X No
6 c d e e F art 11 11a 12 a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre (Do not in fidelity bon er persons if the bener er persons s of year er s er equired -3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the des," see instructions and com ale SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instructions and com Mon	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Schec	X X X X X Aule Si	ERISA?		20,000 1,067 Yes X No Yes X No
6 c d e e F art 11 11a 12 a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre (Do not in fidelity bon er persons if the bener er persons s of year er s er equired -3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the des," see instructions and com ale SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instructions and com Mon	10b 10c 10d 10e 10f 10g 10h 10i plete	X X Schec	X X X X X Adule St 11a 302 of	ERISA?	he lett	20,000 1,067 Yes X No Yes X No

	F	form 5500-SF 2013 130118 Page 3 -				
c	Ente	r the amount contributed by the employer to the plan for this plan year	12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е		he 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?	Y	es X No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the central plans of			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) hassets or liabilities were transferred. (See instructions.)	io			
1	3c(1)	Name of plan(s):	3c(2) Ell	N(s)	13c(3	PN(s)
Part	VIII	Trust Information (optional)				
14a	Vame	of trust	14b Tr	ust's EIN		