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

D 4 I	Benefit Guaranty Corporation		ccordance with the instru	ctions to the Form 5500)-SF.		
Part I	Annual Report I	dentification Information					
For calend	dar plan year 2013 or fis	cal plan year beginning 01/01/	/2013	and ending 1	2/31/2	2013	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter descr	· /				
Part II		rmation—enter all requested inf	formation	T			
1a Name	•				1b	Three-digit	
CHELSEA I	MAGING 401(K) PLAN					plan number (PN) ▶	001
					1c	Effective date of	
						01/01/	
CHELSEA	sponsor's name and add	dress; include room or suite numbe L.L.C.	er (employer, if for a single	-employer plan)	2b	Employer Identii (EIN) 26-20	fication Number 39330
L.C.	17TU CTDEET				2c	Sponsor's telep	
	17TH STREET K, NY 10011				2d	Business code ((see instructions)
3a Plan a	administrator's name an	d address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
4 If the	name and/or FINI of the	nlan anangar has abangad sinas	the last return/report filed f	or this plan, aptor the	415	EIN	
		plan sponsor has changed since the from the last return/report.	the last return/report filed f	or this plan, enter the	4b	EIN	
	sor's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		55
b Total	number of participants	at the end of the plan year			5b		
C Numl							54
comp							
	•				5c		54 37 X Yes No
6a Were	e all of the plan's assets ou claiming a waiver of	during the plan year invested in e	eligible assets? (See instruction of an independent qualific	ctions.)ed public accountant (IQF	 PA)		37 X Yes No
6a Were b Are y unde	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46?	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	eligible assets? (See instruct of an independent qualification and conditions.)	ctions.)ed public accountant (IQF	PA)		37
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6a Were y unde	e all of the plan's assets rou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to eit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	eligible assets? (See instruction of an independent qualification of an independent qualification of an accordance of the conditions.)	ctions.)ed public accountant (IQF	PA) Form	5500.	37 X Yes No
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6a Were b Are y unde If you C If the Caution: Under per SB or Sch belief, it is SIGN HERE	e all of the plan's assets you claiming a waiver of r 29 CFR 2520.104-46? a naswered "No" to eit plan is a defined benefit A penalty for the late on alties of perjury and oth edule MB completed an true, correct, and comp Filed with authorized/V Signature of plan ac Signature of employ	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a elete. //alid electronic signature.	eligible assets? (See instruct of an independent qualifications.)	ctions.)ed public accountant (IQF and must instead use exercise ERISA section 4021)? unless reasonable cau examined this return/report, ANDRE KHOURY, MD Enter name of individu	Form se is sort, irr and to	yes No established. cluding, if applic to the best of my ening as plan admining as employe	37 X Yes No X Yes No Not determined Able, a Schedule knowledge and
6a Were b Are y unde If you C If the Caution: Under per SB or Sch belief, it is SIGN HERE	e all of the plan's assets you claiming a waiver of r 29 CFR 2520.104-46? a naswered "No" to eit plan is a defined benefit A penalty for the late on alties of perjury and oth edule MB completed an true, correct, and comp Filed with authorized/V Signature of plan ac Signature of employ	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a lete. valid electronic signature. dministrator	eligible assets? (See instruct of an independent qualifications.)	ctions.)ed public accountant (IQF and must instead use exercise ERISA section 4021)? unless reasonable cau examined this return/report, ANDRE KHOURY, MD Enter name of individu	Form se is sort, irr and to	yes No established. cluding, if applic to the best of my ening as plan admining as employe	37 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Por	rt III Financial Information									
Pa			() 5				<i>(</i>) =		,	
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) En			<u> </u>
<u>а</u>	Total plan assets	7a	102941	O	-			- 1	822774	•
	Total plan liabilities	7b	462044	6	-			41	00077/	<u> </u>
	Net plan assets (subtract line 7b from line 7a)	7c	1629416				1822774		+	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)	5513	6						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	23551	5						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	290651	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9238	2						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	491	1						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							97293	3
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							193358	3
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	-,								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instr	uctions	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					25000
d	<u> </u>	fidelity bor	nd, that was caused by fraud	10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n?		10f		^				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					36688
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			-	
12	Is this a defined contribution plan subject to the minimum funding				•	302 of	ERISA?	[Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			2. 00				<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru		and e	enter the Day	ne date c	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					_ ~ J				
	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 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.

2013

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report								
For calendar plan year 2013 or fi		01/01/2013	and ending	12/3	1/2013			
A This return/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	a on	e-participant plan			
B This return/report is:	the first return/report	the final return/report						
	an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)				
C Check box if filing under:	X Form 5558	automatic extension		☐ DFV	'C program			
	special extension (enter desc	ription)						
Part II Basic Plan Info	ormation—enter all requested in	formation	-					
1a Name of plan				1b Three-	•			
CHELSEA IMAGING 401	L(K) PLAN			plan nu (PN)	io o 1			
					/e date of plan			
					1/1998			
2a Plan sponsor's name and ac CHELSEA IMAGING HOL	ddress; include room or suite numb DINGS, L.L.C.	er (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 26-2039330				
L.C.				2c Sponse	or's telephone number			
230 WEST 17TH STREE	T				305-2601			
	****				ss code (see instructions)			
NEW YORK	NY 10011 Ind address XSame as Plan Spon	Nove Women of Die	- Cuanaa Addaaa	6215: 3b Admini				
Ja Plan auministrators name a	ind address Abame as Plan Spon	sor name Asame as Plai	i Sporisor Address	3D Adminis	sualui 5 Eliv			
				3c Adminis	strator's telephone number			
4 If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
name, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the					
name, EIN, and the plan nu a Sponsor's name	umber from the last return/report.	·		4c PN				
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	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Device in a of Yea		1		(b) Fad a	- Veer	
_ ' _		Charles and an analysis and a second	(a) Beginning of Yea	2941	_		(b) End o		322774
b	Total plan liabilities	. 7a	1.0	2711	+				72277=
	•	. 7b	16'	2941	_			1 !	322774
8	Net plan assets (subtract line 7b from line 7a)	. 7c		1629416					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otal	ncienna eu Caf
a	(1) Employers	. 8a(1)							
	(2) Participants	8a(2)		5513	6	et et			garde gard
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	8b	2:	3551	5			14.64	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				3 SH		***************************************		290651
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	A THE STREET OF	9238	2				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	_			3, 75			grain sed
f	Administrative service providers (salaries, fees, commissions)	8f		491	1				
a	Other expenses	8g				100			
	Total expenses (add lines 8d, 8e, 8f, and 8g)						1885 - 1		97293
$\frac{\cdots}{1}$	Net income (loss) (subtract line 8h from line 8c)	i — —					•		L93358
÷	Transfers to (from) the plan (see instructions)				+			-	193336
, m.		8j	<u> </u>						
222702834940	Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footure ee	doe from the List of Dlen Char	notorio	tio Co	daa in	the instructi		
Ja	2E 2F 2G 2J 2K 3D	leature co	ides from the List of Plan Chara	acteris	iic Cc	ides in	the mstruct	ons.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	c Coc	les in t	he instructio	ns:	
Par	tV Compliance Questions								
10	During the plan year:				Yes	No		\	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period described in		103	NO		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Con	ection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b	,	х			
C	Was the plan covered by a fidelity bond?			10c	Х				25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other								
	insurance service, or other organization that provides some or all								
	instructions.)		efits under the plan? (See	10e		х			
f	instructions.)		efits under the plan? (See	10e 10f		X X			
f g	instructions.) Has the plan failed to provide any benefit when due under the pla	n?	efits under the plan? (See		х	_			36688
	instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	n?s of year e	end.)	10f	X	_			36688
g	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 a 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 structure of the plan have an answered to the plan have an account plan and the plan have any participant loans?	n?s of year e	efits under the plan? (See end.)	10f 10g	X	Х			2000 C. (1900) 1200 C. (1900) 1340 C. (1900)
g h	instructions.) Has the plan failed to provide any benefit when due under the plath the plan have any participant loans? (If "Yes," enter amount a lift 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 2520.10	n?s of year e	efits under the plan? (See end.)	10f 10g 10h	х	Х			2000 C. (1900) 1200 C. (1900) 1340 C. (1900)
g	instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	n?s of year of (See instrumenter equired 1-3	end.) Indice or one of the Yes," see instructions and com	10f 10g 10h 10i	Sched	X X	3 (Form	STORY	
g h i Part	instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 WI Pension Funding Compliance	n?s of year of (See instrumenter required 1-3	end.) Indice or one of the Yes," see instructions and com	10f 10g 10h 10i	Sched	X X	3 (Form		
g h i Part	Instructions.) Has the plan failed to provide any benefit when due under the plath the plan have any participant loans? (If "Yes," enter amount a lifthis 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 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	n?	efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and com	10f 10g 10h 10i	Scheo	X X dule SE	3 (Form	STORY	No
g h i Part 11	Instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding	n?	erits under the plan? (See end.) crotions and 29 CFR d notice or one of the Yes," see instructions and com fulle SB (Form 5500) line 39	10f 10g 10h 10i	Scheo	X X dule SE	3 (Form	Yes	No
9 h i Part 11 11a 12	Instructions.) Has the plan failed to provide any benefit when due under the plath the plan have any participant loans? (If "Yes," enter amount a lif 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 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year fulls this 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 plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding the plan subject to the plan subject to the plan subject to the minimum funding the plan subject to the plan subject to the plan subject to the plan s	n?	erits under the plan? (See end.) end.) crotions and 29 CFR d notice or one of the Yes," see instructions and com fulle SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instructions	10f 10g 10h 10i plete	Scheo	X X dule SE	ERISA?	Yes	No No
9 h i Part 11 11a 12	Instructions.) Has the plan failed to provide any benefit when due under the plath the plan have any participant loans? (If "Yes," enter amount a lif 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 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	n?	erits under the plan? (See end.) critions and 29 CFR d notice or one of the Yes," see instructions and com cule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instructions.	10f 10g 10h 10i plete	Scheo	X X dule SE 11a 302 of	ERISA?	Yes Yes	No No

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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 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?				es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), identify the	plan(s)	to				
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)		13¢(3) PN(s)
						_		
						\dashv		
						_		
Part	VIII. Trust Information (optional)							
	Name of trust		П	14b Tr	ust's EIN	l		
	,							