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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit KEN MOADEL, MD PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NEW YORK LASER MANAGEMENT, LLC (EIN) 13-4119867 Sponsor's telephone number 212-752-5327 110 EAST 40TH STREET **6TH FLOOR** Business code (see instructions) NEW YORK, NY 10016 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 38 Total number of participants at the end of the plan year..... 5b 37 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 20 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 27 d(2) Total number of active participants at the end of the plan year..... 5d(2) 27 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 t	true, correct, and complete.					
SIGN	Filed with authorized/valid electronic signature.					
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator		
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include		oom or suite number	r) (optional)	Preparer's telephone number (optional)		

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a sec	an independ and conditio	ent qualified public accounta	nt (IQ	PA)				<u>.</u>	es [No
С	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)?		Yes	No	I	Not de	termi	ned
Par	t III Financial Information										
_7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd o	f Year		
	Total plan assets	. 7a	2677						30	4303	
	Total plan liabilities	. 7b	2677	0					20	0 4303	
	Net plan assets (subtract line 7b from line 7a)	. 7с	-	13	-					4303	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(1	b) To	iai		
	(1) Employers	. 8a(1)		0							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	365	30							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							3	6530	1
	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)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							3	6530)
j	Transfers to (from) the plan (see instructions)	· 8j		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro	eature codes	s from the List of Plan Charad	cterist	ic Coc	les in t	the instr	uctio	ns:		
10	During the plan year:				Yes	No		A	moun	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					3	30000
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 instructions.)	of the benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
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 t 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)								Y	es >	× No
<u>11a</u>	Enter the unpaid minimum required contribution for current year f	rom Schedul	e SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction :	302 of	ERISA	?	Y	es	× No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and 6 	enter tl Day			e letter ⁄ear _	rulin	g

	Form 5500-SF 2014 Page 3 - 1				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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	Yes N	10	
	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 PBGC?	e 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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public

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Park Annual Report Identification Inform or galendar plan year 2014 or fiscal plan year beginning	01/01/2014	and ending	12/31/2014	grup wwy rii wy Crysdanie w Charlanau palay allaidd allaidd ar
MAN	\$7,000 to 10,000		TANK AND PARTY OF THE PARTY PARTY AND THE PARTY AND THE	must attach e list
A This return/report is for:	of participating employer plan	information in accordant	ce with the form instr	uctions)
a one-participant plan	a foreign plan			•
3 This return/report is: the first return/report	the final return/report			
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an amended return/rep	or a short blan year returns	choit (less (light 12 liboth	119]	•
C Check box if filing under: X Form 5558	automatic extension		DFVC program	1
special extension (enter		and the second		-
		ANNATURAL TRANSMINTERINAL STREET, TO THE SECOND STREET, STREET		
Pantil Basic Plan Information enter all rec	vested information		b Three-digit	**************************************
1a Name of plan		'	plan number	
Ken Moadel, MD Profit Sharing Plan			(PN) ►	001
		1	C Effective date of	plan
	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		01/01/1998	
2a Plan sponsor's name and address; include room or sui	e number (employer, if for a single-e	mployer plan)	tb Employer Identifi	
New York Laser Management, LLC	•		(EIN) 13-411	9867
			2C Sponsor's teleph	
110 East 40th Street	•	119927.60	(212) 752-5	
6th Floor		2	2d Business code (s	see instructions)
US New York NY 10016			621111	
3a Plan administrator's name and address 🔣 Same as	Plan Sponsor Name		3b Administrator's 🛱	(IN
			·	
			3c Administrator's to	slephone number
			• "	•
4 If the name and/or EIN of the plan sponsor has change	d since the last return/report filed for	this plan, enter the	4b EIN	
name, EIN, and the plan number from the last return/re	port.		· 可可以可能的 · · · · · · · · · · · · · · · · · · ·	a kakari da makira kaya da dan Amanana a persadan bada maran aran aran aran aran aran aran ar
a Sponsor's name		And a company paragraph of the company and the company of the comp	4c PN	
5a Total number of participants at the beginning of the plo	n year		5a	38
b Total number of participants at the end of the plan year		***********	5b	37
C Number of participants with account balances as of the complete this item)	e end of the plan year (defined benefi	t plans do not	5c	20
d(1) Total number of active participants at the beginning			5d(1)	2'7
d(2) Total number of active participants at the end of the]	5d(2)	27
Number of participants that terminated employment du	iring the plan year with accrued bene	haan	E	
less than 100% vested	**************************************	***************************************	50	1
Caution: A penalty for the late or incomplete fling of t	nis return/report will be assessed o	ınless reasonable caus	e is established.	
Ill a superior to the state of the superior of the superior in the	he instructions, I declare that I have	examined this return/repo	ort, including, if applic	cable, a Schedule
SB or Schedule MB completed and signad/by an enrolled	actuary, as well as the electronic ven	sion of this return/report,	and to the best of m	y knowledge and
belief, it is true, correct, and complete.				
SIGN	Lallet 1			
HERE Signature of plan administrator	Date J	Enter name of individual	signing as plan admi	nistrator
CONTROLLY OF PIRTY OF		THE RESERVE OF THE PROPERTY OF	·	taka mai na ngalang karandanan saman (1952 pal) ta mataha () magana (
31GN and a second construction of the second con	THE PROPERTY OF THE PROPERTY O			
HERE Signature of employer/plan sportsor		Enter name of individual	DESCRIPTION OF THE PARTY OF THE	THE REPORT OF THE PARTY OF THE
Preparer's name (including firm name, if applicable) and a	ddress; include room or sulté numbe	r (optional)	reparer's telephone	number (optional)
			•	
		<u></u>		ALIANE E EN CARROLLE MANAGEN
			***	FERR SE /004

Form 5500-SF 2014		Page 2	e est e nianes			
6a . Were all of the plan's assets during the plan year invested in eligible	assets7 (S	Geo instructions.)			(121222111	XYes No
b Are you claiming a waiver of the annual examination and report of a	n independ	ent qualified public accountant (IQPA)		
under 29 CFR 2520,104-467 (See instructions on waiver eligibility a if you answered "No" to either line 6a or line 6b, the plan canno	nd condition	ns.)		******	· · · · · · · · · · · · · · · · · · ·	<u>[x]</u> Yea [_]No
if you answered "No" to either line 6a or line 6b, the plan cannot c. If the plan is a defined benefit plan, is it covered under the PBGC in	ot use Forn	n 5500-SF and must instead u	ዓው ሥራ ነን	الم السادة السالة	iuu, Tyaz	No Not determined
The state of the s	REGISTION PIC	Right (see Culcu Scottis, 464)		11111 Lenn)/N//
Part II Financial Information	Tananda Matthews	ris min dinatura actions			***************************************	the book the second and the book are the
7 Plan Assets and Liabilities	778 (A. 178) (Sy Sh. 24, 178) (Sy	(a) Beginning of Year				(b) End of Year
a Total plan assets	7a	267,77	M. LEGICIAN AND PROPERTY.	.LLinner-1116	"—————————————————————————————————————	304,303
b Total plan liabilities	: .	AND A MARKET AND A MARKAGAN AND PRINTED AND AND AND AND AND AND AND AND AND AN	0			304,303
C Net plan assets (subtract line 7b from line 7a)	7c	267,773 (a) Amount	7			(b) Total
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	5-57/0.01 55574555				80.00E	
(1) Employers	. 8a(1)		0	44 //	iliyaha Sara	And the state of t
(2) Participants	. 8a(2)		<u> </u>	2000		
(3) Others (including rolloyers)	. Ba(3)		Ò	20 May 1		
b Other Income (loss)	d9 .	36,53	Marian Marian	910000	ar Berement	26 530
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		ialli			36,530
to provide benefits)	. 8d		0			
Certain deemed and/or corrective distributions (see instructions)	. 8e	No. 214 (1 - 27 April 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	0			
f Administrative service providers (salaries, fees, commissions)	BŤ	NATE OF THE PROPERTY OF THE PR	0		1 200	and the state of t
G Other expenses		hand the color of	O.		Savasa	
h Total expenses (add lines Bd, Se, Sl, and Sg)	, 6h	and the second s	20/AP	<u> </u>		0
i Net Income (loss) (subtract line 8h from line 8c)	1			Name was page		36,530
Transfers to (from) the plan (see instructions)	[8j	114	0	18.00		
b If the plan provides welfare benefits, enter the applicable welfare for	eature code	5 from the List of Plan Characte	ristic	Codes	in th	B INSTRUCTIONS;
Part V Compliance Questions		- PAR SSIANATA	MILLERANGE	WETEN STATES	-	From a partial transministration of the same property of a problem and the same with large appropriate party for
10 During the plan year:	NAV Aftertill for the body program programme.	· Amolt Samon — 10 page (a la	٠	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2610.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ction Program)	10a		×	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	100 OCI) \$15	(NO)Ude transactions reponed	10b		X	
C Was the plan covered by a fidelity bond?			10c	х		30,00
d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty?	s fidelity bo	nd, that was caused by fraud	10d		×	The state of the s
Were any tees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a	ther person Il of the ber	e by an insurance carrier, refits under the plan? (See				
instructions.)	NAMPARIN STANKSANIN SAMU NA BUS BOAM A BAMIN SING	n pari n sa sa kananan a ta sha ka ta ta ta pa da a da	100	Land Britanis and	X	1 11000
f Has the plan failed to provide any benefit when due under the pl	lan?		10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		X	
h If this is an individual account plan, was there a blackout period' 2520.101-3.)	? (See Instr	uctions and 29 CFR	10h		Х	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	101			
Bart VI Pension Funding Compliance	n was tij in proetty on telemperature at	THE CALLED SAME IS NOT ANY MANUAL ASSESSMENT OF THE PART THAT SAME IN THE PART OF THE PART				
11 is this a defined benefit plan subject to minimum funding require	ments? (If	"Yes," see instructions and com	plete	Sched	dule S	B (Form
11a Enter the unpaid minimum required contribution for current year						
12 Is this a defined contribution plan subject to the minimum fundir	meninas ar	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes 🗓 Y
(if "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e belo						
A If a waiter of the minimum funding standard for a prior year is b	eing amorti	zed in this plan year, see instruc	tions	, and	enter	the date of the letter ruling
granting the waiver	***************************************	Мо	nth	····	,,,, D	ay Year

09/10/15	12:13PM	NYEYESPECIAI	LISTS	646-757	-6524	p.0	5	
a .					garnosthistikis	m _t		
Form 550	0-SF 2014		The state of the s		Page 3-L		ALLES AND PARTY OF THE PARTY OF	- Company of the Comp
If you completed	line 12a, comp	ete lines 3, 9, and 10	0 of Schedule	MB (Form 550	O), and skip to I	ine 13.	4.5.	A SA
b Enter the min	lmum required oc	entribution for this plan	1981	****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********	125	The state of the s
c Poler the am	ount contributed t	by the employer to the	plan for this p	lan year			12c	Washerlayana
d Subtract the	amount in line 12	c from the amount in	line 12b. Enter	the result (ente	r a minus sign to 	ine ien of a	12d	Princed Second
e Will the minir	num funding smo	unt reported on line 1	2d be met by t	he funding dea	dine?	***************	<u> </u>	Yes L No L NA
Part VII Plan	n Termination	is and Transfers	of Assets	Arrest Transfer Burk Strategic and Committee	#4 \$50, \$10, \$10, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1	11-/	X Ye	s No
3a Has a resolu	tion to terminate	ne plan been adopted	d in any plan ye	eai?	en dan marek beleban barba eta berbara barbaran Markampada in Markamban barbaran Markamban		1	3 (140
If "Yes," ente	er the amount of a	iny plan assets that re	everted to the e	employer this ye	281	+++4++++++++++++++++++++++++++++++++++	13a	ANAMONIA MATERIAL MAT
		buted to participants of						Yes E No
c If Aurina this	plan year any as	sets or liabilities were transferred. (See int	e transferred fr	om this plan to	another plan(s), i	merima fue bigu(s)	CONTRACTOR DESCRIPTIONS	majorani
13c(1) Name (13	0(2) EIN(s) 13c(3) PN(a)
Salts described to the second	AND THE PROPERTY OF THE PROPER	of Paper giant Supplier Production						
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Pan VIII Tru	ist Informatio	n (optional)			yyyskänä lastai vyysenystäväsid laikki länyettimäyt	apay taagiing 14 km2 dar ad tamancany methydri afnerinnol gwys syd (1959) p.	Water water water	(Avademy position
14a Name of trust							14b T	rust's EIN
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