## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t Identification Information									
For calenda	ar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017	and ending 09	9/21/2017						
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	lan (not multiemployer) ( nployer information in ac							
		a one-participant plan	a foreign plan								
<b>b</b> This retu	ırn/report is	the first return/report	the final return/report								
	an amended return/report a short plan year return/report (less than 12 months)										
C Check b	oox if filing under:		DFVC prograr	n							
D 4 !!	5 . 5	special extension (enter descri	. ,								
Part II		ormation—enter all requested in	formation		41	1					
1a Name	•				1b Three-digit						
SOHO SKIN	& LASER DERMATO	OLOGY, PC PROFIT SHARING PL	AN		plan numb (PN) ▶	001					
					1c Effective d						
						01/01/1998					
		oyer, if for a single-employer plan)				dentification Number					
		om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post		ructions)	()	13-3704717					
	& LASER DERMATO			,		telephone number 2-431-1600					
					2d Business c	ode (see instructions)					
197 GRAND SUITE 3E	ST				621111						
NEW YORK,	NY 10013										
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN							
		_									
					<b>3c</b> Administration	tor's telephone number					
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last r	return/report filed for	4b EIN						
this pl	an, enter the plan spo	onsor's name, EIN, the plan name a									
•	or's name				4d PN						
C Plan N	ame										
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	1					
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	0					
		account balances as of the end of			5c	0					
	•	articipants at the beginning of the pl			5d(1)	1					
<b>d(2)</b> Tota	al number of active p	articipants at the end of the plan year	ar		5d(2)	0					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				<b>5e</b> 0							
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	use is establishe	d.					
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule					
SIGN	Filed with authorized	d/valid electronic signature.	01/19/2018	LAURIE POLIS							
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator					
SIGN											
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor					

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes No
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
а	Total plan assets	7a		5241				0
b	Total plan liabilities	7b		0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		5241				0
88	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) -	Total
_а 	Contributions received or receivable from:  (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		174				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						174
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5415				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5415
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						-5241
	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С				10c	Χ			199000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g			·	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part '	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 of	f 	Yes	x No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.			of the letter ru Year	uling
lf y	ou 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 \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> P	N(s)

## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Repo For calendar plan year 2017 or	rt Identification Information fiscal plan year beginning 01/01/20	017	and ending 12/31	1/2017	
	a single-employer plan	la multiple employer plan	(not multiemployer) (F	ilers checking	this boy must see
A This return/report is for:	Z d dangle employer plan		oyer information in acc	cordance with	the form instructions
	a one-participant plan	a foreign plan			moducions.)
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return/re	eport (less than 12 mo	onthe)	
C Obselvber William under		_		_	
C Check box if filing under:	☐ Form 5558	automatic extension	Į	DFVC prog	ram
	special extension (enter desc				
	formation—enter all requested in	nformation			
1a Name of plan				1b Three-d	igit
DHO SKIN & LASER DERMA	TOLOGY, PC PROFIT SHARING P	LAN		plan nur	
			}	(PN) 1	001
				1c Effective 01/01/1	date of plan
2a Plan sponsor's name (emp	ployer, if for a single-employer plan)				
City or town, state or provi	oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box)	*****	(EIN) 13	r Identification Number-3704717
OHO SKIN & LASER DERMAT	FOLOGY, PC	siai code (il loreign, see instruc	tions)		's telephone number
				_ oponison	(212) 431-1600
7 GRAND ST				2d Busines	s code (see instruction
JITE 3E				621111	(======================================
EW YORK, NY 10013					
a Plan administrator's name	and address X Same as Plan Sp	onsor.		3b Administration 3c Administration	
If the name and/or FIN of	the plan sponsor or the plan sponsor		im/report filed for	3c Adminis	
If the name and/or EIN of this plan, enter the plan s	the plan sponsor or the plan sponsor		m/report filed for last return/report.		
If the name and/or EIN of this plan, enter the plan s			im/report filed for last return/report.	3c Adminis	
If the name and/or EIN of this plan, enter the plan spansor's name	the plan sponsor or the plan sponsor		im/report filed for last return/report.	3c Adminis	
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name	the plan sponsor or the plan name ponsor's name, EIN, the plan name	has changed since the last retu and the plan number from the	last return/report.	3c Administration 4b EIN 4d PN	
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name Total number of participan b Total number of participan	the plan sponsor or the plan name ponsor's name, EIN, the plan name that at the beginning of the plan year at the end of the plan year.	has changed since the last retu and the plan number from the	last return/report.	3c Administration 4b EIN 4d PN 5a	trator's telephone num
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name Total number of participant Total number of participants with	the plan sponsor or the plan name ponsor's name, EIN, the plan name atts at the beginning of the plan year atts at the end of the plan year	has changed since the last retu and the plan number from the	last return/report.	3c Administration 4b EIN 4d PN	trator's telephone num
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name Total number of participant Total number of participant Number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name atts at the beginning of the plan year atts at the end of the plan year the account balances as of the end of the plan year	has changed since the last return and the plan number from the	last return/report.	3c Administration 4b EIN 4d PN 5a	trator's telephone num
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name Total number of participant Total number of participant Number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year	has changed since the last returned and the plan number from the	last return/report.	4b EIN 4d PN 5a 5b 5c	trator's telephone num
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name Total number of participant Number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year	has changed since the last return and the plan number from the second the plan number from the second the plan year (only defined complan year	last return/report.	3c Administration 4b EIN 4d PN 5a 5b 5c 5d(1)	trator's telephone num
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name Total number of participant D Total number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year	has changed since the last return and the plan number from the service of the plan year (only defined contains plan year	last return/report.	3c Administration 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	
If the name and/or EIN of this plan, enter the plan spansor's name  Sponsor's name Plan Name  Total number of participants wit complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name at at the beginning of the plan year at the end of the plan year	has changed since the last return and the plan number from the last return the	ontribution plans	3c Adminis 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	trator's telephone num
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name Total number of participants Total number of participants wit complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name at sat the beginning of the plan year at the end of the plan year	has changed since the last return and the plan number from the service of the plan year (only defined complan year	ontribution plans	3c Adminis 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	trator's telephone num
If the name and/or EIN of this plan, enter the plan spansor's name  C Plan Name  Total number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year	has changed since the last return and the plan number from the plan the plan plan year (only defined or plan year	ontribution plans	3c Adminis 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	trator's telephone num
If the name and/or EIN of this plan, enter the plan spans a Sponsor's name C Plan Name  Total number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name at the the beginning of the plan year at the end of the plan year account balances as of the end of the plan year to be participants at the beginning of the plan year to terminated employment during the portion of the plan year to the plan year.	thas changed since the last return and the plan number from the and the plan number from the plan year (only defined complan year	ontribution plans	3c Adminis 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	trator's telephone num
If the name and/or EIN of this plan, enter the plan spansor's name C Plan Name Total number of participants Total number of participants wit complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name at the the beginning of the plan year at the end of the plan year account balances as of the end of the plan year to be participants at the beginning of the plan year to terminated employment during the portion of the plan year to the plan year.	has changed since the last return and the plan number from the last return the last return the plan year (only defined complan year	efits that were less  nless reasonable car xamined this return/repor	3c Administration 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is establish port, including t, and to the be	shed.  if applicable, a Schediest of my knowledge an
If the name and/or EIN of this plan, enter the plan spans a Sponsor's name C Plan Name  Total number of participants with complete this item)	the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name at the the beginning of the plan year at the end of the plan year account balances as of the end of the plan year to be participants at the beginning of the plan year to terminated employment during the portion of the plan year to the plan year.	has changed since the last return and the plan number from the last return the last return the plan year (only defined complan year	ontribution plans  effits that were less  nless reasonable cau xamined this return/repor	3c Administration 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is establish port, including t, and to the be	shed.  if applicable, a Schedust of my knowledge an

		Page 2				
Form 5500-SF 2017						
<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>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 propertied.</li> </ul>	and annelitie	ne I				XI Yes I No
C If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the properties of the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.						
Part III Financial Information	1817	(a) Beginning	of Yes	,		(b) End of Year
7 Plan Assets and Liabilities		(a) Dogmining		41		0
a Total plan assets	78			0		0
b Total plan liabilities	7b			<u> </u>		
C Net plan assets (subtract line 7b from line 7a)	7c		52	41		0
8 Income, Expenses, and Transfers for this Plan Year	477	(a) Amour	nt	-	M1.100	(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)			$\dashv$	-	
(2) Participants	8a(2)					
(3) Others (including rollovers)	8a(3)			_		
b Other income (loss)	8b		1	74		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					174
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		54	15		
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f			$\neg$		
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	CHOCK THE CO. IN CO.	D. W. Carrier			5415
i Net income (loss) (subtract line 8h from line 8c)	8i			$\neg$		-5241
Transfers to (from) the plan (see instructions)	-			_		
Part IV Plan Characteristics	8]					
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature code	es from the List of Pla	an Cha	racteri	stic Co	des in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan	Chara	cterist	ic Cod	es in the instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
Was there a failure to transmit to the plan any participant contr but descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	uciary Correction	10a		х	
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions	10b		х	
C Was the plan covered by a fidelity bond?			10c	х		199000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d		х	133000
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons be or all of the	y an insurance benefits under	10a		x	
f Has the plan failed to provide any benefit when due under the plan			10f		х	
g Did the plan have any participant loans? (If "Yes," enter amount as			10g		X	

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

X

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Part V								
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (Form 5500) and line 11a below)	d complete Sct	nedule (	SB		Yes	No No	
11a	Enter the unpaid minimum required contr butions for all years from Schedule SB (Form 5500) line 40		11a					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3 ERISA?						Yes	No No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.						
b	Enter the minimum required contribution for this plan year		12b					
c	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 negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		WA	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s []	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 brocontrol of the PBGC?	ught under the			X Yes	_ No	,	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN	(s)	
_								