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). 1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance with	i the instructions to the Form 550	U-3F.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/20	011			
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is:	the final r	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa	ation						
1a	Name of plan			1b	Three-digit			
DERI	MATOLOGY CENTER OF LAKE CUMBERLAND, PSC 401(K) PROF	FIT SHAR	ING PLAN		plan number			
					(PN) •	. 002		
				10	Effective date of 01/01/	•		
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif		er	
DER	MATOLOGY CENTER OF LAKE CUMBERLAND, PSC				(EIN) 61-108			
				2c	Sponsor's teleph			
	3 TRADE PARK DRIVE			0.1	606-679			
SOM	ERSET, KY 42503			2a I	Business code (s 62111		ns)	
3a	Plan administrator's name and address (if same as plan sponsor, en	nter "Same	<u>,")</u>	3b /	Administrator's E			
	MATOLOGY CENTER OF LAKE CUMBERLAND, 120 B TRADE	PARK DI	RÍVE		61-10	84106		
F30	SOMERSET,	K1 42503		3c /	Administrator's to 606-679		nber	
4	If the name and/or EIN of the plan sponsor has changed since the la	4b EIN						
	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c	PN T		2	
	Total number of participants at the beginning of the plan year			5a	a			
b				5b			2:	
С	Number of participants with account balances as of the end of the p complete this item)			5c			2	
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes	No	
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IQ	PA)			- 1	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,			X Yes	No	
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
	art III Financial Information							
7	Plan Assets and Liabilities	_	(a) Beginning of Year 3848321		(b) End	of Year 3885440)	
a	Total plan assets		3040321			0000++0	,	
b	Total plan liabilities	7b	3848321			3885440)	
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c			(b) T			
а	Contributions received or receivable from:		(a) Amount		(b) T	Olai		
_	(1) Employers	8a(1)	93797					
	(2) Participants	8a(2)	72170					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	29543					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				195510)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	158391					
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				158391		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				37119)	
j	Transfers to (from) the plan (see instructions)	8j						

Form	5500.	SF.	201

Page 2 -	1
----------	---

Part IV	Plan	Characteristics
railiv	Fiaii	Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2H 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	V Compliance Questions			1	1		
_	During the plan year:		Yes	No		Amount	
d	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
C	Was the plan covered by a fidelity bond?	10c	Χ			38	500
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
	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	10i					
rt '	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete :	Sched	lule S	B (Form	Yes X	N
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ıth					
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1		
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
۲t	VII Plan Terminations and Transfers of Assets						
а	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>			Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	N
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he plar	n(s) to)			
;	Sc(1) Name of plan(s):		13	c(2) E	IN(s)	13c(3) Pl	N(s
;	()						
-							
13	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estak	olished.		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/13/2012	TERESA BENTLEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information						
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011						
Α	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report	the final i	eturn/report		•		
	an amended return/report	a short pl	an year return/report (less than 12 mo	nths))		
С	Check box if filing under: Form 5558	automati	cextension		DFVC program		
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform			-			
·	Name of plan			1b	Three-digit		
	DERMATOLOGY CENTER OF LAKE				plan number		
	CUMBERLAND, PSC 401(K) PROFIT SHARING PL	AN			(PN) 002		
	,			10	Effective date of plan 01/01/2004		
2a	Plan sponsor's name and address; include room or suite number (e	mnlover i	f for a single-employer plan)	2h	Employer Identification Number		
	DERMATOLOGY CENTER OF	inprojet, i	i i di	A N.	(EIN) 61-1084106		
	LAKE CUMBERLAND, PSC			2c	Sponsor's telephone number		
	130 D MOADE DADY ODITY		**************************************		(606) 679-9292		
	120 B TRADE PARK DRIVE		The state of the s	2d	Business code (see instructions)		
	SOMERSET		KY 42503		621111		
sa	Plan administrator's name and address (if same as plan sponsor, el ${\rm SAME}$	nter "Sam	e ⁻)	30	Administrator's EIN		
			Ì	3c	Administrator's telephone number		
					· · · · · · · · · · · · · · · · · · ·		
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN		
a	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	21		
b	Total number of participants at the end of the plan year			5b	23		
С	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5c	23		
6a	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 a						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		X Yes No		
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	0.			
7	Plan Assets and Liabilities	1	(-) D115-V	T-	# 1 TO 1 TO 1		
a	Total plan assets	7a	(a) Beginning of Year 3,848,32	1	(b) End of Year 3,885,440		
	Total plan liabilities	7b	2,020,02	-	5,005,440		
С	Net plan assets (subtract line 7b from line 7a)	7c	3,848,32	1	3,885,440		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) Total		
а	Contributions received or receivable from:				(2) . O.d.		
	(1) Employers	8a(1)	93,79	{			
	(2) Participants	8a(2)	72,170	기 기			
	(3) Others (including rollovers)			-			
	,		29,54	4_			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	195,510		
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	158,39				
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			158,391		
Ĭ	Net income (loss) (subtract line 8h from line 8c)	8i			37,119		
	Transfers to (from) the plan (see instructions)				3,7,2,3		

Form	5500	CE.	201	4

Pag	6	2	

Part IV	Plan	Charac	rta	rief	ice

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2H 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions								
10		ng the plan year:				V-0	Na.	1		
а	Was	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	s within the time :	period described in	10a	Yes	No X	,	Amount	
b	Wer	e there any nonexempt transactions with any party-in-interest? (Cone 10a.)	Do not include trai	sactions reported	10b		Х			
С		s the plan covered by a fidelity bond?			10c	X			38	35,000
d	Did :	the plan have a loss, whether or not reimbursed by the plan's fide shonesty?	litv bond, that wa	s caused by fraud	10d		Х			
е	Wen	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thuctions.)	persons by an ins	urance carrier, he plan? (See	10e		Х		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f		the plan failed to provide any benefit when due under the plan?.			10f		Х			
g	Did 1	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h	if thi	s is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and	29 CFR	10g 10h		X			
j	If 10	h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or	one of the	10i	•••••••	 .			
art	1	Pension Funding Compliance					1	<u> </u>		·
11	Is thi	s a defined benefit plan subject to minimum funding requirements))	? (If "Yes," see ir	structions and com	plete S	Sched	lule SE	3 (Form	Yes	X No
12	ls th	is a defined contribution plan subject to the minimum funding requ	uirements of sect	on 412 of the Code	or sec	ction 3	302 of	ERISA?	Yes	X No
а	lf a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable raiver of the minimum funding standard for a prior year is being aring the waiver.	mortized in this of	an year, see instruc	tions,	and e	enter th Dav	ne date of the	e letter rul	ing
it y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), ai	nd skip to line 13.			•			
		the minimum required contribution for this plan year					12b			
ੂ ਰ	Enter	the amount contributed by the employer to the plan for this plan	year		••••••		12c			
	nega	act the amount in line 12c from the amount in line 12b. Enter the tive amount)		******			12d			
		ne minimum funding amount reported on line 12d be met by the fi	unding deadline?	**				Yes	No	N/A
art \	1	Plan Terminations and Transfers of Assets								
ısa	mas a	a resolution to terminate the plan been adopted in any plan year?	•••••		·····		Y	es X No		
h	n ye	s," enter the amount of any plan assets that reverted to the emplo	oyer this year	***************************************	13					
	OI (IIE	all the plan assets distributed to participants or beneficiaries, trans PBGC?	····	,			ntrol 		Yes	X No
	which	ing this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to anothe	r plan(s), identify th	e plan	(s) to				
		Name of plan(s):			-	130	(2) EII	N(s)	13c(3)	PN(s)
						• • • • • • • • • • • • • • • • • • • •				(0)
autic	n: A	penalty for the late or incomplete filing of this return/report v	will be second	tralogo recensorial						
Inder Bor	pena Sche	Ities of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well as ue, correct, and complete.	eclare that I have	evamined this return	ra/ran	art in	ـ ـ المارية	. if an - t t	le, a Sche owledge	dule and
SIGN		A-1000	4/11/12	TERESA BENT	LEY					
HERE	S	gnature of plan administrator	ate	Enter name of inc	dividua	l sign	ing as	plan admini	strator	
SIGN	/		t(11/12-	TERESA BENT				***************************************		
ERE	s	gnature of employer/plan sponsor	Date	Enter name of inc	dividua	l sian	ino as	emplover o	nian sno	nsor
								p.o/ci 0	Pian apo	11301