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

			ii the mstructions to the Form 550	U-SF.			
	Part I Annual Report Identification Informati						
For	r calendar plan year 2011 or fiscal plan year beginning 0	1/01/2011	and ending	12/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participa	nt plan	
В	This return/report is: the first return/report	x the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)			
С	Check box if filing under: X Form 5558	automatio	extension		DFVC program		
	special extension (enter of	lescription)					
Pa	art II Basic Plan Information—enter all requeste	d information					
1a	Name of plan			1b	Three-digit		
COM	MMONWEALTH DERMATOLOGY PSC 401(K) PLAN				plan number		
					(PN) •	001	
				1c	Effective date of p		
2a	Plan sponsor's name and address; include room or suite nu	umber (employer, it	for a single-employer plan)	2b	Employer Identific		er.
	MMONWEALTH DERMATOLOGY PSC	(, , , , , , , , , , , , , , , , , , ,	3 - 7 - 7 - 7 - 7		(EIN) 61-1347		
				2c	Sponsor's telepho	ne number	
2157	7 BROADHEAD PLACE				859-276-0		
LEXI	(INGTON, KY 40515			2d	Business code (se	e instruction	ns)
				01	621111		
	Plan administrator's name and address (if same as plan sp. MMONWEALTH DERMATOLOGY PSC 2157	onsor, enter "Same BROADHEAD PL		30	Administrator's Ell 61-1347		
		NGTON, KY 40515		3с	Administrator's tel		ber
	If the group and/or FINI of the microscope has about and a		nament filed for this plan, anton the	415	859-276-0)191	
4	If the name and/or EIN of the plan sponsor has changed sin name, EIN, and the plan number from the last return/repor		report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan ye	ar		5a			30
b	Total number of participants at the end of the plan year	5b			(
С	Number of participants with account balances as of the end	d of the plan year (defined benefit plans do not	_			,
	complete this item)			5c			1
	Were all of the plan's assets during the plan year invested	•	,			X Yes	No
b	Are you claiming a waiver of the annual examination and runder 29 CFR 2520.104-46? (See instructions on waiver examples)					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot	•	•				
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	f Year	
а	Total plan assets	7a	998155			0)
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	998155			0)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	tal	
а			41807				
	(1) Employers			_			
	(2) Participants		19111	_			
	(3) Others (including rollovers)		40470				
b	,		-16472			44446	
C	-					44446	
d	Benefits paid (including direct rollovers and insurance pren to provide benefits)		1033130				
е	Certain deemed and/or corrective distributions (see instruc	tions) 8e					
f	Administrative service providers (salaries, fees, commission	ns) 8f	9471				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					1042601	
i	Net income (loss) (subtract line 8h from line 8c)					-998155	
j	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	SF.	2011	

Page 2 - 1	
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Part IV	Plan	Characteristics

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

а	During the plan year:		Yes	No		Amou	nt
	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			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				200000
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			
е	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	Х				5304
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ			
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? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i 	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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	RISA?		Yes 🛚 No
	(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 instruc	ctions					
	granting the waiver	th					
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day _.			
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	th	 [Day .			
b c	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year	th	 [Day _.			
b c	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	th of a	 [Day .			
b c d	Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	th of a	 [[Day 12b 12c 12d			
b c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	th of a	 [[Day 12b 12c 12d		Year _	
b c d e Part	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	of a	[12b 12c 12d	Yes	Year _	
b c d e Part	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12b 12c 12d	Yes	Year _	
b c d e Part 13a	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	of a		12b	Yes	YearNo	
b c d e Part 13a	Enter the minimum required contribution for this plan year	of a	3a	12b 12c 12d [Yes	YearNo	N/A
b c d e Part 13a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d [Yes	YearNo	N/A
b c d e Part 13a b	Enter the minimum required contribution for this plan year	of a	3a the co	Day	Yes	YearNo	N/A
b c d e Part 13a b c	Enter the minimum required contribution for this plan year	of a	33a the cc	Day	Yes es I	YearNo	N/A

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	ROBERT TRUITT, M.D.
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

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled 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).

2011

OMB Nos. 1210-0110 1210-0089

This Form Is Open to Public Inspection

Pension Benefil Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part L Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending 12/31/2011 a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/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 box if filing under: Form 5558 automalic extension DFVC program special extension (enter description) Part II Basic Plan Information enter all requested information 1a Name of plan **1b** Three-digit COMMONWEALTH DERMATOLOGY PSC plan number (PN) > 001 401(k) PLAN Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Employer Identification Number COMMONWEALTH DERMATOLOGY PSC (EIN) 61-1347260 Sponsor's telephone number (859) 276-0191 2157 BROADHEAD PLACE 2d Business code (see instructions) LEXINGTON 621111, KY 40515 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN SAME 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4¢ 5a Total number of participants at the beginning of the plan year 30 5a b Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item), 0 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 (IORA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)...... X Yes No <u> Մมีจิต mrön beta materian dung 4.50-0000 และ คือพระบายเลย (an alphabeta) คือ เลย คือ เลย คือ เพลาะ คือ เมื่อ</u> Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets..... 998,155 0 b Total plan liabilities..... 7b C Net plan assets (subtract line 7b from line 7a)... 7c 998,159 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Yotar Contributions received or receivable from: (1) Employers 41,80 8a(1) (2) Participants 19,11 8a(2) (3) Others (Including rollovers)..... 8a(3) b Other income (loss) (16,472 86 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 44,446 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d 1,033,130 Certain deemed and/or corrective distributions (see instructions)... Administrative service providers (salaries, fees, commissions)...... 9,471 Ŕf Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 1,042,601 Net Income (loss) (subtract line 8h from line 8c)..... 8i (998,155) Transfers to (from) the plan (see instructions) or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF

		Form 5500-SF 2011	Page 2								
Par	tΙ	Plan Characteristics									
9a	If ti	ne plan provides pension benefits, enter the applicable pension t 2E 2F 2G 2J 2K 2T 3D	feature codes from t	he List of Plan Char	acteris	stic Ço	odes in	the in	structio	ns:	
b		ne plan provides welfare benefits, enter the applicable welfare fe	ature codes from the	e List of Plan Chara	cterist	ic Cod	des in	the inst	truction:	S !	
Part	٧	Compliance Questions									
10	Dι	ring the plan year:				Yes	No	Т			1.00
a	43	as there a failure to transmit to the plan any participant contribut FCFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu	ciary Correction Pro	aram)	10a		x	\vdash	AI	nount	
b	VV	ere there any nonexempt transactions with any party-in-interest? line 10a.)	2 (Do not include trai	neadiana ranautad	10b		х				
C	W	as the plan covered by a fidelity bond?			10c	Х		†		2	00,00
d	Die	tho plan have a loss, whether or not reimbursed by the plan's f dishonesty?	idelity band, that wa	io parional by feared		11	x	\vdash			00,00
e	We ins	ere any fees or commissions paid to any brokers, agents, or othe urance service or other organization that provides some or all of tructions.)	er persons by an ins	urance carrier,	10d	х	- Al-	 			5,304
f	Ha	s the plan feiled to provide any benefit when due under the plan	ı?				Х	\vdash			- ,
g		i the plan have any participant loans? (If "Yes," enter amount as			10f			├			
h	If t	nis is an individual account plan, was there a blackout period? (8 20.101-3.)	See instructions and	20.000	10g		X	├	-		
1	If 1	Oh was answered "Yes," check the box if you either provided the potions to providing the notice applied under 20 CER 2520.101	e required notice or	one of the	10h						
Part	VΙ	Poncien Funding Compliance	***************************************		101						
11	Is t	his a defined benefit plan subject to minimum funding requiremo	int¢7 (If "Yos," see in	nstructions and com	oleia S	Sched	ule SE	1 / Encer			
	(If " If a gra	his a defined contribution plan subject to the minimum funding r Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica waiver of the minimum funding standard for a prior year is being niting the waiver.	equirements of sect ible.) 3 amortized in this pl	ion 412 of the Code	or sec	etion 3	302 of	ERISA	7	Yes	X No X No ling
ir y		ampleted mic 12st complete illies 3, 9, 810 In of Schedille	MB (Form 5500), a	nd skip to line 13.							***************************************
1)	Ent	or the minimum required contribution for this plan year					12b				
α	Sub	er the amount contributed by the employer to the plan for this plat tract the amount in line 12c from the amount in line 12b. Enter t ative amount)	ho sacult (antar a mi	harrier all and store and store			12a 12d .				
е	Will	the minimum funding amount reported on line 12d be met by th	o funding dood!:0	***************************************		·· L			_	F	1
Part '	VII	Plan Terminations and Transfers of Assets	e randing deadime?					Yes	, []	Nφ	N/A
		à resolution to terminate the plan been edented in any plan year?	*				No.		_		
	If "Y	a resolution to terminate the plan been adopted in any plan year?					Х	'es	No		
Þ	Wei	es," enter the amount of any plan assets that reverted to the eme all the plan assets distributed to participants or beneficiaries, to the PBGC?	rensferred to another	ar ninn ar braught u	4-14	L	ntrol				0
C	It ar	ne PBGC? uring this plan year, any assets or liabilities were transferred fron th assets or liabilities were transferred. (See instructions.)	n this plan to anotho	r plan(s), identify th	ė plan	(s) to			<u> X</u>	Yes	□No
		Name of plan(s):				40-	/AL #				
						136	(2) Eii	<u> 4(2)</u>		13c(3)	PN(s)
Cautio	n; /	A penalty for the late or incomplete filing of this return/repo	rt will be seeseed	IIDIAAA MAAAA		ا ما يس	_4-1 **				
unaer SB or	pen Sch	alties of perjury and other penalties set forth in the instructions, adule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	I doolose that I kees	and the second second					licable, ny knov	a Sche /ledge	end end
SIGN		Kelt In	10-14-12	ROBERT TRUI	TT	M	`				
HERE Signature of plan administrator Date Enter name of individ					-			ples :	4-1-1	-45::	-
SIGN				autor Liama of Ille	arviuu <u>a</u>	u aiyn	my as	pian ac	<u> </u>	ator	·
HERE	- 1	Signature of employer/plan sponsor	Date	Enter name of inc	llyddor-	i ricci	ing es	omete.			
							ST 010		rer or pi	<u></u>	1100