#### 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

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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program 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 plan number SCARSDALE DERMATOLOGY, PC DEFINED BENEFIT PLAN (PN) ▶ 001 1c Effective date of plan 12/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SCARSDALE DERMATOLOGY, PC 56-2568044 (EIN) 2c Sponsor's telephone number 914-722-1800 1075 CENTRAL PARK AVE SUITE 304 SCARSDALE, NY 10583 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 56-2568044 1075 CENTRAL PARK AVE SUITE 304 SCARSDALE DERMATOLOGY, PC SCARSDALE, NY 10583 3c Administrator's telephone number 914-722-1800 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. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 211625 267372 Total plan assets..... 7a 0 0 7b Total plan liabilities..... 211625 267372 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 50000 8a(1) (1) Employers ..... (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 5747 **b** Other income (loss)..... 8b 55747 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 55747 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions) ......

Form	5500.	SE	201	
COLLI	: ); )( )( ):	7	/()	

Page <b>2</b> -	1		
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	เษาเรเเเร

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **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	During the plan year:		Yes	No		Amo	unt	
а	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				0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				0
С	Was the plan covered by a fidelity bond?	10c	X					30000
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				0
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		X				0
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				0
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				0
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 comp 5500))					X	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
а	(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 applicable.							
lf v	granting the waiver	·		Day _		real		
	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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	fa		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		10	N/A
art	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							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder	the co	ntrol		П	Yes	X No
С	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.)	e plar	n(s) to					_
1	3c(1) Name of plan(s):		130	(2) EII	۷(s)	1	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	Cali	sa ie	establi	shed			
Unde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.	n/rep	ort, in	cluding	, if applic			

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 true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/15/2013	DIANE HEBERT
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

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as	an attachm	ent to Form	5500 or	5500-	SF.						
Fo	r caleı	ndar p	lan year 2	011 (	or fiscal pla	an yea	ar beginning 1	2/01/2011				and end	ing 1	1/30/2	012			
					earest dol													
	Caut	ion: A	penalty o	\$1,0	000 will be	asse	ssed for late filing o	of this report	unless reas	onable ca	ause is	establish	ed.			-		
	Name ARSE			LOC	GY, PC DE	FINE	D BENEFIT PLAN				В	Three-di plan nun	•	N)	•		001	
С	Plan s	ponso	or's name	as sh	nown on lir	ne 2a d	of Form 5500 or 55	00-SF			D	Employer	Identif	ication	Numbe	r (EIN)		
			DERMATO									2568044				,		
Е	Туре с	of plan	: X Sing	е	Multiple	-A	Multiple-B	F	Prior year pla	an size:	X 100	or fewer	10	1-500	Mor	e than 5	00	
Р	art I	R	asic Inf	rm	ation		_				_		_					
1			valuation			Мо	onth	Day01	Year _	2011	_							
2	Ass	ets:						-										
	а	Mark	ket value										2	а				211583
	b	Actu	arial value										21	)				211583
3	Fur	nding t	arget/part	cipar	nt count br	eakdo	own:			<b>(1)</b> N	lumbe	r of partic	ipants		(2	2) Fundi	ng Targe	ŧt
	а	For	retired par	ticipa	ants and b	enefic	iaries receiving pay	ment	3a					0				0
	b	For	terminated	vest	ted particip	oants .			3b					0				0
	С	For	active par	icipa	nts:													
		(1)	Non-vest	ed be	enefits				3c(1)									111275
		(2)	Vested b	enefi	ts				3c(2)									74183
		(3)	Total acti	ve					3c(3)					2				185458
	d	Tota	ıl						3d					2				185458
4	If th	ne plar	n is in at-ri	sk sta	atus, chec	k the b	oox and complete li	nes (a) and	(b)									
	а	Fund	ding target	disre	egarding p	rescril	oed at-risk assumpt	tions					4	а				
	b						umptions, but disre							<b>o</b>				
5	Effe	ective	interest ra	e									5	,				5.13 %
6	Tar	get no	rmal cost										6	;				24415
	To the	best of rance with ation, of	th applicable I	, the in	nformation su d regulations.	In my o	n this schedule and accompinion, each other assum lence under the plan.	npanying schedo ption is reasona	ules, statements ible (taking into a	and attachn account the e	nents, if experien	any, is comp ce of the plar	ete and a and rea	accurate. sonable	Each pres	scribed ass	sumption wa	as applied in sumptions, in
	HERI										_				07/10	)/2013		
				_	S	ignatu	re of actuary	·				_		· <u> </u>	Date	•		
DE	BORA	H SM	IST								_				11-0	4681		
GU	ARDI <i>A</i>	AN RE	TIREMEN	T SE		or prin	t name of actuary						Mo	st rece	nt enrol	lment no 499-432		
						Fir	m name				_	Т	elepho	ne nur	nber (in	cluding	area cod	e)
			REET 1A 01201										-			J		
					į	Addre	ss of the firm				_							
lf th	e actu	arv ha	s not fully	refle	cted any r	egulat	ion or ruling promu	laated unde	r the statute	in compl	etina t	his sched	ıle ch	eck the	hox an	d see		П
	uction	-	.o not runy	. 0116	otou arry I	ogulal	.o.i oi ruinig promu	igaiou unut	. ino sidiuit	compr	oung t	301160	, UII	JON IIIC	, bux all	4 00 <del>0</del>		Ц

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Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryove	er and prefunding b	alan	ces						
								(a) (	Carryover balance		(b)	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13					0			12461
8			•	•	unding requirement (line 3					0			0
9	Amoun	t remainii	ng (line 7 minus li	ne 8)						0			12461
10	Interest	on line 9	using prior year's	s actual ret	urn of3.01%					0			375
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:								
	<b>a</b> Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)								17059
					rate of5.32_% exce								908
	<b>C</b> Tota	ıl availabl	e at beginning of c	urrent plan y	ear to add to prefunding ba	lance							17967
	<b>d</b> Port	tion of (c)	to be added to p	efunding b	alance								17059
12	Other re	eductions	s in balances due	to elections	or deemed elections					0			0
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 1	2)				0			29895
Pa	art III	Fun	ding percenta	ages									
14	Funding	g target a	ttainment percent	age								14	97.96 %
15	Adjuste	d funding	g target attainmen	t percentag	e							15	114.08 %
	Prior ye	ar's fund	ling percentage fo	r purposes	of determining whether ca	arryov	er/prefund	ding balar	nces may be used	to reduce		16	93.28 %
17	If the cu	ırrent val	ue of the assets o	f the plan is	s less than 70 percent of t	ne fun	nding targe	et, enter s	such percentage			17	0.00 %
Pá	art IV	Con	tributions an	d liquidit	ty shortfalls								
18	Contrib			•	ear by employer(s) and er	nploye	ees:						
(M	(a) Dat M-DD-Y		<b>(b)</b> Amount p employer		(c) Amount paid by employees	(	(a) Dat (MM-DD-Y		(b) Amount pa employer		(		nt paid by byees
06	/11/2013			50000	C	)							
						То	otals <b>&gt;</b>	18(b)		50000	18(c)		0
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan wit	n a va	aluation da	te after th	ne beginning of the	e year:			
	<b>a</b> Cont	ributions	allocated toward	unpaid mini	mum required contribution	ns fror	m prior yea	ars		19a			0
	<b>b</b> Cont	ributions	made to avoid res	strictions ac	ljusted to valuation date					19b			0
	<b>C</b> Conti	ributions a	allocated toward mi	nimum requ	uired contribution for current	year	adjusted to	valuation	n date	19c			45226
20		-	outions and liquidit	-								P	
	<b>a</b> Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?							X	Yes No
	<b>b</b> If 20a	a is "Yes,	" were required q	uarterly inst	tallments for the current ye	ear ma	ade in a tir	mely man	ner?	<u> </u>			Yes X No
	<b>C</b> If 20a	a is "Yes,	" see instructions	and comple	ete the following table as a								
		(4) 4:	<b>.</b> 4		Liquidity shortfall as of	end o	of quarter o					(A) Ad-	
		(1) 15	o		(2) 2nd	0		(3)	3rd	0		(4) 4th	0
			0			~				~			0

Pa	rt V	Assumptio	ns used to determ	nine f	iunding target and ta	rget ı	normal cost						
21	Disco	unt rate:											
	<b>a</b> Se	egment rates:	1st segment: 2.01%		2nd segment: 5.16%		3rd segment: 6.28 %			N/A, f	ull yield	d curv	ve used
	<b>b</b> Ap	oplicable month	(enter code)					211	<b>o</b>				1
22	Weigh	nted average ret	tirement age					22	!				66
23	Morta	lity table(s) (see	e instructions)	( Pre	escribed - combined	Pre	scribed - separate	Sub	stitute				
Pa	rt VI	Miscellane	ous items										
24	Has a	change been m	nade in the non-prescrib	ed act	tuarial assumptions for the c	urrent	plan year? If "Yes," see	instruc	tions r	egarding	equire	d	
	attach	ment										Yes	s X No
25	Has a	method change	e been made for the cur	rent pl	an year? If "Yes," see instr	uctions	regarding required attac	hment.				Yes	s X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see	instruc	tions regarding required	attachı	ment			Yes	s X No
27					nding rules, enter applicable			27	,				
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribu	tions	for prior years						
28	Unpai	id minimum requ	uired contributions for al	l prior	years			28	,				0
29					d unpaid minimum required			29	)				0
30	Rema	nining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus lin	e 29)		30	)				0
Pa	rt VIII	Minimum	required contribu	tion	for current year								
31	Targe	et normal cost a	nd excess assets (see in	nstruct	tions):								
	<b>a</b> Tar	get normal cost	t (line 6)					31	а				24415
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	1 31a			311	<b>o</b>				0
32	Amor	tization installme	ents:				Outstanding Bala	nce			Installn	nent	
	<b>a</b> Ne	t shortfall amort	tization installment					72	867				19348
	<b>b</b> Wa	aiver amortizatio	on installment						0				0
33					ter the date of the ruling lett) and the waived am			33	1				
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34					43763
					Carryover balance		Prefunding bala	nce		Т	otal ba	lance	)
35	Balan	ces elected for a	use to offset funding										0
	requir	ement				C			0				0
36	Additi	onal cash requir	rement (line 34 minus lir	ne 35)				36	i				43763
37					ontribution for current year a	,		37					45226
38	Prese	ent value of exce	ess contributions for curr	ent ye	ear (see instructions)								
	<b>a</b> Tot	tal (excess, if an	ny, of line 37 over line 36	6)				388	а				1463
	<b>b</b> Po	rtion included in	line 38a attributable to	use of	prefunding and funding sta	ndard (	carryover balances	381	<b>o</b>				0
39	Unpai	id minimum requ	uired contribution for cur	rent y	ear (excess, if any, of line 3	6 over	line 37)	39	)				0
40	Unpai	id minimum requ	uired contributions for al	l years	S			40	)				0
Pa	rt IX	Pension f	funding relief und	er Pe	ension Relief Act of 2	010 (	see instructions)						
41	If a sh	ortfall amortizati	tion base is being amorti	zed pu	ursuant to an alternative am	ortizati	on schedule:						
	<b>a</b> Sch	edule elected							2	! plus 7 ye	ars	15	years
	<b>b</b> Elig	jible plan year(s)	) for which the election i	n line	41a was made			<u> </u>	2008	2009	201	0	2011
42	Amou	nt of acceleratio	on adjustment					42					
43	Exces	s installment ac	celeration amount to be	carrie	d over to future plan years.	<u></u>		43					

#### 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 section 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Complete all autitions and the code (the code).

	Part I Annual Report Identification Information	ccordance wit	h the instructions to the Form 55	00-SF	
	Part I Annual Report Identification Information r calendar plan year 2011 or fiscal plan year beginning	1 12/1/2011			44/20/2040
			and ending		11/30/2012
_		$\equiv$	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	•		
	an amended return/report	short plar	year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter desc				
Р	art II Basic Plan Information—enter all requested in	formation			
1a	Name of plan			1b	Three-digit
	Scarsdale Dermatology, PC Defined Benefit Plan				plan number 001
				40	(PN) •
				IC	Effective date of plan 12/1/2008
2a	Plan sponsor's name and address (employer, if for single-employer	oyer plan)		2b	Employer Identification Number
	Scarsdale Dermatology, PC	, , ,			(EIN) 562568044
				2c	Plan sponsor's telephone number
	1075 Central Park Ave Suite 304			24	9147221800
	1010 Central Fark Ave Suite 504			20	Business code (see instructions) 621111
	Scarsdale NY		10502		
	ood/oddie 141		10583		
32	Plan administratoria account add. (11			1 -:-	
Ja	Plan administrator's name and address (if same as Plan sponsor	or, enter "Same	")	3b	Administrator's EIN
9	carsdale Dermatology, PC			3c	562568044
					Administrator's telephone number 9147221800
1	075 Central Park Ave Suite 304				
S	carsdale				
١	IY .				
1	0583				
4 1	the name and/or EIN of the plan sponsor has changed since the			4.	
	name, EIN, and the plan number from the last return/report. Spor	e iast retum/rep nsor's name	ort filed for this plan, enter the	4b	EIN
				4c	PN
<i>-</i>					
	Total number of participants at the beginning of the plan year			5a	2
b	Total number of participants at the end of the plan year			5b	2
С	Total number of participants with account balances as of the end	d of the plan ye	ar (defined benefit plans do not		
C =	complete this item)			5c	0
oa h	Were all of the plan's assets during the plan year invested in eli-	gible assets? (\$	See instructions.)		Yes No
U	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili	or an independ ity and condition	ent qualified public accountant (IQF	PA)	₩ van □ Na
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-SI	and must instead use Form 550	0.	Yes   No
Pa	t III Financial Information				· · · · · · · · · · · · · · · · · · ·
7	Plan Assets and Liabilities		(a) Beginning of Year	1	(b) End of Year
а	Total plan assets	7a	211625		267372
	Total plan liabilities		211020	<b>+</b>	0
	Net plan assets (subtract line 7b from line 7a)		211625	+-	· · · · · · · · · · · · · · · · · · ·
			211023		267372

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	0-14		E001	,,		
	(2) Participants	8a(1)		5000			
	(3) Others (including rollovers)		<u> </u>		0		
h	Other income (loss)	8a(3)			0		
c		8b		574	1		
d	· ·	8c		: : :	_		55747
	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			o		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					55747
j	Transfers to (from) the plan (see instructions)	8j		(	)		
Pa	rt IV Plan Characteristics						
9a		eature co	des from the List of Plan Char	acteri	stic Co	odes ir	n the instructions:
	1A 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Plan Chara	acteris	tic Co	des in	the instructions:
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 contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	ons withir	the time period described in	40-		~	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not i	nclude transactions reported	10a		X	
	on line 10a.)			10b		X	
C	The state of the s			10c	X		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bor	d, that was caused by fraud	10d		×	
е	Were any fees or commissions paid to any brokers, agents, or othe			100			
	insurance service or other organization that provides some or all of	the bene	fits under the plan? (See				
•	instructions.)			10e		X	(
t	Has the plan failed to provide any benefit when due under the plan?			10f		$\times$	
g	, particular (iii ree) emer amount de			10g		$\times$	
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instru	ctions and 29 CFR	10h		×	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required	notice or one of the				
art		3		10i			
11	Is this a defined benefit plan subject to minimum funding requirements	162 /If #1/	on " one instructions and	-1-1-1			
	5500))		es, see instructions and com	piete :	scnea	ule SB	Yes No
12	Is this a defined contribution plan subject to the minimum funding re	quiremer	its of section 412 of the Code	or sec	ction 3	02 of I	ERISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	ole.)					
а		amortize	d in this plan year, see instruc	tions.	and e	nter th	e date of the letter ruling
lf ·	granting the waiveryou complete lines 3, 9, and 10 of Schedule M	AB (Form	5500) and skin to line 12				
	Enter the minimum required contribution for this plan year				Г	12b	
С					-		
	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the pegative amount)	e result (	enter a minus sign to the left o	fa		12c 12d	
е	negative amount) Will the minimum funding amount reported on line 12d be met by the				. L		Yes □ No □ N/A
art		g			*********		1
	Has a resolution to terminate the plan been adopted during the plan y	vear or co	w prior voor?				
							☐ Yes 🔀 No
b	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra	noyer this ansferred	to another plan, or brought or	nder #		f3a	
	of the PBGC?			er (I	ie con		🗌 Yes 🗵 No

Caution: A penalty for the late or incomplete filing of this return	em/report will be assessed unless reasonable cause is established.
	uctions, I declare that I have examined this return/report, including, if applicable, a Schedule as well as the electronic version of this return/report, and to the best of my knowledge and
SIGN HERE Signature of plan administrator	7/15/2013 MICHARZ BRODIN
SIGN A Ch. X	Date Enter name of individual signing as plan administrator  7/15/20/3 MICHAEL BRODIN
HERE Sgrature of employer plan sponsor	Date Enter name of Individual signing as employer or plan sonosor

#### Scarsdale Dermatology, PC Defined Benefit Plan

#### Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

#### Plan Name: Scarsdale Dermatology, PC Defined Benefit Plan

Plan EIN: 56-2568044 Plan Number: 001

#### **Normal Retirement Benefit**

Actuarial Cost Method: PPA06 Funding Rules

Funding Yield Curve Segmented Rates

First Segment: 2.01%
Second Segment: 5.16%
Third Segment: 6.28%

**PBGC Segmented Rates** 

First Segment: 1.99%
Second Segment: 4.47%
Third Segment: 5.26%

**Pre-Retirement Valuation Assumptions** 

Retirement Valuation Assumptions

Mortality Table 2011 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table None

IRC417(e)(3) Retirement Mortality

Mortality Table 2011 417(e)(3) Applicable Mortality Table

**Optional Forms Assumption** 

5% of participants will elect the Plan Normal Form

95% of participants will elect a Lump Sum (single payment)

**Pre-Retirement Actuarial Equivalence Assumptions** 

Investment Earnings 6% Effective annual rate

**Retirement Actuarial Equivalence Assumptions** 

Investment Earnings 6% Effective annual rate

Mortality Table 430(h)(3)(A)-Opt'l Combined (RP-2000 Proj AA)

### Scarsdale Dermatology, PC Defined Benefit Plan Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

#### Plan Name: Scarsdale Dermatology, PC Defined Benefit Plan

Plan EIN: 56-2568044 Plan Number: 001

#### Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2011 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5.5% Effective annual rate

## Scarsdale Dermatology, PC Defined Benefit Plan Schedule SB, line 32 - Schedule of Amortization Bases

### Plan Name: Scarsdale Dermatology, PC Defined Benefit Plan Plan EIN: 56-2568044

Plan Number: 001

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	84,668	12/01/2008	4	21,803
Shortfall Base	-11,801	12/01/2009	5	-2,455

#### Scarsdale Dermatology, PC Defined Benefit Plan Schedule SB, line 19 - Discounted Employer Contributions Plan Name: Scarsdale Dermatology, PC Defined Benefit Plan

Plan EIN: 56-2568044 Plan Number: 001

			Effective		Penalty	Additional	Value
		Plan	Rate of	Discounted	Rate of	Discounted	As of
Date	Amount	Year	Interest	Amount	Interest	Amount	Valuation Date
06/11/2013	50000.00	2011	5.13%	46319.00	10.13%	-1092.67	45226.33
Total for Minimum Required Contribution	50000.00			46319.00		-1092.67	45226.33

#### Scarsdale Dermatology, PC Defined Benefit Plan Schedule SB, Part V - Summary of Plan Provisions

#### Plan Name: Scarsdale Dermatology, PC Defined Benefit Plan

Plan EIN: 56-2568044 Plan Number: 001

Plan Effective Date December 1, 2008

Plan Anniversary Date December 1, 2011

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date Plan anniversary nearest the satisfaction of the participation requirements

Normal Retirement Date 62nd birthday and the completion of 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Retirement Benefit Optional Forms Lump Sum (single payment)

Normal Retirement Benefit 15.66% of compensation

Total retirement benefit reduced by 1/0 for each year of accrual service less

than 0

Maximum years of past service: 5

IRC415 maximum annual benefit: \$200,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$245,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Qualified pre-retirement survivor annuity is payable to the surviving spouse,

unless waived with spousal consent.

Benefit Amount 100% present value of accrued benefit

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Exclude service before age 18

Exclude service before effective date

Computation Period: Elapsed Time Method

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Pro-rated on participation

Participation includes up to 5 years of employment service

# Scarsdale Dermatology, PC Defined Benefit Plan Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Scarsdale Dermatology, PC Defined Benefit Plan

Plan EIN: 56-2568044 Plan Number: 001

The weighted average retirement age of 66 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan ye	ear beginning 12/1/2011		and endi	na 11	/30/2012			
▶ Round off amounts to nearest dollar.		******	and chair	119 117	30/2012			
Caution: A penalty of \$1,000 will be asset	essed for late filing of this rep	ort unless reason	able cause is establishe	ed.				
A Name of plan			B Three-dig	ıit				
Scarsdale Dermatology, PC Define	plan num		•	001				
6.7								
C Plan sponsor's name as shown on line 2a	of Form 5500 or 5500-SE		D Employer I	d = 4.6.	# N 1 600			
Scarsdale Dermatology, PC	0.1 0 0000 01		D Employer	denunca	tion Number (EIN)			
					562568044			
E Type of plan: 🗷 Single 📗 Multiple-A	Multiple-B I	F Prior year plan	size: 🔀 100 or fewer	101-5	00 More than 5	500		
Part I Basic Information					oro alarre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
End-to-to-to-to-to-to-to-to-to-to-to-to-to-	2/1/2011							
2 Assets:	2/1/2011							
a Market value				2a	Activications copile 750	211583		
<b>b</b> Actuarial value				2b				
3 Funding target/participant count breakdo			(1) Number of particip		(2) 5	211583		
a For retired participants and benefic		3a	0	anis	(2) Funding Target 0 0			
<b>b</b> For terminated vested participants.			0	***************************************				
C For active participants:								
(1) Non-vested benefits	***************************************	3c(1)			1112	75		
					74183			
(3) Total active	***************************************	3c(2) 3c(3)	2		1854			
d Total			2			185458		
4 If the plan is in at-risk status, check the b	oox and complete lines (a) an	d (b)						
a Funding target disregarding prescrib	ed at-risk assumptions		t-ul	4a	Horotawa sa maranda sa			
b Funding target reflecting at-risk assu	umptions, but disregarding tra	ansition rule for pla	ans that have been in	4b				
at-risk status for fewer than five con	secutive years and disregard	ling loading factor		4D				
5 Effective interest rate				5	5.13	3 %		
6 Target normal cost		***************************************		6	24415			
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in accordance with applicable law and regulations. In my on	this schedule and accompanying robe	dular atatamania and	.0					
accordance with applicable law and regulations. In my op- combination, offer my best estimate of anticipated expense		nable (taking into accou	attachments, if any, is complete nt the experience of the plan ar	and accura nd reasonal	ate. Each prescribed assi de expectations) and suc	umption was applied in thother assumptions, in		
\$34.50 (\$350) hexic	orrow didor the plan.							
SIGN					711000010			
					7/10/2013			
	e of actuary				Date			
Deborah Smist					1104681			
Guardian Retirement Services	name of actuary				cent enrollment nu	mber		
	2 2 2 2 2				4134994321			
700 South Street	n name		Tele	phone n	umber (including a	rea code)		
Pittsfield	MA 012	01						
Address	s of the firm							
he actuary has not fully reflected any regulation structions	on or ruling promulgated under	er the statute in co	ompleting this schedule,	check tl	ne box and see	П		

F	Part II	Begi	nning of yea	r carryove	er and prefunding	ba	alances									
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from pri						(a) Carryover balance			(b) Prefunding balance						
	year)	e at beg	inning of prior ye	ar after appli	cable adjustments (line	13	from prior		0	0 12461						
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0 0				٥				
9									0		<del></del>		461			
	9 Amount remaining (line 7 minus line 8)								0							
							***************************************		U			3	75			
	<ul> <li>Prior year's excess contributions to be added to prefunding balance:</li> <li>a Present value of excess contributions (line 38 from prior year)</li> </ul>											17	060			
	<b>b</b> Inte	rest on i	(a) using prior ve	ar's affactive	rate of		nt no					17	059			
	othe	erwise p	rovided (see insti	uctions)	76 ex		pi as					90	)8			
	<b>c</b> Tota	ıl availab	le at beginning of	current plan y	ear to add to prefunding t	bal	ance			Ī		17967				
	<b>d</b> Por	ion of (c	) to be added to	prefunding ba	alance							170	17059			
12	Other re	duction	s in balances due	to elections	or deemed elections				0			(	)			
_13	Balance	at begi	nning of current	ear (line 9 +	line 10 + line 11d – line	12	2)		0			298	29895			
F	art III	Fun	ding percent	ages												
14	Funding	target a	attainment percer	ntage								14	97	.96 %		
15	Adjuste	d fundin	g target attainme	nt percentage	9							15		4.08 %		
16	Prior ye	ar's fund	ding percentage f	or purposes of	of determining whether	car	mvover/prefun	ding ba	lances may be use	d to reduc	`A	16	93.			
17	If the cu	rrent va	lue of the assets	of the plan is	less than 70 percent of	the	e funding targ	et, ente	er such percentage			17	+			
	art IV		tributions ar						,					70		
					ar by employer(s) and e	mr	nlovees:									
	(a) Date	)	(b) Amount	paid by	(c) Amount paid by		(a) Da		(b) Amount	paid by	T (	c) Amo	unt paid	by		
	/M-DD-Y		employe	<del>```</del>	employees	_	(MM-DD-Y	YYY)	employe		<u> </u>		mployees			
	6/11/20	13		50000		0										
	·····					4		w			ļ					
						-										
						4					<u> </u>					
	<del>-</del>					4					<del></del>					
						4	T-4.1	1.00								
10	Discourse						Totals ▶	18(b		50000	18(c)			0		
19					uctions for small plan wit											
					num required contribution					19a						
	b Contributions made to avoid restrictions adjusted to valuation date									0						
20	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date									452	26					
20			utions and liquidit	•						L						
					prior year?							L	Yes	No		
					llments for the current ye			nely ma	anner?			[	Yes	× No		
	<b>c</b> If 20a	s "Yes,"	see instructions	and complete	the following table as a											
		(1) 1st		****	Liquidity shortfall as of (2) 2nd	en	nd of quarter of					/4) ::				
	· · · · · · · · · · · · · · · · · · ·	(1) 130	0		(E) ZIIO	0	+	(3)		$^{+}$	(	(4) 4ti	.1	0		
						_				<u> </u>				U		

P	ar	rt V Assumptio	ns used to determine	ne funding target and t	arget	normal cost							
2	1	Discount rate:					*****				***		
		a Segment rates:	1st segment: 2.01 %	2nd segment: 5.16 %		3rd segmen 6.28	t: %	N/A, full yield curve use					
		<b>b</b> Applicable month	(enter code)				21b				1		
22	2	Weighted average ret	tirement age	. 22			-	66					
		Mortality table(s) (see				escribed - separate	Subst	titute			×		
P	arl	t VI Miscellane	ous items										
	1	Has a change been m	nade in the non-prescribed	actuarial assumptions for the	curren	t plan year? If "Yes," see	e instruction	ons regarding	require	ed 7 va			
25				nt plan year? If "Yes," see inst						<del></del>			
				tive Participants? If "Yes," see							s 🔀 No		
	<b>'</b> i	If the plan is eligible fo	or (and is using) alternative	e funding rules, enter applicabl	e code	and see instructions	27	jiit	·····	j Ye	es 🗵 No		
Pi				mum required contribu			1		·				
28				ior years			28	T		<del></del>	(		
29	[	Discounted employer	contributions allocated tov	vard unpaid minimum required	contril	outions from prior years	29		0				
30				contributions (line 28 minus lir			30				C		
Pa	ırt	VIII Minimum r	required contributio	n for current year	****								
31			nd excess assets (see inst										
	a	a Target normal cost (	(line 6)				31a				24415		
				nan 31a			31b				0		
32	Amortization installments: Outstanding Ba								Installment				
	а	Net shortfall amortiz	zation installment				72867	1934					
	b	Waiver amortization	n installment				0	0					
33	lf (	f a waiver has been ap	pproved for this plan year,	enter the date of the ruling lett ) and the waived am		nting the approval	33						
34	Т	otal funding requirem	ent before reflecting carry	over/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34		43763				
				Carryover balance		Prefunding balar	ice	<del>                                     </del>	otal bal	ance			
35	B	Balances elected for us equirement	se to offset funding		0		0				0		
36	Α	dditional cash require	ment (line 34 minus line 3	5)			36	<del> </del>			43763		
	С	ontributions allocated		contribution for current year a			37				45226		
38	Р	resent value of excess	s contributions for current	year (see instructions)									
	а	Total (excess, if any,	, of line 37 over line 36)	,			38a				1463		
	b	Portion included in li	ne 38a attributable to use	of prefunding and funding star	ndard c	arryover balances	38b				0		
39	U	npaid minimum requir	ed contribution for current	year (excess, if any, of line 36	overl	ine 37)	39				0		
40	Uı	npaid minimum requir	ed contributions for all yea	ors	*******		40				0		
Par	t I	X Pension fu	nding relief under F	Pension Relief Act of 20	)10 (s	ee instructions)							
41	If a	a shortfall amortization	n base is being amortized	pursuant to an alternative amo	rtizatio	n schedule:							
							Г	2 plus 7 yea	ars 「	15 \	years		
				e 41a was made			200		2010	,	2011		
							42	- 12000		Ш,			
				ied over to future plan years			43		***************************************				
						1							