### 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).

OMB Nos. 1210-0110 1210-0089

2012

			Complete all entries in actions and actions are actions.	ccordance with the instru	ctions to the Form 550	)0-SF.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis		/2012	<u> </u>	12/31/2	2012	
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retu	n/report (less than 12 m	onths)		
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım
			special extension (enter desc	cription)				
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation				
1a	Name o	of plan	·			1b	Three-digit	
W & V	N MILLI	ENNIUM DERMATOL	OGY, PC DEFINED BENEFIT PE	NSION PLAN			plan number	
						4-	(PN) •	001
						10	Effective date o	•
2a	Plan sr	oonsor's name and add	dress; include room or suite numb	per (employer, if for a single	-employer plan)	2h	Employer Identi	
W&	W MILL	ENNIUM DERMATOL	OGY, PC	.o. (op.o) o.,o. a og.o	omproyor pramy			64772
						2c	Sponsor's telep	hone number
8701	56TH A	AVE, 1ST FLOOR					718-45	
ELMI	HURST,	, NÝ 11373				2d		see instructions)
0-			🗔	🗖		01	62111	
за	Plan ac	dministrator's name an	d address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	30	Administrator's	EIN
						3c	Administrator's	telephone number
								•
4	16.41							
4			e plan sponsor has changed since nber from the last return/report.	the last return/report filed t	or this plan, enter the	4b	EIN	
а		or's name				4c	PN	
5a	Total n	number of participants	at the beginning of the plan year.			5a		7
b	Total n	number of participants	at the end of the plan year			5b		7
С			account balances as of the end of					
					•	5c		
6a		•	during the plan year invested in	•	•			X Yes No
b			the annual examination and repo					X Yes □ No
			Y (See instructions on waiver eligibed ther line 6a or line 6b, the plane					M 163   140
Cai			or incomplete filing of this retur					
			ner penalties set forth in the instru					able a Schedule
SB	or Sche	dule MB completed ar	nd signed by an enrolled actuary,					
beli	ef, it is t	rue, correct, and comp	olete.					
SIG	N	Filed with authorized/	valid electronic signature.	10/15/2013	YAN WANG			
HEI		Signature of plan a	dministrator	Date	Enter name of individ	lual sin	ning as plan adr	ninistrator
CIC	·NI	-	valid electronic signature.	10/15/2013	YAN WANG	idai sig	ining as plan au	minstrator
SIG HEI					+	- امبا	mina on amalassa	
Pre	parer's i	Signature of emplo	yer/pian sponsor ame, if applicable) and address; ii	Date    Date	Enter name of individer (optional)			number (optional)
	- 5. 51 5 1		, app		(-		51 0 totophono	(Spatial)

Form 5500-SF 2012 Page **2** 

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V	aar		
<u>,</u>	Total plan assets	7a	(a) Deginning of Tea				(b) Liid		48846	5	
	Total plan liabilities	7a 7b	203000	,				٠,	+0040	J	
	Net plan assets (subtract line 7b from line 7a)	7c	265863	<u></u>				3,	18846	5	
8	·	70		,			(b) T		+0040	<u> </u>	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)	20000	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	62983	35							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8	32983	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							32983	5	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics	, vj									
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruct	ons:			
Par						1					
10	During the plan year:			_	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					348	8847
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							×	Yes	П	No
110	Enter the amount from Schedule SB line 39								. 00	Ш	0
						11a		Г	Yes	V	No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3U2 Of	EKISA?	LL	res	٨	INO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the complete line 12a or lines 12b, 12c, 12d, and 12e below,	ng amortize	ed in this plan year, see instru		and	_	l ne date of t			ling	
	granting the waiver.		Mon	ith		Day		Yea	ır		
		- MD /F	FEOO\ -m-1 - 1-1 1 10 10-								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year	•				12b					

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			1	
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 left of a 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
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

## 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).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2012

For	calendar	plan year 201	12 or fiscal plan	year beginning	01/01/201	2				and end	ling 12	2/31/20	12		
•	Round of	f amounts to	nearest dollar	- -											
•	Caution:	A penalty of \$	1,000 will be as	sessed for late fil	ing of this rep	oort u	nless reasc	nable ca	iuse is	establish	ned.				
	lame of p		MATOLOGY D	O DEFINIED DEN	FEIT DENOV	OND			В	Three-di	git			00	1
VV 8	VV MILLE	ENNIUM DER	MATOLOGY, P	C DEFINED BEN	EFIT PENSIC	ON P	LAN			plan nun	nber (PN	1)	•	00	1
СЕ	Plan snons	sor's name as	shown on line 2	2a of Form 5500 o	or 5500-SF				D	Employer	Identific	eation I	Number	(FIN)	
			MATOLOGY, P		J. 0000 C.					3564772	TOOTHIN	outon i	Tanibor 1	(=,	
									111	3304772					
Ет	ype of pla	n: X Single	Multiple-A	Multiple-B		<b>F</b> P	rior year pla	n size:	100	or fewer	101	-500	More	than 500	
		Basic Infor	mation	· ·				L				L			
1		e valuation da		Month 01	Day0	1	Year _2	2012							
2	Assets:	o varaation at		World					_						
_		t value									2a				2649553
	<b>b</b> Actua	rial value									2b	_			2649553
3			pant count breal					(1) N	lumber	of partic	ipants		(2)	Funding 1	
				iaries receiving pa	avment		3a	(-,		- F		0	<u> </u>		0
					•	-	3b					1			3104
		ctive participa				L						-			
							3c(1)								5026
	(2)	Vested ben	efits				3c(2)								2335366
	(3)	Total active	<del>)</del>				3c(3)					6			2340392
	<b>d</b> Total						3d					7			2343496
4	If the pla	an is in at-risk	status, check th	ne box and comple	ete lines (a) a	and (b	o)		.П						
				bed at-risk assum							4a				
	<b>b</b> Fundi	ng target refle	ecting at-risk ass	sumptions, but dis	regarding tra	nsitio	n rule for p	ans that	have b	oeen in	4b				
	at-ı	risk status for	fewer than five	consecutive years	s and disrega	rding	loading fac	tor							
5	Effective	e interest rate									5				6.87 %
6											6				245538
	-	Enrolled Ac	•	ed in this schedule and	accompanying so	shodulo	e etatomonte	and attachm	onte if a	uny is comp	loto and a	curata E	Each proces	ibod assump	tion was applied in
á	accordance v	vith applicable law	and regulations. In n	ny opinion, each other a experience under the pla	assumption is reas										
	,	Oner my best estil	mate of anticipated ex	the line of the pla											
_	IGN												40/04/6	2040	
П	ERE		•						_	-			10/04/2	2013	
THE	ODODE /	MDEDOEN	•	ature of actuary									Date	004	
INE	ODORE F	ANDERSEN,	M.A.A.A., MSPA						_				11-02		
DEN		COCIATEC	Type or p	rint name of actu	ary						Mos	t recen		nent numb	er
PEN	SION AS	SOCIATES		<b>:</b> :::::::::::::::::::::::::::::::::::					_		ا ما ما ما ما			56-0306	
200	1 WEST N	MAIN STREE	T, SUITE 230	Firm name						'	eiepnor	ie num	ber (inci	uding area	a code)
STA	MFORD,	CT 06902													
									_						
			Add	dress of the firm											
	actuary h	as not fully re	eflected any regu	ulation or ruling pr	omulgated ur	nder 1	the statute	n comple	eting th	nis sched	ule, che	ck the	box and	see	

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Baland	ces						
							(a) (	Carryover balance		(b) i	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13 f	•			0			0
8					unding requirement (line 35				0			0
9									0			0
10			using prior year's						0			0
11	Prior ye	ar's exce	ess contributions t	o be added	d to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contrib	utions (line	38a from prior year)							394120
					interest rate of5.84%							23017
	<b>C</b> Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce						417137
	<b>d</b> Portion	on of (c)	to be added to pre	funding ba	alance							0
12	Other re	eductions	s in balances due	to election	s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12	)			0			0
Pa	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	113.05 %
15	Adjuste	d funding	g target attainmen	t percentaç	ge						15	113.05 %
16					of determining whether car						16	102.35 %
17	If the cu	urrent val	ue of the assets o	f the plan i	is less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18	Contrib	utions ma			rear by employer(s) and emp	oloyees:						
(M	(a) Dat IM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	<b>(a)</b> I (MM-DI	Date D-YYYY)	(b) Amount pai employer(s		(0		nt paid by oyees
09	/01/2013	3		200000	0							
						Totals ▶	19/b)		200000	18(c)		
10	D:		la caractella d'acc		to a Cara a Cara a sa Il a la cara 20 la		-(-,		200000	10(0)		0
19			-		tructions for small plan with nimum required contributions				19a			0
	_			•	djusted to valuation date	•	•	F	19b			0
					uired contribution for current y				19c			179045
20			outions and liquidit		-	real adjustes	a to valuation	r dato				170010
					the prior year?				L		Г	Yes X No
		•	-		y installments for the curren						<u></u>	Yes No
					omplete the following table a	-	-		Г		<u> </u>	<u>. L</u>
			,		Liquidity shortfall as of e			n year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1

D-	4 \/	A = =	no Hood to Determine	Funding Towns and Towns	4 Named Coat				
			ns used to Determine	Funding Target and Targe	t Normai Cost				
21		unt rate: gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yield	l curve	used
	h Ann	dicable month (		0.0070		21b			0
22		-	·			22			62
23		ity table(s) (see			scribed - separate	Substitut	re		02
		Miscellane	, L				···		
				tuarial assumptions for the current	plan year? If "Vos." soo	inetructions	rogarding required	1	
44		-						Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment	<u>_</u>	Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No
27		•	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27	<u> </u>		ш
Da	rt VII			ım Required Contribution	e For Drior Voare	1 1			
28			<u> </u>	years		28			0
29				d unpaid minimum required contribu		<u> </u>			U
						29			0
30	Remai	ining amount of	unpaid minimum required co	ntributions (line 28 minus line 29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Targe	t normal cost a	nd excess assets (see instruc	ions):					
	<b>a</b> Targ	et normal cost	(line 6)			. 31a			245538
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b			245538
32	Amorti	ization installme	ents:		Outstanding Bala	ance	Installm	nent	
	<b>a</b> Net	shortfall amortiz	zation installment			0			0
	<b>b</b> Wai	ver amortization	n installment			0			0
33				ter the date of the ruling letter gran		33			0
34	Total f	unding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total bal	ance	
35			use to offset funding	0		0			0
36	Additio	onal cash requir	rement (line 34 minus line 35)			36			0
37	Contril	butions allocate	ed toward minimum required c	ontribution for current year adjusted	d to valuation date	37			179045
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)		<u>I</u>			
						38a			179045
				prefunding and funding standard ca		38b			0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over I	ine 37)	39			0
40	Unpaid	d minimum requ	uired contributions for all years	S		40			
	rt IX			Pension Relief Act of 2010		)			
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:					
	<b>a</b> Sche	edule elected				П	2 plus 7 years	15 y	ears/
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made					2011
42			•			42	<u> </u>		
			celeration amount to be carrie			43			

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

December of the

## 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 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

2012

D	- 41 AID	-t 1-1tifiti 1fti				
	art I Annual Reportant Annual Reportant Plan year 2012 or	rt Identification Information	01/01/2012	and ending	12/31/2012	
	-21 Hz	x a single-employer plan	,	plan (not multiemployer)		inant plan
_	This return/report is for:				a one-partic	ipant pian
ь	This return/report is:	the first return/report	the final return/repor			
_		an amended return/report		ırn/report (less than 12 m		
С	Check box if filing under:	x Form 5558	automatic extension		☐ DFVC progra	am
_		special extension (enter description	on)			
		formation enter all requested info	rmation			
1a	Name of plan				1b Three-digit plan number	
	W & W Millennium	Dermatology, PC Defined Ber	nefit Pension P	lan	(PN) ►	001
					1c Effective date of	of plan
_				- 110 mmWas 1 eeus 1 mm ta W	01/01/2004	ASSAULT DE LOCALES DE
2a	W & W Millennium	address; include room or suite number (	employer, if for a single	e-employer plan)	2b Employer Ident	
					(EIN) 11-35	
					2C Sponsor's telep (718) 457-	
	8701 56th Ave, 1s	t Floor			2d Business code	
US	Elmhurst	NY 11373			621111	,
3a	Plan administrator's name	and address X Same as Plan Sponso	or Name Same as	Plan Sponsor Address	3b Administrator's	EIN
					3c Administrator's	telephone number
_				e-makeur-erper - Georgemanne		
4		he plan sponsor has changed since the umber from the last return/report.	last return/report filed	or this plan, enter the	4b EIN	
а	Sponsor's name	and non the last return eport.			4c PN	
_	Victoria de la companione de la companio	ts at the beginning of the plan year			5a	7
b		ts at the end of the plan year			5b	7
С	Number of participants with	n account balances as of the end of the	olan year (defined ben	efit plans do not		
_					5c	
		ts during the plan year invested in eligible				x Yes No
b		of the annual examination and report of a 6? (See instructions on waiver eligibility a	and conditions \			X Yes No
		either line 6a or line 6b, the plan cann	or the control of the	and must instead use I		MILES MINO
Ca		te or incomplete filing of this return/re				
		other penalties set forth in the instruction				cable a Schedule
SB	or Schedule MB completed	and signed by an enrolled actuary, as w				
bel	ief, it is true, correct, and co	mplete.				
SI	GN A		10/5/n	Yan Wang		
H	ERE Signature of plan ad	ministrator	Date	Enter name of individua	al signing as plan admi	inistrator
SI	GN			Yan Wang		
	ERE Signature of employ	er/plan sponsor	Date	Enter name of individua	al signing as employer	or plan sponsor
Pre	parer's name (including firm	name, if applicable) and address; include	de room or suite numb		Preparer's telephone	
						Day Burkey

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_								
_	rt III   Financial Information		1 ()=		1			
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	
	Total plan assets	7a 	2,658,63	30	+			3,488,465
	Total plan liabilities	7b	0.450.4		-			
	Net plan assets (subtract line 7b from line 7a)	7c	2,658,63 (a) Amount	30			(b) To	3,488,465
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı
	(1) Employers	8a(1)	200,00	00				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	629,8	35				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						829,835
	to provide benefits)	8d		0				
	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						829,835
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0				
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instruction	is:
$\rightarrow$	1A							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (	Codes	in the	instructions	:
$\perp$								
Pa	rt V   Compliance Questions						ı	
<u>10</u>	During the plan year:				Yes	No	Α	mount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	•	10b		х		
<u>C</u>	Was the plan covered by a fidelity bond?	•••••	••••••••••••••	10c	х			348,847
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	•	•	10d		x		
е	, , , , , , , , , , , , , , , , , , , ,							
	insurance service or other organization that provides some or all or instructions.)			10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		x		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as		,	10g		х		
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101		notice or one of the	10i				
Par	t VI Pension Funding Compliance						-	
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)							X Yes No
11.	2 Enter the amount from Schedule SB line 39					11a		0
111							DICAS	
12	Is this a defined contribution plan subject to the minimum funding r	equiremei	nts of section 412 of the Code o	r sect	ion 30	2016	KIOA! ••• I	Yes X No
	· · · · · ·			r sect	ion 30	2 01 E	KISA!	☐ Yes 🔼 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					
12 a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver	as applica	able.) ed in this plan year, see instruct	ions, a	and er	nter the		
12 a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	as applica	able.) ed in this plan year, see instruct	ions, a	and er	nter the	e date of the	e letter ruling

	Form 5500-SF 2012 Page <b>3-</b>			
		1	1	
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 left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗀	Yes [	□ No □ N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Y	es X N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
1	<b>13c(1)</b> Name of plan(s):	(2) EIN	(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊤	rust's EIN	l

2057DB1

# Schedule SB, line 22 - Description of Weighted Average Retirement Age

W & W Millennium Dermatology, P.C. Defined Benefit Pension Plan 11-3564772 / 001 For the plan year 1/1/2012 through 12/31/2012

The age reported 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, line 19 - Discounted Employer Contributions

## W & W Millennium Dermatology, P.C. Defined Benefit Pension Plan 11-3564772 / 001

For the plan year 1/1/2012 through 12/31/2012 Valuation Date: 1/1/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution Applied to Additional Contribution	<b>9/1/2013</b> 1/1/2012	<b>\$200,000</b> 200,000	179,045	0	0	6.87	0
Totals for Deposited Contribution		\$200,000	\$179,045	\$0	\$0		

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

### W & W Millennium Dermatology, P.C. Defined Benefit Pension Plan 11-3564772 / 001

For the plan year 1/1/2012 through 12/31/2012

Valuation Date: 1/1/2012

**Funding Method:** As prescribed in IRC Section 430

> Age - Eligibility age at last birthday and other ages at last birthday New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.98
Segment 2	6 - 20	5.07
Segment 3	> 20	6.19

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

12E - 2012 Applicable Mortality Table for 417(e) (unisex)

#### Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:**

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5%

> Mortality Table -U84 - 1984 Unisex

8.5%

Permissively Aggregated Plans - Not tested As Single Plan

Post-Retirement - Interest -

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2012

OMB No. 1210-0110

			m to Form	souv or	550U-SF.			
lendarı	plan year 2012 or fiscal į	File as an attachme olan year beginning 01/01/		0000 01	and endin	g 12	/31/201	2
und off	amounts to nearest de	ollar.						
ution: A	A penalty of \$1,000 will b	e assessed for late filing of this report	unless reas	onable ca	ause is establishe	d.		
ne of pla	an				<b>B</b> Three-dig	it		
·						er (PN)	•	001
spons	or's name as shown on l	ine 2a of Form 5500 or 5500-SF			D Employer ld	entificat	ion Numbe	er (EIN)
Mill	ennium Dermatolo	ogy, PC			1	1-356	4772	
e of pla	n:X Single  Multipl	e-A Multiple-B	Prior year p	lan size:[	X 100 or fewer		00 <u> </u>	ore than 500
	asic Information							
		Month 01 Day 01	Vear	2012				
	valuation date.	World <u>OI</u> Day <u>OI</u>	roar_					
	value					2a		2,649,553
			J.			2b		2,649,553
undina	target/participant count l	preakdown		(1) N	umber of particin	ants	,	2) Funding Target
			3a	(// !\	arriber of particip	0		2) Tunding Target
	· · · · · ·		3b			1		3,104
	• •		3c(1)					5,026
								2,335,366
						6		2,340,392
						7		2,343,496
	n is in at-risk status, che	ck the box and complete lines (a) and			<del>-</del>	<u> </u>		
-						<b>4</b> a		
Fundin	g target reflecting at-risk	assumptions, but disregarding transiti	on rule for p	olans that	have been in	4b		
						5		6.87 %
								245,538
			**********	•••••	• • • • • • • • • • • • • • • • • • • •		<u></u>	245,556
e best of rdance wi	my knowledge, the information s th applicable law and regulation:	s. In my opinion, each other assumption is reasonab						
RE		Il a		,			10/04/2	2013
	5	Signature of actuary					Date	e
	Theodore Anders	en, M.A.A.A., MSPA					11-0203	34
	Туре	or print name of actuary				Most re	ecent enrol	lment number
	Pension Associa	tes				(20	356-	-0306
		Firm name			Tel	ephone	number (ir	ncluding area code)
	2001 West Main	Street, Suite 230						
US	Stamford	CT 06902						
		Address of the firm						
	ne of pla ne of	Actuarial value  To retired participants and ber for terminated vested participants  (1) Non-vested benefits (2) Vested benefits (3) Total active  Total  Total  Total  The plan is in at-risk status, che Funding target disregarding prefective interest rate  arget normal cost  ent by Enrolled Actuary ent best of my knowledge, the information stranget my best estimate of anticipants in Associa  Type  Pension Associa  2001 West Main  Millennium Dermatolo  Multipl  Multip	ne of plan Millennium Dermatology, PC Defined Benefit Pe a sponsor's name as shown on line 2a of Form 5500 or 5500-SF Millennium Dermatology, PC a of plan: Single Multiple-A Multiple-B F i Basic Information nter the valuation date: Month 01 Day 01 ssests: Market value unding target/participant count breakdown For retired participants and beneficiaries receiving payment For active participants:  (1) Non-vested benefits (2) Vested benefits (3) Total active Total  the plan is in at-risk status, check the box and complete lines (a) and Funding target disregarding prescribed at-risk assumptions Funding target reflecting at-risk assumptions, but disregarding transiti at-risk status for fewer than five consecutive years and disregarding ffective interest rate arget normal cost ent by Enrolled Actuary the best of my kowledge, the information supplied in this schedule and accompanying schedur drance with applicable law and regulations. In my opinion, each other assumption is reasonal sination, offer my best estimate of anticipated experience under the plan.  Signature of actuary Theodore Andersen, M.A.A.A., MSPA Type or print name of actuary Pension Associates  Firm name 2001 West Main Street, Suite 230 US Stamford CT 06902	Action: A penalty of \$1,000 will be assessed for late filling of this report unless rease of plan  Millennium Dermatology, PC Defined Benefit Pension P:  In sponsor's name as shown on line 2a of Form 5500 or 5500-SF  Millennium Dermatology, PC  Be of plan: Single Multiple-A Multiple-B F Prior year p  I Basic Information  Inter the valuation date: Month 01 Day 01 Year sesses:  Market value  Actuarial value  Month O1 Day 01 Year sesses:  Market value  Actuarial value  Month O1 Day 01 Year sesses:  Market value  Month O1 Day 01 Year sesses  Market value  Month O1 Day 01 Year s	Actuarial value  Month of retried participants and benefits  For retired participants  (1) Non-vested benefits  (2) Vested benefits  (2) Vested benefits  (3) Total active  Total  Total	Ation: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is establishe to of plan  Millennium Dermatology, PC Defined Benefit Pension Plan  In sponsor's name as shown on line 2a of Form 5500 or 5500-SF  Millennium Dermatology, PC  I Basic Information  Inter the valuation date: Month 01 Day 01 Year 2012  Seets: Market value  Actuarial value  Unding target/participant count breakdown  For retired participants and beneficiaries receiving payment 3a  For terminated vested participants  (1) Non-vested benefits 3c(1)  (2) Vested benefits 3c(2)  (3) Total active 3c(3)  Total cative 3c(3)  Total under the status, check the box and complete lines (a) and (b) Funding target disregarding prescribed at-risk assumptions  Funding target reflecting at-risk assumptions but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor  ffective interest rate argued to the formation supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete form the plans.  Signature of actuary  Theodore Andersen, M.A.A.A., MSPA  Type or print name of actuary  Pension Associates  Firm name  Firm name  Firm name  Tel  2001 West Main Street, Suite 230  US Stamford  Total CT 06902	Ation: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established.  In plan will lennium Dermatology, PC Defined Benefit Pension Plan By Three-digit plan number (PN) plan number	Action: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.    Millennium Dermatology, PC Defined Benefit Pension Plan

	Schedu	le SB (Form 5500) 2012		Page 2	2	]	,				
Pa	rt II Beg	inning of Year Carryov	er Prefunding Balance	s							
7		eginning of prior year after appli			(a)	Carryover balanc	e 0	(b)	Prefund	ing balance	
8		ed for use to offset prior year's t					0				c
9		aining (line 7 minus line 8)					0			<u>-</u>	- 0
10	Interest on lin	ne 9 using prior year's actual ref	turn of0.00%				0				0
11	Prior year's e	xcess contributions to be added	d to prefunding balance:								
	a Present va	alue of excess contributions (lin	e 38a from prior year)							394	,120
	otherwise	n (a) using prior year's effective provided (see instructions)	• • • • • • • • • • • • • • • • • • • •	•••••						23	,017
	C Total avail	able at beginning of current pla	n year to add to prefunding ba	alance						417	,137
	d Portion of	(c) to be added to prefunding b	alance	•••••							C
		ons in balances due to election					0				C
13	Balance at be	eginning of current year (line 9 -	F line 10 + line 11d - line 12).				0				C
Pa	rtill Fu	unding Percentages									
14	Funding targe	et attainment percentage		• • • • • • • • • •					14	113.0	5 %
		ling target attainment percentag			····				15	113.0	5 %
	current year's	unding percentage for purposes funding requirement		• • • • • • • • • • • • • • • • • • • •	••••••				16	102.3	
Fri (1) 25 2		value of the assets of the plan		funding ta	rget, enter	such percentage	• ••••	•••••••	17		%
E-11-1-12		ontributions and Liquid	<del></del>								
<u>18</u>		made to the plan for the plan y									
(MI				(b) Amour emplo	unt paid by (c) Amount paid by loyer(s) employees						
	01/2013	200,000		ì				$\neg$	·		
				Totals	► 18(b)		200,0	000 18(c)	)		0
		mployer contributions see ins	•			the beginning of					
	<b>a</b> Contributio	ns allocated toward unpaid min	imum required contribution fro	om prior y	ears		19a				0
	<b>b</b> Contributio	ns made to avoid restrictions a	djusted to valuation date	• • • • • • • • • •			19b	<u> </u>			0
	<b>c</b> Contributio	ns allocated toward minimum r	equired contribution for curren	it year adj	usted to va	aluation date	19c			179,	045
20	Quarterly con	tributions and liquidity shortfalls	<b>:</b> :				Į				
	a Did the plan	n have a "funding shortfall" for t	the prior year?						[	Yes X	ю

(3) 3rd

4th

(4)

Liquidity shortfall as of end of quarter of this plan year

c If line 20a is "Yes," see instructions and complete the following table as applicable:

(2) 2nd

(1) 1st

Pa	art v	Assumption	ons Usea To Determine	Funding Target and Targ	jet Normai Cost		
21	Disco	ount rate:					
	a Se	egment rates:	1st segment:	2nd segment:	3rd segment:		N/A, full yield curve used
			5.54 %	6.85 %	7.52 %		
	<b>b</b> Ap	oplicable month	(enter code)		<u></u>	21b	0
22	Weig	hted average re	etirement age			22	6
23	Morta	ality table(s) (se	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitu	ıte
Pa	rt VI	Miscellane	eous items				
24	Has a	a change been r	made in the non-prescribed act	uarial assumptions for the curren	t plan year? If "Yes," see	instructio	ns regarding required
	attacl	hment	· · · · · · · · · · · · · · · · · · ·				☐ Yes 🗓 No
25	Has a	a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment .	Yes 🗶 No
26	Is the	plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachme	nt Yes 🕱 No
27	If the	plan is subject	to alternative funding rules, ent	er applicable code and see instru	ctions regarding	27	
	attacl	hment					
Pa	rt VII	Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years		
28	Unpa	id minimum req	uired contribution for all prior y	ears		28	
29				I unpaid minimum required contrib	• •	29	
20						30	
30				ntributions (line 28 minus line 29)		30	
	rt VIII		Required Contribution				
31	·		nd excess assets (see instruct				
						31a	245,53
				line 31a	I	31b	245,53
		tization installm			Outstanding Bala		Installment
						0	
	<b>b</b> Wa	iver amortizatio	n installment		<u> </u>	0	
33				ter the date of the ruling letter gra) and the waived amount .		33	
34	Total	funding requiren	nent before reflecting carryover/	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	
				Carryover balance	Prefunding Bala	ince	Total balance
35	Balan	nces elected for	use to offset funding				
	requir	rement		0		0	
36	Additi	ional cash requi	rement (line 34 minus line 35)			36	
37			·	ontribution for current year adjuste		37	
	(line 1						179,045
			ess contributions for current ye			20-	
						38a	179,045
				prefunding and funding standard o		38b	(
				ear (excess, if any, of line 36 over	line 37)	39	(
		<u> </u>	uired contribution for all years			40	
Par	t IX	Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions)		
41	If an el	lection was mad	de to use PRA 2010 funding rel	ief for this plan:			
	a Sch	nedule elected.					2 plus 7 years  15 years
	<b>b</b> Elig	jible plan year(s	) for which the election in line 4	11a was made		. 🔲 200	08 2009 2010 2011
			·			42	
			<del></del>	l over to future plan years		43	

## Schedule SB, Part V Summary of Plan Provisions

### W & W Millennium Dermatology, P.C. Defined Benefit Pension Plan 11-3564772 / 001

For the plan year 1/1/2012 through 12/31/2012

Employer: W & W Millennium Dermatology, P.C.

Type of Entity - S-Corporation

EIN: 11-3564772 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 1/1/2004 Year end - 12/31/2012 Valuation - 1/1/2012

Top Heavy Years - 2009, 2010, 2011, 2012

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 10 years of participation

Early - Not provided

004

**Average Compensation:** Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the graded benefit formula below rounded to the nearest dollar:

Employee Classification Benefit Formula 8.5% of average

8.5% of average monthly compensation per year of participation beginning year 1 limited to 10 year(s)
8.5% of average monthly compensation per year of participation beginning year 1 limited to 10 year(s)
1.65% of average monthly compensation per year of participation beginning year 1 limited to 10 year(s)

0.56% of average monthly compensation per year of participation beginning year 1 limited to 10 year(s)

005 2% of average monthly compensation per year of participation

beginning year 1 limited to 10 year(s)

006

8.5% of average monthly compensation per year of participation beginning year 1 limited to 10 year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - 100 times the Monthly Retirement Benefit

**Top Heavy Minimum:** Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$200,000

Maximum 401(a)(17) compensation - \$250,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

# Schedule SB, Part V Summary of Plan Provisions

## W & W Millennium Dermatology, P.C. Defined Benefit Pension Plan 11-3564772 / 001

For the plan year 1/1/2012 through 12/31/2012

 Vesting Schedule:
 Years 0-1 0%
 Percent 0%

 2
 20%

 3
 40%

4 60% 5 80% 6 100%

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.07
Segment 2	6 - 20	4.45
Segment 3	> 20	5.24

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)