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

2012

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fi	iscal plan year beginning 12/01/2	2012	and ending 1	1/30/2	2013
	turn/report is for:	a single-employer plan	= -	olan (not multiemployer)		a one-participant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	_
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	ormation—enter all requested info	ormation			
1a Name		•			1b	Three-digit
SCARSDALE	E DERMATOLOGY, P	PC DEFINED BENEFIT PLAN				plan number
						(PN) ▶ 001
					1c	Effective date of plan
30 Diame		Idan and Carlo da anno ann an 1900 ann an 1900	. (Ole	12/01/2008
SCARSDAL	E DERMATOLOGY, F	ddress; include room or suite number	r (employer, it for a single	e-employer plan)	20	Employer Identification Number (EIN) 56-2568044
					2c	Sponsor's telephone number
POB 745	NIV 40040					914-722-1800
CHESTER, I	NY 10918				2d	Business code (see instructions) 621111
3a Plan a	dministrator's name a	nd address XSame as Plan Sponso	or Name Same as Pla	ın Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
		e plan sponsor has changed since th	ne last return/report filed t	for this plan, enter the	4b	EIN
	·	mber from the last return/report.			4.	
•	or's name				 	PN
		s at the beginning of the plan year			5a	2
b Total r	number of participants	at the end of the plan year			5b	3
		account balances as of the end of the	• • •	•	5c	0
6a Were	all of the plan's asset	s during the plan year invested in eli	gible assets? (See instru	ctions.)		X Yes No
_		f the annual examination and report				
		? (See instructions on waiver eligibil				
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.
		or incomplete filing of this return/				
		ther penalties set forth in the instruct				
	true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rision of this return/report	., and	to the best of my knowledge and
,						
SIGN	Filed with authorized	/valid electronic signature.	04/30/2014	DIANE HEBERT		
HERE	Signature of plan a	ıdministrator	Date	Enter name of individu	ual sig	gning as plan administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual sic	gning as employer or plan sponsor
Preparer's		name, if applicable) and address; inc			_	parer's telephone number (optional)
	-					

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	ar		
a	Total plan assets	7a	26737				(**/		3121		
b	Total plan liabilities	7b		0					0		_
С	Net plan assets (subtract line 7b from line 7a)	ets (subtract line 7b from line 7a)									
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:		(1)								
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
<u>b</u>	Other income (loss)	8b	574	19							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5749		
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)	0									
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							5749		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
_											
Par						1	Ī				
10	During the plan year:				Yes	No		Amou	ınt		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					0
С	Was the plan covered by a fidelity bond?			10c	X					3000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					0
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all cinstructions.)			10e		X					0
f				10f		Χ					0
g						X					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					0
	2520.101-3.)			10h		^					
	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	lo
11a	Enter the amount from Schedule SB line 39					11a					0
12										X	Ю
	(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 beir			ctions	and a	enter th	ne date of t	he lette	er rulii	ng	
a		-			ana	Day		Year			
	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule		Mon								_
If	granting the waiver.	e MB (For	Mon m 5500), and skip to line 13.	ith							

	Form 5500-SF 2012	Page 3 - 1				
				•		
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		X	Yes No	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer t	this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	red to another plan, or brought under the	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s)) to			
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				•	
14a 1	Name of trust		14b ⊤	rust's EIN		

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

This Form is Open to Public Inspection

						▶ FII	e as an attacnm	ent to Form	5500 or	5500-	SF.							
Fo	r calendar	pla	n year 2012	2 or f	iscal plan y	ear beginning	12/01/2012				and end	ding	11/30/	2013	3			
Þ	Round of	ff ar	nounts to	near	est dollar.													
•	Caution:	Ар	enalty of \$7	1,000	will be ass	essed for late fi	ling of this report	unless reas	onable ca	ause is	s establis	hed.			-			
	Name of particles ARSDALE		RMATOLO	OGY,	PC DEFIN	ED BENEFIT P	LAN			В	Three-d	•	r (DNI)	ı		0	01	
											piairiiui	IIIDE	I (FIN)					
										_								
						of Form 5500	or 5500-SF			D	Employe	r Ide	entificatio	n Nu	ımber (EIN)		
SC	ARSDALE	DE	RMATOLO	JGY,	PC					56	-2568044	ŀ						
F	Type of pla	n·	X Single	П	Multiple-A	Multiple-B	F	Prior year pla	an sizo:	100	or fewer	П	101-500		Moro t	han 500		
					•	Iviuitipie-B	•	riioi yeai pi	all Size. /	100	ol lewel	Ш	101-300	' Ц	Mole	11411 500		
			sic Infor															
1		e va	aluation dat	te:	N	/lonth	Day <u>01</u>	Year _	2012									
2	Assets:																	
													2a					266073
_									 T				2b					266073
3	Funding	tar	get/particip	ant c	ount break	down:			(1) N	lumbe	er of partic	cipar	nts		(2)	Funding	Target	
	a For re	etire	d participar	nts ai	nd beneficia	ries receiving p	ayment						0					0
	b For te	ermi	nated veste	ed pa	rticipants			3b					1					3916
	C For a	ctive	participan	its:														
	(1)	N	on-vested	bene	fits			3c(1)										76231
	(2)	V	ested bene	efits				3c(2)										114026
	(3)	Т	otal active					3c(3)					2					190257
	d Total							3d					3					194173
4	If the pla	an is	s in at-risk	statu	s, check the	box and comp	lete lines (a) and	(b)		.П								
	a Fundi	ng t	arget disre	gardi	ng prescrib	ed at-risk assur	mptions						4a					
	b Fundi	ng t	arget refle	cting	at-risk assu	ımptions, but di	sregarding transit	tion rule for p	lans that	have	been in		4b					
	at-	risk	status for f	ewer	than five co	onsecutive year	rs and disregardir	ng loading fa	ctor									
5	Effective	e int	erest rate.										5					6.08 %
6	Target r	norn	nal cost										6					21329
Sta	-		rolled Act	-														
	accordance v	vith a	pplicable law a	and reg	gulations. In my		d accompanying schedo assumption is reasona an.											
	SIGN																	
	IERE													(04/23/2	014		
					Signa	ture of actuary				_					Date			
DEI	BORAH SI	MIS [.]	Т		9	,									14-046	881		
					Type or pri	nt name of actu	ıarv			_			Most rec	ent e			her	
GH	ARDIAN R	FTI	REMENT	SERV	• • • • • • • • • • • • • • • • • • • •	in name or dote	act y						WOOL 100			9-4321	001	
-	7 (1 ()) () ()		TKEINEIVI V	OLIK		irm name				_		Tala	ohone nu				a code)	
	SOUTH				r	IIII IIAIIIC						ı elel	PHOHE HU	111106	i (iiilcil	iding alt	a coue)	
PIT	TSFIELD,	MA	01201															
					A .1 1					_								
					Addr	ess of the firm												
	e actuary h	nas	not fully ref	lecte	d any regul	ation or ruling p	romulgated unde	r the statute	in comple	eting t	his sched	dule,	check th	ne bo	x and	see		

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Balan	ces							
							(a)	Carryover balance)	(b)	Prefundi	ng balan	се
7		Ū	0 , ,		cable adjustments (line 13 f	•			0				29895
8			•	•	unding requirement (line 35				0				0
9									0				29895
10	Interest	on line 9	ousing prior year's	actual ret	turn of <u>2.73</u> %				0				818
11	Prior ye	ar's exce	ess contributions to	o be adde	d to prefunding balance:								
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)								1463
					interest rate of5.13%								75
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce							1538
	d 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				30713
P	art III	Fun	ding Percenta	ages						1			
14	Funding	g target a	ttainment percent	age							14	121	1.21 %
			g target attainmen		3						15	137	7.02 %
16					of determining whether car						16	97	7.96 %
17	If the cu	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding tai	get, enter :	such percentage			17	(0.00 %
Pá	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	ployees:							
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DD		(b) Amount p employer		(nt paid b byees	у
						Totals ▶	18(b)		0	18(c)			0
19			-		tructions for small plan with								
	_			•	imum required contributions				19a				0
					djusted to valuation date				19b				0
				-	uired contribution for current y	year adjusted	I to valuation	n date	19c				0
20			outions and liquidit								V	1 v [7 N.
			_		the prior year?						<u> </u>	Yes	∐ No
			•		y installments for the curren	•	•	manner?	 آ		X	Yes	No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table a Liquidity shortfall as of e			an vear					
		(1) 19	st		(2) 2nd	ind of quarte	(3)	3rd			(4) 4th	1	
			0		•	0	. ,		0				0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost				
21	Discou	ınt rate:							
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	l I	N/A, full yield	d curve	used
	b App	licable month (enter code)			21b			1
22	Weigh	ted average ret	tirement age			22			65
23		ity table(s) (se			scribed - separate	Substitut	te		
Da	rt VI	Miscellane	oue Itome		<u></u>				
				tuarial assumptions for the current	plan year? If "Vaa " aaa	inatruationa	rogarding require		
24		-		tuariai assumptions for the current				Yes	X No
25				an year? If "Yes," see instructions				Yes	X No
26			•	Participants? If "Yes," see instruc	3 3 1			Yes	X No
27				ter applicable code and see instruc				103	<u> </u>
21		•				27			
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years	•			
28				years		28			0
29				d unpaid minimum required contrib					
						29			0
30	Remai	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Targe		nd excess assets (see instruc						
			,	,		31a			21329
	_	ess assets, if a	31b	21329					
32		zation installme	-	ance	Installn	nent			
	a Net	shortfall amorti	zation installment			0			0
						0			0
33				iter the date of the ruling letter gran	nting the approval				
) and the waived amount		33			
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35	Baland	res elected for	use to offset funding		-				
				C		0			0
36	Additio	onal cash requi	rement (line 34 minus line 35)			36			0
37	Contril	butions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37			
	(line 1	9c)				. 01			0
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)		1			
	a Tota	I (excess, if any	y, of line 37 over line 36)			. 38a			0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	. 38b			0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39			0
40	Unpaid	d minimum requ	uired contributions for all years	S		40			0
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions)			
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:					
	a Sche	edule elected				П	2 plus 7 years	15 y	ears
	b Eligi	ble plan year(s) for which the election in line	41a was made		200	8 2009 201	0 :	2011
42	Amoun	nt of acceleration	on adjustment			42	<u> </u>		
			celeration amount to be carrie			43			

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, 2012

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: \$205,000 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 \$250,000 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

02:20:17 p.m. 04-30-2014

1/1

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 65 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.

12/3

413.399 \$107 GUARDIAN LIFE POLITAIS 61:31:00 pm 04-34-3014 Int Short Form Annual Return/Report of Smell Employee Form 5500-8F I shell per Marin Superince of the Superince States Sepull Plan is form to required by the State Labba statistics 104 and 4000 of the Chaptajain Med Primary Security Aut of 1004 appearant, one assesses 6007 ps; and 4000040 of the Primary Represent Costs (the Costs). 2012 ran la Cipum by Palete Complete of antition in constraints with the instructions in the form that of a fine that o Part | Arrest rak op Market ----Same and the second section of the section of the second section of the section o () a dres participant plan A Principal Control of the Control o The Book spinorshopped Per Brail operating and PA GRANISH STANDARDS a shari star yeur nakurukuput jima saga 17 mgapaji C Owner has a library woman Party Balls Parks Internal OVC popular C remind endorstative durings absolutely and THE PROPERTY AND ADDRESS. Through Scaredate Demosticgy, PC Detroit Senati Plan PARK WATER nn: 776 No Primiters destr of plan The Principalitate a facility and individual, problem recent of build facilities described, if he is strong anti-described plant 12/1/2004 De Breggerper ich Scaredate Devestrings, PC r Barro 502060044 de Sparagra m \$14792183C POR 746 3d Buttones acido finos traineticos. Chastar 671111 10016 The Plant authoristicals and enthrose (Marie as Plant Spanner Saune | Barrie on Plant Spanner Address Adventional City Act Administrator's latest comments If the rands and/or Eat of the plan sparson has charged stop the loss industriaport field for the plan, when the name dills, and the plan success from the loss observable. AD EN B British's nurs -44 54 Trans receiver of purticipation of the beginning of the plan year 2 In . Ether is ambeer of performance at the end of that plan year 3 C. Number of performence with account habitrone as of the origin the plan year justiced barries do that STATE TO THE Ú Hope of all the plant accounts during the plant plant streeted an eligible special? (Not restricted to 🛭 🕶 🗍 🖦 Are you discrete a native of the arrival statement and impact of an entropyration maillest plains electrical (ICPA) and arrival statement of the production we han quasant a wayer of the energy matter M 400 [] 462 Light attenued "Ne", in office from the or has the Co. On other second sets from 1977 C. and report printed one from 1882. A Assessible for the table of Assessment below of this extend of the provinced will be announced unless resourced by announced to comment to comments of eration of pagery and other parentee and light in the restrictions. I decision that I have exertered this selections, encoding if application, in facilities half contributed and segment by an ignorant eachery, as well as the electricity executed as exercises. And is the less sell of my broadedge in being, it is true correct, and a MIC Estat Partie of In-023 gate chart in paperbal matter to authorize in the matter.

ANDER STAT " MCTAT ACROMINA TISSUS PRESIDENTE DISPUTATION PROCESS THINGS ON CONTROL OF THE STATE OF THE STATE

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Form 5500-SF 2012

03:05:09 p.m. 04-30-2014

Page 2

2/3

	rt III Financial Information						
7	Plan Assets and Liabilities	Γ	(a) Beginning of Yo	ear			(b) End of Year
а	Total plan assets	7a		2673	72		273121
b	Total plan liabilities	7b	· · · · · · · · · · · · · · · · · · ·		0		0
c	Net plan assets (subtract line 7b from line 7a)	7c		2673	72		273121
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а		8a(1)			0		(4)
	(2) Participants	8a(2)			ol		
	(3) Others (including rollovers)	8a(3)	····		ñ		
р	Other income (loss)	8ь	<u>, </u>	574			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	····				5749
ď	Benefits paid (including direct rollovers and insurance premiums		· · · · · · · · · · · · · · · · · · ·				3, 10
	to provide benefits)	8d	 		0		
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
<u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f			0		
<u>g</u>	Other expenses	8g	····		0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	· · · · · · · · · · · · · · · · · · ·				0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81					5749
J	Transfers to (from) the plan (see instructions)	8j			0		
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature code	es from the List of Plan Char	acteri	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	cteris	tic Cod	les in t	the instructions:
Pari	V Compliance Questions		· · · · · · · · · · · · · · · · · · ·		-		· · · · · · · · · · · · · · · · · · ·
10	During the plan year:			-	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within to	he time period described in	10a		1	0
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	lude transactions reported	10b		1	0
С	Was the plan covered by a fidelity bond?			10c	\checkmark		30000
d		idelity bond.		100	•		00000
е			mat was caused by Iraud	104		/	0
•	Were any fees or commissions paid to any brokers, agents, or other			10d		✓	0
	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	er persons b f the benefits	y an insurance carrier, s under the plan? (See	10d		✓	0
	insurance service or other organization that provides some or all or instructions.)	er persons b f the benefits	ry an insurance carrier, s under the plan? (See	10e		< < <	
	insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan	er persons b f the benefits ?	y an insurance carrier, s under the plan? (See	10e		√	0
f	insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S	er persons be fithe benefits ? of year end	y an insurance carrier, s under the plan? (See	10e 10f 10g		✓	0
f g	insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	er persons b f the benefits ? of year end See instruction	ry an insurance carrier, s under the plan? (See	10e 10f 10g 10h		✓ ✓ ✓ ✓	0
f g h	insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	er persons b f the benefits ? of year end See instruction	ry an insurance carrier, s under the plan? (See	10e 10f 10g		✓ ✓ ✓ ✓	0
f g	insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme	er persons b f the benefits ? of year end Gee instruction e required no	y an insurance carrier, s under the plan? (See	10e 10f 10g 10h	Sched	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	0 0 0
f g h i Part	insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-VI Pension Funding Compliance	er persons b f the benefits of year end Gee instruction e required not and mits? (If "Yes	ry an insurance carrier, s under the plan? (See	10e 10f 10g 10h 10i		✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	0
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GUARDIAN LIFE INSURAN

03:05:56 p.m.

04-30-2014

OMB No. 1210-0110

2012

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v.012611

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)

This Form is Open to Public

Employee Benefits Security Administration	Interna	al Reven	ue Code (th	e Code).			ı	Inspection	
Pension Benefit Guaranty Corporation	▶ File as an a	ttachme	nt to Form	5500 or 5	5500-SF.				
For calendar plan year 2012 or fiscal p	lan year beginning 12/1/20	012			and endin	g 11	//30/2013		
 ▶ Round off amounts to nearest do ▶ Caution: A penalty of \$1,000 will be 		s report u	ınless reaso	onable ca	use is establishe	d.			
A Name of plan					B Three-digi	t			
Scarsdale Dermatology, PC D	ofined Repofit Plan			ľ	plan numt	er (PN	l) 🕨	001	j
Scaradale Definatology, 1 o D	emied benefit i an								
C Plan sponsor's name as shown on li	ine 2a of Form 5500 or 5500-S	SF.			D Employer lo	dentific	ation Number	(EIN)	
Scarsdale Dermatology, PC							56256804	4	
		·····							
E Type of plan: Single Multiple Multiple	e-A Multiple-B	F	rior year pla	n size: 🗴	100 or fewer	101	-500 More	than 500	
Part I Basic Information								. <u>.</u>	
1 Enter the valuation date:	12/1/2012								
2 Assets:						_			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					2a		2660	
						. 2b		2660	
3 Funding target/participant count b				(1) Ni	ımber of particip	ants	(2)	Funding Targe	it
	peneficiaries receiving paymen		3a		0		-	0	
	ipants		3b		1			3916	
C For active participants:			0 - (4)					70004	
• • • • • • • • • • • • • • • • • • • •								76231	
• •			_ ` _					114026	
· /					2			190257	
			3d	-				194173	
4 If the plan is in at-risk status, chec					_				••
* * * * * * * * * * * * * * * * * * * *	prescribed at-risk assumptions					4a			
	sk assumptions, but disregard ive consecutive years and disr					4b			
5 Effective interest rate						5		6.08	%
6 Target normal cost						6		21329	
Statement by Enrolled Actuary To the best of my knowledge, the information su accordance with applicable law and regulations combination, offer my best estimate of anticipate	In my opinion, each other assumption is	ing schedule s reasonabi	es, statements a e (taking into ac	and attachme count the ex	ints, if any, is complete perience of the plan a	and aco	curate. Each prescri nable expectations)	bed assumption way and such other ass	s applied in sumptions, in
SIGN HERE							4/23/201	14	
	ignature of actuary						Date		
Deborah Smist							140468	1	
	or print name of actuary					Most	recent enrollm	ent number	
Guardian Retirement Services							41349943	321	
700 South Street	Firm name				Tel	ephone	e number (inclu	uding area code	e)
	h A A	04004							
Pittsfield	MA Address of the firm	01201							
actuary has not fully reflected any r		d under	the statute i	n complet	ing this schedule	e, chec	k the box and	see	
Lictions For Bananyork Reduction Act Notice a	and OMP Control Numbers	ena the l	netruction	for Form	n 5500 or 5500-	S.F.	Schedu	ile SB (Form 5	500) 2011

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Part II Beginning of year carryover and prefunding balances 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 9 Amount remaining (line 7 minus line 8) 10 Interest on line 9 using prior year's actual return of 2.73 %	
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) 0 29895 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0 0 9 Amount remaining (line 7 minus line 8) 0 29895 10 Interest on line 9 using prior year's actual return of 2.73 % 0 818 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year) 1463	
year) 0 29895 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0 0 9 Amount remaining (line 7 minus line 8) 0 29895 10 Interest on line 9 using prior year's actual return of 2.73 % 0 818 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year) 1463	
prior year) 0 0 9 Amount remaining (line 7 minus line 8) 0 29895 10 Interest on line 9 using prior year's actual return of 2.73 % 0 818 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year) 1463	
10 Interest on line 9 using prior year's actual return of 2.73 %	
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year)	
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year)	
a Present value of excess contributions (line 38 from prior year)	
b Interest on (a) using prior year's effective rate of5.13% except as	
otherwise provided (see instructions)	
C Total available at beginning of current plan year to add to prefunding balance	
d Portion of (c) to be added to prefunding balance	
12 Other reductions in balances due to elections or deemed elections	
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	
Part III Funding percentages	
1. 3, 3	121.21 %
	137.02 %
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.	97.96 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	0 %
Part IV Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:	
(a) Date (b) Amount paid by (c) Amount paid by (mM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employer(s) employer(s)	•
Totals ▶ 18(b) 0 18(c)	0
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	
1	
b Contributions made to avoid restrictions adjusted to valuation date	
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date	
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	′es ∐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	′es No
C If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st (2) 2nd (3) 3rd (4) 4th	
0 0 0	U

Schedule SB (Form 5500) 2012 Page 3 Assumptions used to determine funding target and target normal cost 21 Discount rate: 1st segment: 2nd segment: 3rd segment: a Segment rates: N/A, full yield curve used 5 54 6.85 7.52 21b b Applicable month (enter code) 65 22 22 Weighted average retirement age 23 Mortality table(s) (see instructions) Prescribed - combined Substitute Part VI | Miscellaneous items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required| Yes 😾 No 25 × Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... No Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment...... If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions 27 Part VII Reconciliation of unpaid minimum required contributions for prior years 28 Unpaid minimum required contributions for all prior years 28 0 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 0 30 0 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) Part VIII | Minimum required contribution for current year Target normal cost and excess assets (see instructions): 21329 31a a Target normal cost (line 6)..... 21329 b Excess assets, if applicable, but not greater than 31a 31b Amortization installments: Installment 0 0 a Net shortfall amortization installment 0 b Waiver amortization installment..... 0 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval 33) and the waived amount n Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33). 34 Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding 0 0 requirement..... 36 Additional cash requirement (line 34 minus line 35)...... 36 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 37 0 38 Present value of excess contributions for current year (see instructions) 38a 0 a Total (excess, if any, of line 37 over line 36) 0 38b b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39 40 Unpaid minimum required contributions for all years Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions) 41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: 2 plus 7 years 15 years 2008 2009 2010 b Eligible plan year(s) for which the election in line 41a was made 2011 42 Amount of acceleration adjustment 42 43 Excess installment acceleration amount to be carried over to future plan years

02:22:26 p.m. 04-30-2014

1/2

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

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IRC430 Funding Yield Curve Segmented Rates

First Segment:

5.54%

Second Segment:

6.85%

Third Segment:

7.52%

IRC404 Funding Yield Curve Segmented Rates

First Segment:

1.69%

Second Segment:

4.53%

Third Segment:

5.6%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table

2012 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

2012 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)

04/10/2014 530