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

2013

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 5500	<u>-SF</u> .	<u> </u>	
Part I	Annual Report	Identification Information					
For calend	dar plan year 2013 or fis	scal plan year beginning 12/01	/2013	and ending 11	/30/2	2014	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mor	nths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter desc	ription)				
Part II	Basic Plan Info	rmation—enter all requested in	ormation				
1a Name	of plan				1b	Three-digit	
SCARSDAL	LE DERMATOLOGY, P	C DEFINED BENEFIT PLAN				plan number	
				_		(PN) •	001
					1C	Effective date o	
20 Diam					O.L.		/2008
	LE DERMATOLOGY, P	dress; include room or suite numb	er (employer, if for a single-	employer plan)	2D	Employer Identi (EIN) 56-25	fication Number 68044
POB 745					2c	Sponsor's telep	
	NY 10918				2d		(see instructions)
3a Plan	administrator's name ar	nd address XSame as Plan Spons	sor Name Same as Plar	n Sponsor Address	3b	6211′ Administrator's	
		_	_	-	3c	Administrator's	telephone number
							•
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN	
	e, Env, and the plan hur sor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year					3
_		. ,		<u> </u>	<u>5a</u>		
		at the end of the plan yearaccount balances as of the end of		<u> </u>	5b		3
		account balances as of the end of	. , ,	•	5c		0
_		s during the plan year invested in e	-				X Yes No
		the annual examination and repor					X Yes □ No
		? (See instructions on waiver eligib					N 103 NO
•		it plan, is it covered under the PBC			_		Not determined
C II tile	piair is a defined benef	it plant, is it covered under the FBC		LNISA SECTION 4021)!	Ц	Tes NIVO	Not determined
Caution:	A penalty for the late	or incomplete filing of this returi	n/report will be assessed	unless reasonable caus	se is	established.	
		ner penalties set forth in the instruc					
	ledule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, a	is well as the electronic ver	sion of this return/report,	and 1	to the best of my	knowledge and
	Tarab, correct, and comp						
SIGN	Filed with authorized/	valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al sig	ning as plan adr	ministrator
SIGN							
31014							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individua	al sin	ning as emplove	er or plan sponsor
HERE		yer/plan sponsor ame, if applicable) and address; ir		Enter name of individual or (optional)			er or plan sponsor number (optional)
HERE							
HERE							
HERE							
HERE							

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) End	l of V	201		
_ <u>′</u> a	Total plan assets	7a	(a) Beginning of Yea				(b) End		ear 279231		
<u>a</u>	Total plan liabilities	7a 7b		0	+				C		
	Net plan assets (subtract line 7b from line 7a)	7c	27312					2	79231		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b)	Total			
а	Contributions received or receivable from:		(a) Amount				(D)	IOtai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	611	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6110		
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							()	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							6110)	
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j		0							
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature cod	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	i:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	c Coo	les in t	he instruc	tions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribution 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	Χ					300	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	of the bene	efits under the plan? (See			X					•
	instructions.)			10e							0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					0
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X					0
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		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,					•		Yes	1 X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					0
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA?		Yes	X 1	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-				01				<u> </u>	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th	ne date of	the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	<u>e M</u> B (Forı	m 5500), and skip to line 13.								

Page	3	- [1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			0
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			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	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	′es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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			
	13c(1) Name of plan(s):	13c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	·	

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GUARDIAN LIFE INSURAN

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i	Form 5500-SF	Short Form Annual	Return/Repo Benefit Plan		ployee		OMB Nos. 1210-01 1210-00
	Department of the Treasury Internal Revenue Service	This form is required to be fi	led under sections 1	04 and 4065 of the Em	plo ye e	2	2013
	Department of Labor yee Benefits Security Administration	Retirement Income Security Act the Inten	of 1974 (ERISA), an nai Revenue Code (t	d sections 6057(b) and he Code).	6058(a) of	This Form	Is Open to Public
	ion Benefit Guaranty Corporation	▶ Complete all entries in accomplete	ordance with the in:	itructions to the Form	1 5500-SF.	In	spection
Part	I Annual Report Id	entification Information					
For Ca	endar plan year 2013 or fisca	1	2/1/2013	and ending	11,	/30/2014	
A Th	s return/report is for:] a single-employer plan	a multiple-employ	er plan (not multiemplo	yer)	a one-partici	pant plan
B Thi	s return/report is:	the first return/report	the final return/rep	ort			
		an amended return/report	a short plan year re	turn/report (less than t	12 months)		
C Che	ck box if filing under:	Form 5558	automatic extension	าก	Π	DFVC progra	MTI
	Ī	special extension (enter descripti	on)			, -	
Part	Basic Plan Inform	ation—enter all requested inform	nation				
1a Na	me of plan			· · · · · · · · · · · · · · · · · · ·	1b T	vee-digit	
Sc	arsdale Dermatology, F	PC Defined Benefit Plan				an number	001
						N) •	
					1C Ef	Tective date of	-
2a Pla	n sponsor's name and addres	s; include room or suite number (a	mployer if for a sino	le-employer plan)	2h 5-	12/1/2	cation Number
Scan	sdale Dermatology, PC	(-	and a second	ing-outproyer presty			32568044
POB	745				`	onsor's telept	
						914722	
Chest		NY			2d Bu	siness code (s	see instructions)
10918					<u> </u>	6211	
J# Plan	administrator's name and ad	Idress Same as Plan Sponsor N	ame USame as Pl	an Sponsor Address	31b Adr	ministrator's E	IN
4 If the	name and/or EIN of the plan	sponsor has changed since the la	st return/report filed	for this plan, enter the	4b EIN		
	e, EIN, and the plan number	from the last return/report.					
	Sor's name	hasinning of the stee was			4c PN	<u> </u>	
		beginning of the plan year					3
		end of the plan year			5b		3
com	olete this item)	nt balances as of the end of the pl	***************************************		. 5c)
6a Wen	e all of the plan's assets durin	g the plan year invested in eligible	assets? (See instru	ctions.)			Yes No
D Are y	rou claiming a waiver of the a- r 20 CER 2520 104 462 (Coo	nnual examination and report of an	independent qualific	ed public accountant (l	QPA)		
If you	u answered "No" to either ii	instructions on waiver eligibility an ne 6a or line 6b, the plan cannot	id conditions.) Lise Form 8800.9E	and must be to all the			Yes No
		is it covered under the PBGC insu					
							lot determined
Caution:	A penalty for the late or inci	omplete filing of this return/repo	rt will be assessed	uniess reasonable ca	use is estab	lished.	
SO OF SCH	arties or perjury and other per edule MB completed and sign true, correct, and complete.	naities set forth in the instructions, led by an enrolled actuary, as well	I declare that I have as the electronic ver	examined this return/re sion of this return/repor	eport, includir rt, and to the	ng, if applicable best of my kn	e, a Schedule owledge and
SIGN	M Pul		3/25/15	MICHAEL	BB	RO DIN	
HERE	Signature of plan adminis	trator	Date	Enter name of individ			strator
SIGN							
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individ			-:
Preparer's	name (including firm name, if	applicable) and address; include re		Enter name of individ (optional)	Preparer's	s employer or telephone man	plan sponsor nber (optional)
						•	
				ļ			- 1
or Paperwo	rk Reduction Act Notice and Oi	MB Control Numbers, see the instruc	None for Energ 8500 6				

03-26-2015

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_	1 0111 3000-31 2013	<u> </u>	Page 2				
	Part III Financial Information					_	
7	Plan Assets and Liabilities	ТТ	(a) Beginning of	V	\neg		M-1 F-1 -4 W
	a Total plan assets	79	(a) Dedinguish or	273	121	_	(b) End of Year
	D Total plan liabilities			2/3	6		<u>279231</u>
	C Net plan assets (subtract line 7b from line 7a)			272	 →		0 270001
8	Income, Expenses, and Transfers for this Plan Year	'' '' 		273	121		279231
	Contributions received or receivable from:	╂───┼	(a) Amount		-+		(b) Total
	(1) Employers	. 8a(1)			اه		
	(2) Participants	. 8a(2)			0		
_	(3) Others (including rollovers)				ő		
<u>b</u>	Other income (loss)			61		· .	1
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		<u>-</u>	- V	'\		6110
d	Benefits paid (including direct rollovers and insurance premiums	1			_		OTIV
	to provide benefits)	- 8d			0	•	
_	Certain deemed and/or corrective distributions (see instructions)	. 8e			0		
f	The state of the products (selectes, 1903, colliniasions)	87			0		
_8		80			0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
<u></u>	Net income (foss) (subtract line 8h from line 8c)	81		. :	Т		6110
	Transfers to (from) the plan (see Instructions)	81			ō		
Pa	rt IV Plan Characteristics						
9 a	If the plan provides pension benefits, enter the applicable pension f	eature codes	from the List of Plan Cha	racter	stic C	odes in	the instructions:
	IA JU						
þ	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes fr	om the List of Plan Char	acteris	tic Co	les in t	he instructions:
Pari	V Compliance Quantilana						
10					·		· · · · · · · · · · · · · · · · · · ·
	During the plan year:				Yes	No	Amount
-	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducians)	ons within the Jary Comectic	time period described in p. Program)	10a		1	•
b	Were there any nonexempt transactions with any party-in-interest?	(Do not includ	de transactions reported	104		* 	0
	on line 10a.)			10ъ	1	1	0
c	Was the plan covered by a fidelity bond?	• • • • • • • • • • • • • • • • • • • •		10c	1		30000
	Did the plan have a loss, whether or not reimbursed by the plan's fir	delity band th	at was caused by froud	1.00	<u> </u>	\dashv	
	or dishonesty?		***************************************	104		1	0
e	Were any fees or commissions paid to any brokers, agents, or other	r persons by a	n insurance carrier,				
	insurance service, or other organization that provides some or all of instructions.)	the benefits u	inder the plan? (See	40-	ı		0
f	Has the plan failed to provide any benefit when due under the plan?	**************	***************************************	10a		.	
				101	_	<u> </u>	0
<u>. A</u>	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		1	0
11	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions	and 29 CFR			/	
i	If 10h was answered "Yes," check the box if you either provided the	nacuinad natio		10h		•	
	exceptions to providing the notice applied under 29 CFR 2520.101-3	required nout	e or one of the	101			
art \							
11	s this a defined benefit plan subject to minimum funding requirement	s? (If "Yes " s	ee instructions and com-		check.	- CD (Face 7
	DOUU) and the 11a below)	****************				# OD (I	Yes No
l1a (Enter the unpaid minimum required contribution for current year from	Schedule SB	(Form 5500) line 39		1		
2	is this a defined contribution plan subject to the minimum funding req	uirements of	section 412 of the Code	or sect	ion 30		IISA? Yes No
	If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as					<u> </u>	HALL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a I	a waiver of the minimum funding standard for a prior year is being a	mortized in th	is plan year, see instruct	ions. a	nd ent	er the c	late of the letter ruling
	I GIRLING UND WAITED	······	Month			Day	Year Year
	u completed line 12s, complete lines 3, 9, and 10 of Schedule MI						
D E	nter the minimum required centribution for this plan year				12	b	
					_	_	

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	Form 5500-SF	2013		Page 3 -						
C E	Enter the amount co	intributed by the employer to th	e plan for this plan year.			120	-			
d s	Subtract the amount	t in line 12c from the amount in	line 12b. Enter the result	(enter a minus sign to t		126				
		nding amount reported on line t					$\overline{\Gamma}$	Yes	No	□ N/A
Part V		inations and Transfers							-	<u> </u>
13a ⊦	les a resolution to ter	minate the plan been adopted in	any plan year?	***************************************		X	Yes	No	,	
K	"Yes," enter the an	nount of any plan assets that re	rverted to the employer th	nis year		130	Т			
p v	Vere all the plan ass	sets distributed to participants o	r beneficiaries, transferre	id to another plan, or bro	under the c	control	T		∏ Yes	. FRI No
C H	during this plan ye	er, eny assets or liabilities were ities were transferred. (See ins	transferred from this pla	n to another plan(s), ide	ntily the plan(s) t	0				
13c	(1) Name of plan(s)				13	c(2) E	IN(s)		13c(3) PN(s)
Part VI	Trust Inform	nation (optional)							L	
	ne of trust					4b T	ruet's	EIN		
					1					
					ł					