## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 08/10/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit SCARSDALE DERMATOLOGY, PC DEFINED BENEFIT PLAN plan number (PN) ▶ 001 1c Effective date of plan 12/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SCARSDALĖ DERMATOLOGY, PC 56-2568044 (EIN) Sponsor's telephone number 914-722-1800 **POB 745** CHESTER, NY 10918 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

e Number of participants that terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.					
SIGN	Filed with authorized/valid electronic signature.					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)		

5e

0

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Ye		No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	[	Yes	X No	Not dete	ermine	d
Par	t III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year		
<u>a</u>	Total plan assets	7a	2792	231					0	
<u>b</u>	Total plan liabilities	7b		0					0	
	Net plan assets (subtract line 7b from line 7a)	7c	2792	231					0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)			0						
b	Other income (loss)	8b	-49	944						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-4	944	
	Benefits paid (including direct rollovers and insurance premiums		2742	227						
	to provide benefits)	8d	2142	0						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)  Other expenses	8f 8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						274	287	
	Net income (loss) (subtract line 8h from line 8c)	8i						-279		
	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics	, oj								
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Pian Chara	cterist	iic Cod	ies in t	ne instruction	ons:		_
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	uciary Corr	ection Program)	10a		X				0
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				0
c	Was the plan covered by a fidelity bond?			10c	X				300	100
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		X				0
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				0
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		X				0
h						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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter tl Day		ne letter i Year	uling	_

	F	form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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?			. X	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treatury internal Revenue Service

Department of Lubor Employee Benefits Security Administrator 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)

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information	Ì					
For calerx	dar plan year 2014 or	fiscal plan year beginning	72/1/2014	and ending	8/10/20	<u> </u>		
<b>*</b> ~		a single-employer plan	a multiple-employer	plan (not multiemployer	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
A inis re	eturn/report is for	a one-participant plan	a foreign plan	,	,			
		1 (1) 10 pzs rayon (prov						
<b>B</b> This re	tum/report is	the first return/report	Ine final return/report	}				
		an amended return/report	🛮 a short plan year retu	im/report (less than 12 r	months)			
_		Form 5558	automatic extension		□ nevo	program		
C Check	box if filling under:		5 and		L	, , , , , , , , , , , , , , , , , , , ,		
		special extension (enter desi	Cription)					
Part II	Basic Plan Inf	ormation—enter all requested in	nformation					
1a Name	e of plan				1b Three-di	** ;		
Scal	rsdale Dermatolog	gy. PC Defined Benefit Plan			pian num (PN) ▶	1001		
					1c Effective	date of plan		
					}	12/1/2008		
2a Planis	sponsor's name and a	ddress; include room or suite numi	per (employer, if for a single	e-employer plan)		r Identification Number		
	ale Dermatology.				(EIN)	562568044		
POB 74	45				2c Sponsor	s telephone number		
						2147221800		
Cheste	٢	W			20 Business	code (see instructions) 621111		
10918	and the first of the state of t	ind address VSame as Plan Spor			3b Administrator's EIN			
<b>va</b> F≀alla	KNINNSGARA S HOME C	ing address & Carrie as Fight Opon	tagr.			OD AGRIBIOLOGIC CON		
					3c Administr	ator's telephone number		
					Accompany from the global professions (A			
A Stilling	wana andler Ethi of the	nio money has changed since	the last return/report flad	for this plan enter the	Ab Elv			
4 If the iname	name and/or EIN of th s. EIN, and the plan ns	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN			
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Form 5500-SF 2014		Page 2						
<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot be a contraction of the plan cannot be a contraction.</li> </ul>	an indepen and condition	dent qualified public accour	itant (	IQPA)		_	Yes No	
C If the plan is a defined benefit plan, is it covered under the PBGC in						No No	t determined	
Part III Financial Information			***************************************			······································		
7 Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) End of Y	ear	
a Total plan assets	7a		2792	31			Û	
b Total plan liabilities	7b			0			Û	
C Net plan assets (subtract line 7b from line 7a)	7c		2792	31			0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
Contributions received or receivable from:     (1) Employers	8a(1)		*************	_0				
(2) Participants	8a(2)					······································	****	
(3) Others (including rollovers)	8a(3)				-	*************************		
b Other income (loss)	8b	***************************************	-49	44				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		·····		······································		-4944	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	*	7401	phy hings				
Certain deemed and/or corrective distributions (see instructions)	8e	<u> </u>	7428	2/ <b> </b> -	·····	<del></del>	**************************************	
f Administrative service providers (salaries, fees, commissions)	8f			0			***************************************	
g Other expenses	8g	······································		ŏ	****************************		****	
h Total expenses (add lines 8d, 8e. 8f, and 8g)	8h	**************************************	<del></del>	~ -	·····	***************************************	274287	
Net income (loss) (subtract line 8h from line 8c)	8i	<del>/////////////////////////////////////</del>		<b>-</b>	-279231			
Transfers to (from) the plan (see instructions)	8i		0			-219231		
Part IV Plan Characteristics	<u> </u>				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		
b If the plan provides welfare benefits, enter the applicable welfare fe  Part V Compliance Questions	·····		<del></del>	***************************************				
10 During the plan year:	***************************************			Yes	No	Amo	unt	
a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduce	ciary Correc	tion Program)	10a		<b>√</b>		0	
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	lude transactions reported	10b		√		Ō	
C Was the plan covered by a fidelity bond?	*************	\$\$\$***********************************	10c	✓			30000	
d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond,	that was caused by fraud	10d		4		٥	
e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)	f the benefit	s under the plan? (See	10e		<b>√</b>		Ô	
f Has the plan failed to provide any benefit when due under the plan			10f		<b>V</b>		0	
g Did the plan have any participant loans? (If "Yes," enter amount as			10g		/		n	
h if this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruction	ons and 29 CFR			<u> </u>	<del></del>	······································	
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required no	tice or one of the	10h 10i			<del></del>	44 <del>7-1</del>	
art VI Pension Funding Compliance							***************************************	
11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Yes	" see instructions and com	olete :	Sched	ule SB (Fo	m I	Yes 🛭 No	
11a Enter the unpaid minimum required contribution for current year from					1a			
12 Is this a defined contribution plan subject to the minimum funding re (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			or se	ction 3	02 of ERIS	A?	Yes 🛭 No	
If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in	n this plan year, see instruc	tions.	and er	iter the dai	le of the lette Year	r ruling	

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If	you completed line 12a, complete lines 3, 9, and 10 of Sch	nedule MB (Form 5500), and skip to line 1	3.			······································
b	Enter the minimum required contribution for this plan year		(	12b		
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. inegative amount)			12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be me	at by the funding deadline?			Yes	No ∏ N/A
Part	VII Plan Terminations and Transfers of Asse	ets		<del></del>	***************************************	
13a	Has a resolution to terminate the plan been adopted in any plan y	rear? ,,	******************	図v	∕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 beneficing the PBGC?	aries, transferred to another plan, or brough	nt under the	control		¥ Yes ∏ No
С	If during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)	ed from this plan to another plan(s), identify	the plan(s)	to		
1	3c(1) Name of plan(s):		1:	3c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					<b>_</b>
14a N	lame of trust		,	<b>14b</b> Tr	ust's EIN	
			PRIALAM			