Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to Public Inspection

Part I		Identification Information								
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
A This re	turn/report is for:	x a single-employer plan		plan (not multiemployer) employer information in ac						
		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension	ı	DFVC progra	m				
		special extension (enter desc	· /							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name COAST DEI	•	CANCER CENTER, P.A. DEFINE	D BENEFIT PLAN		1b Three-digi plan numb (PN) ▶					
					1c Effective of	late of plan 01/01/2005				
		oyer, if for a single-employer plan)			2b Employer	Identification Number				
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		structions)	(EIN)	04-3651801				
•	RMATOLOGY & SKIN	Struction 13)		telephone number 1-493-7400						
					2d Business	code (see instructions)				
21550 ANGE	ELA LANE 34293-2017					621111				
VLINICE, I L	34293-2017									
3a Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		3b Administra	tor's EIN				
		_			20. Administration	4				
					3C Administra	tor's telephone number				
		e plan sponsor or the plan name h			4b EIN					
	ian, enter the pian spo sor's name	onsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN					
C Plan N										
5a Total	number of participants	s at the beginning of the plan year.			. 5a	27				
		s at the end of the plan year			. 5b	26				
		account balances as of the end of		•	. 5c					
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	16				
		articipants at the end of the plan ye			5d(2)	15				
		terminated employment during th			5e 1					
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.								
SIGN		l/valid electronic signature.	10/14/2019	JOHN GREGORY NE	JOHN GREGORY NEILY					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	an administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as em	plover or plan sponsor				

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility:							 X Yes ∏ No			
	If you answered "No" to either line 6a or line 6b, the plan cann		,								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes X No	Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)			
Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year			
а	Total plan assets	7a	12	21134				1784166			
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7с	12:	21134				1784166			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total			
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)	6.	23564							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)			_						
b	Other income (loss)	8b		-5383							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						618181			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		55149							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						55149			
i	Net income (loss) (subtract line 8h from line 8c)	8i						563032			
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pl	an Chai	racteri	stic Co	odes in the in	structions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contribu										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)		•	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Χ					
С				10c	Х			265000			
d		fidelity bo	nd, that was caused	10d		X		203000			
е	Were any fees or commissions paid to any brokers, agents, or oth	100									
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)		10e		X						
f	Has the plan failed to provide any benefit when due under the pla		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		Χ						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i							
	· · ·				•	•					

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Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
С	Enter the amount contributed by the employer to the plan for this plan year	12c								
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?		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 control of 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) which assets or liabilities were transferred. (See instructions.)	to								
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)					

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

2018

This Form is Open to Public Inspection

Fo	r calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endin	g 12/3	31/2018				
•	Round off amounts to nearest dollar.							
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	cause is establishe	d.					
	Name of plan	B Three-di	git					
	COAST DERMATOLOGY & SKIN CANCER CENTER, P.A. DEFINED BENEFIT PLAN	plan nun	nber (PN) •	001			
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (E	IN)			
	COAST DERMATOLOGY & SKIN CANCER CENTER, P.A.	04-3651801						
			_					
E	Type of plan: Single Multiple-A Multiple-B F Prior year plan size	e: X 100 or fewer	101-	500 More th	an 500			
F	Part I Basic Information							
1	Enter the valuation date: Month Day Year Year							
2	Assets:							
	a Market value		. 2a		1220449			
	b Actuarial value		. 2b		1220449			
3	Funding target/participant count breakdown	(1) Number of participants		sted Funding Target	(3) Total Funding Target			
	a For retired participants and beneficiaries receiving payment	0		0	0			
	b For terminated vested participants	12		52072	52072			
	C For active participants	15		1206231	1241596			
	d Total	27		1258303	1293668			
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)							
	a Funding target disregarding prescribed at-risk assumptions		4a					
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor		4b					
5	Effective interest rate		5	5.90 %				
6	Target normal cost		6		151307			
Sta	tement by Enrolled Actuary							
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attact accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the combination, offer my best estimate of anticipated experience under the plan.							
	SIGN		-					
	HERE			09/06/201	9			
	Signature of actuary			Date				
	IEIL NEUBARTH, FSA, MSPA, MAAA, EA			17-03005	<u> </u>			
	Type or print name of actuary		Most	recent enrollmer				
	GOLD COAST PENSION CONSULTANTS			954-491-12				
5	Firm name 321 NE 26TH AVENUE	Te	elephone	number (includ	ing area code)			
F	FORT LAUDERDALE, FL 33308-3307							
	Address of the firm							
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in comp	oleting this schedul	e, check	the box and see	·			
	uctions	•			\sqcup			

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P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances						
							(a) C	arryover balance)	(b) P	refundin	g balance
7		•	0 , ,		able adjustments (line 13 from	•			0			0
8			•	•	nding requirement (line 35 fro				0			0
9	Amount r	emaining	g (line 7 minus line	8)					0			0
10	Interest of	n line 9 เ	using prior year's	actual retui	n of <u>5.09</u> %				0			0
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:							
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)							8665
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.05%											524	
	b(2) Inte	erest on I	ine 38b from prior	year Sche						J24		
					ur to add to prefunding balance							0
			0 0	. ,								9189
	d Portion	of (c) to	be added to prefu	unding bala	ance							0
12	Other red	ductions i	n balances due to	elections	or deemed elections				0			0
13	Balance	at beginn	ning of current yea	r (line 9 + l	ine 10 + line 11d – line 12)				0			0
Р	art III	Fun	ding Percenta	ages								
14	Funding	target att	ainment percenta	ge							14	94.34%
15 Adjusted funding target attainment percentage										15	94.34%	
16					of determining whether carry				o reduce	e current	16	103.26%
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Р	Part IV Contributions and Liquidity Shortfalls											
18	Contribut	ions mad	de to the plan for t	he plan ye	ar by employer(s) and emplo	yees:						
(1	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount p employer	-	Amour emplo	nt paid by yees	
C	9/19/2018	}		200000	0							
C	3/18/2019)		150000	0							
C	7/02/2019)		150000	0							
C	8/27/2019)		123564	0							
						Totals ▶	18(b)		62356	34 18(c)		0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation da	te after the	beginning of the	year:			
	a Contril	outions a	llocated toward ur	npaid minin	num required contributions fr	om prior yea	ars		19a			0
	b Contrib	outions m	nade to avoid restr	ictions adju	usted to valuation date				19b			0
	C Contrib	outions all	ocated toward min	imum requi	red contribution for current yea	ar adjusted to	valuation d	ate	19c			581981
20	Quarterly	contribu	tions and liquidity	shortfalls:								
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							Yes X No
	b If line	20a is "Y	es," were required	quarterly i	installments for the current y	ear made in	a timely ma	anner?				Yes No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applicable:						
		(4)			Liquidity shortfall as of end	of quarter of		<i></i>			(4)	
		(1) 1s	t		(2) 2nd		(3)	3rd			(4) 4th	

	Part V Assumptions Used to Determine Funding Target and Target Normal Cost												
21	Discount		ons oseu id	Determine	runuing raiget	anu rang	jet Norma	ii COSL					
21	a Segme		1st se	gment:	2nd segmer	nt:	31	d segment:					
	u oogine	in rates.	,	3.92%	5.52			6.29 %		N/A, full yield curve used			
	b Applica	able month (er	nter code)						21b	0			
22	Weighted	average retire	ement age						22	62			
23	Mortality t	table(s) (see	instructions)	Prior regulation	n: Prescri	bed - comb	ined	Prescribed	d - separa	te Substitute			
				Current regulat	ion: X Prescri	bed - comb	ined	Prescribed	d - separa	te Substitute			
Pa	art VI	Miscellane	ous Items				<u> </u>	<u> </u>					
				rescribed actua	rial assumptions for th	e current n	an vear? If	"Yes " see ii	nstruction	s regarding required			
	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment												
25	Has a me	thod change I	been made for t	he current plan	year? If "Yes," see in	structions re	egarding rec	uired attach	ment	Yes X No			
26	Is the plai	n required to p	orovide a Sched	Iule of Active Pa	articipants? If "Yes," s	ee instruction	ons regardin	g required a	ittachmen	tYes X No			
27		•	alternative fund	-	applicable code and s	ee instructi	ons regardir	g	27				
P	art VII	Reconcilia	ation of Unp	oaid Minimu	m Required Con	tribution	s For Pri	or Years					
28	Unpaid m	inimum requir	red contributions	s for all prior ye	ars				28	0			
29					npaid minimum require				29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								30	0			
Pa	Part VIII Minimum Required Contribution For Current Year												
31	31 Target normal cost and excess assets (see instructions):												
	a Target r	normal cost (li	ne 6)						31a	151307			
	b Excess	assets, if app	olicable, but not	greater than line	e 31a				31b	0			
32	Amortizat	ion installmen	nts:				Outst	anding Bala	nce	Installment			
	a Net sho	ortfall amortiza	ation installment						73219	11953			
									0	0			
33	If a waive (Month				the date of the ruling) and the waived a				33				
34	Total fund	ding requireme	ent before reflec	cting carryover/p	orefunding balances (li	ines 31a - 3	1b + 32a + 3	32b - 33)	34	163260			
					Carryover bala	nce	Prefu	ınding balar	nce	Total balance			
35			se to offset fund	-		0			0	0			
36	Additiona	I cash require	ment (line 34 m	inus line 35)					36	163260			
37				•	ribution for current yea	•		`	37	581981			
38	Present v	alue of excess	s contributions f	for current year	(see instructions)								
	a Total (e	xcess, if any,	of line 37 over l	line 36)					38a	418721			
	b Portion	included in lir	ne 38a attributal	ble to use of pre	funding and funding s	tandard car	ryover balar	ices	38b	0			
39									39	0			
40	Unpaid m	inimum requir	red contributions	s for all years				·····	40	0			
Pa	rt IX	Pension	Funding Re	lief Under P	ension Relief Ac	t of 2010	(See Ins	tructions	s)				
41	If an elect	ion was made	to use PRA 20	10 funding relie	f for this plan:								
	a Schedu	le elected								2 plus 7 years 15 years			
	b Eligible	plan year(s) f	for which the ele	ection in line 41a	a was made					08			

Schedule SB, line 26 - Schedule of Active Participant Data

COAST DERMATOLOGY & SKIN CARE CENTER, P.A. DEFINED BENEFIT PLAN 04-3651801/001

For the plan year 01/01/2018 through 12/31/2018

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under	110.	110.	110.	110.	110.	110.	110.	110.	110.	
25										
25 to 29		1								
30 to 34		4								
35 to 39			3							
40 to 44		1								
45 to 49			1							
50 to 54				1						
55 to 59		2	1							
60 to 64										
65 to 69		1								
70 & up										

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

COAST DERMATOLOGY & SKIN CARE CENTER, P.A. DEFINED BENEFIT PLAN 04-3651801 / 001

For the plan year 01/01/2018 through 12/31/2018

Valuation Date: 01/01/2018

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not 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)

Segment 3

Minimum

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.81
Segment 2	6 - 20	3.68
Segment 3	> 20	4.53

 Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

 Segment #
 Year
 Rate %

 Segment 1
 0 - 5
 3.92

 Segment 2
 6 - 20
 5.52

> 20

6.29

Pre-Retirement - Mortality Table - None

Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 18C - 2018 Combined

Cost of Living - None

Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 6%

or

18E - 2018 Applicable Mortality Table for 417(e) (unisex)

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

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%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

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, Part V Statement of Actuarial Assumptions/Methods

COAST DERMATOLOGY & SKIN CARE CENTER, P.A. DEFINED BENEFIT PLAN 04-3651801 / 001

For the plan year 01/01/2018 through 12/31/2018

401(a)(26) Testing:

Compensation - Use average compensation to calculate the benefit accrual rate for 401(a)(26)

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

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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		t Identification Information							
For calenda	ar plan year 2018 or f	fiscal plan year beginning	01/01/2018	and ending	12/31/2	018			
A This ret	:urn/report is for:	X a single-employer plan	a multiple-employer plain a multiple-employer plain a multiple-employer plain a multiple pl	an (not multiemployer) aployer information in a					
	•	a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC program	n			
		special extension (enter des	cription)						
Part II	Basic Plan Info	formation—enter all requested i	nformation						
1a Name	of plan	SY & SKIN CANCER CENT		BENEFIT PLAN	1b Three-digit plan numb (PN) ▶				
					1c Effective d 01/01/				
Mailing	address (include roo	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	1.0		dentification Number 3651801			
	town, state or proving T DERMATOLOG	ructions)		telephone number					
2155	0 ANGELA LAN	JE			ode (see instructions)				
24000 0015									
					621111 3b Administration	or's EIN			
3a Pian a	dministrator's name a	and address X Same as Plan Spo	onsor.		SD Administra	OF S EIN			
					3C Administra	or's telephone number			
		he plan sponsor or the plan name loonsor's name, EIN, the plan name			4b EIN				
a Spons	or's name				4d PN				
c Plan N	lame								
5a Total I	number of participants	ts at the beginning of the plan year	AMARAMIN .		5a	27			
	•	ts at the end of the plan year			El.	26			
c Numb	er of participants with	h account balances as of the end o	f the plan year (only defined	contribution plans	5c				
•	•	participants at the beginning of the p			5d(1)	16			
		participants at the end of the plan ye			5d(2)	15			
than	100% vested	no terminated employment during th			5e	1			
Caution: A	penalty for the late	e or incomplete filing of this retu other penalties set forth in the instru	rn/report will be assessed	unless reasonable ca	use is establishe	onnicable a Schodulo			
SB or Sche	alties of perjury and o edule MB completed a true, correct, and com	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	rt, and to the best	of my knowledge and			
SIGN	/	7 7	10/10/9019	John Gregory	Neily				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN									
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor			

	Form 5500-SF (2018)		Page 2						
c	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indepe and condi ot use Fo surance p	ndent qualified public a tions.) orm 5500-SF and mus orogram (see ERISA se	account t instead action 4	ant (IC ad use 021)?	PA) Form	n 5500.] Yes 🛛 N	🗓 Y	
Pa	rt III Financial Information	venerová dos							
7	Plan Assets and Liabilities		(a) Beginning				(b) E	nd of Year	
а	Total plan assets	7a	1,	221,	134			1,	784,166
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	221,	134			1,	784,166
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			<u>(b</u>) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		623,	564				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	5 202							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							618,181
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		55,	149				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							55,149
i	Net income (loss) (subtract line 8h from line 8c)	8i							563,032
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $1A \ 3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			

C Was the plan covered by a fidelity bond?

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

the plan? (See instructions.).....

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

265,000

Х

Х

Х

Х

Х

10c

10d

10e

10f

10g

10h

F	form 5500-SF (2018)		Page 3 -					
Part VI F	Pension Funding Compliance							
11 Is this	a defined benefit plan subject to minimum 5500) and line 11a below)						X Ye	s No
	the unpaid minimum required contributions						0	
ERISA (If "Y	es," complete line 12a or lines 12b, 12c, 12	d, and 12e below, as applicable.)						s 🛭 No
	liver of the minimum funding standard for any the waiver.				d enter Day		of the letter r Year	uling
If you co	mpleted line 12a, complete lines 3, 9, an	d 10 of Schedule MB (Form 5500)), and skip to line	13.				
b Enter t	ne minimum required contribution for this p	lan year			12b			
C Enter t	ne amount contributed by the employer to t	he plan for this plan year			12c			
	ect the amount in line 12c from the amount ve amount)				12d			
e Will th	e minimum funding amount reported on lin	e 12d be met by the funding deadli	ine?			Yes	☐ No ☐	N/A
1000 HALVASSA (1000 AND 1000 A	Plan Terminations and Transfers							
	resolution to terminate the plan been adopted	in any plan year?				Yes	X No	
If "Yes	s," enter the amount of any plan assets that	t reverted to the employer this year	·		13a			
	all the plan assets distributed to participant	•		-		[Yes X	No
•	ing this plan year, any assets or liabilities wassets or liabilities were transferred.	vere transferred from this plan to a	nother plan(s), ider	itify the plan(s)) to			
13c(1) N	lame of plan(s):			13c(2)	EIN(s)		13c(3) F	PN(s)

•				***************************************		İ		

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.

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

P File as an attachment to Foli	and ending		12/31/201	L8
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending		10,01,00	
Round off amounts to nearest dollar.	onable cause is established			
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason				
A Name of plan COAST DERMATOLOGY & SKIN CANCER CENTER, P.A. DEFINE	B Three-digi			001
BENEFIT PLAN	plan num	JOI (1 14)	<u> </u>	
A DENERGY TO THE CONTRACT OF T				2900
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer I	dentifica	ation Number (El	N)
	200	1001		
COAST DERMATOLOGY & SKIN CANCER CENTER, P.A.	04-365	1801		
E Type of plan: X Single Multiple-A Multiple-B F Prior year	plan size: X 100 or fewer	101-	500 More tha	an 500
Part I Basic Information				
1 Enter the valuation date: Month 01 Day 01 Year	2018			
2 Assets:				1,220,449
a Market value	***************************************	2a		
b Actuarial value		2b		1,220,44
3 Funding target/participant count breakdown	(1) Number of participants		sted Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment			0	
	12		52,072	52,07
b For terminated vested participants	15		1,206,231	1,241,59
C For active participants	3.71		1,258,303	1,293,66
d Total				
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		4a		
a Funding target disregarding prescribed at-risk assumptions	********************************			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for at-risk status for fewer than five consecutive years and disregarding loading fact	plans that have been in or	4b		
5 Effective interest rate		5		5.90%
	***************************************	6		151,30
				ilia. Santana ^{Mar} anda da aya
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statement accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accordance with applicable law and regulations in my opinion, each other assumption is reasonable (taking into	ts and attachments, if any, is complete	e and acci	urate. Each prescribed able expectations) an	l assumption was applied in d such other assumptions, i
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable taking into combination, offer my best estimate of anticipated experience under the plan.				
	The second secon			
SIGN HERE			09/06/20	19
Signature of actuary			Date	
NEIL NEUBARTH, FSA, MSPA, MAAA, EA	A Teach and Arms and Langing of the Common and Arms		170300	5
Type or print name of actuary		Most	recent enrollme	nt number
GOLD COAST PENSION CONSULTANTS			954-491-1	264
Firm name	T	elephon	e number (includ	ding area code)
5321 NE 26TH AVENUE				
FORT LAUDERDALE FL 33308-3307				
Address of the firm				F-9
If the actuary has not fully reflected any regulation or ruling promulgated under the statu	te in completing this schedu	ile, chec	k the box and se	эе 📗
instructions				SB (Form 5500) 201

_		~		
>a¢	20	~,	-	1
- (1)	16	_		ı

Part II Beginni	ng of Year Carryover	and recurrency Date		(a) Carr	yover balance	(b) Pi	efunding	g balance
Balance at beginning year)	g of prior year after applicable	adjustments (line 13 from	prior		0			0
Portion elected for u	se to offset prior year's fundir	ng requirement (line 35 fror	n prior		0			C
	ine 7 minus line 8)				0			(
	ng prior year's actual return o				. 0			(
	contributions to be added to p							8,66
h(1) Interest on the	excess contributions (line 38a e excess, if any, of line 38a or using prior year's effective in	ver line 38b from prior year						52
b(2) Interest on line	e 38b from prior year Schedu	ile SB, using prior year's ac	tual					<u></u>
return	eginning of current plan year to	add to prefunding balance.						9,18
	e added to prefunding balance							
2 Other reductions in	balances due to elections or	deemed elections			(<u> </u>
	ng of current year (line 9 + line				(<u> </u>	<u> </u>	<u></u>
Control Control Control	ing Percentages					and the first		
	nment percentage		******************			,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	94.34%
Funding target atta	rget attainment percentage			**********	*************************		15	94.34%
C Deleg woods funding	percentage for purposes of irement	determining whether carryo	ver/prefund	ing balances	may be used to reduce	e current	16	103.26%
year's funding requ	of the assets of the plan is le	ss than 70 percent of the fu	unding targe	t, enter such	percentage	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17	9,
	ributions and Liquidit							
			vees.					
(a) Date	to the plan for the plan year (b) Amount paid by	(c) Amount paid by	(a) D	ate	(b) Amount paid by	(int paid by
(MM-DD-YYYY)	employer(s)	employees	(MM-DD	-YYYY)	employer(s)		empl	oyees
09/19/2018	200,000	0			C. 12-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
03/18/2019	150,000	0						
07/02/2019	150,000	0						
08/27/2019	123,564	0					<u></u>	
								
							,	
								*
		and the second s						
								<u> </u>
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				<u> </u>				
				40(%)	623,	564 18(c	١T	
			Totals ▶	18(b)		1010	,	
19 Discounted emplo	yer contributions – see instru	ictions for small plan with a	valuation d	ate after the	beginning of the year:	T		
a Contributions a	llocated toward unpaid minim	num required contributions	from prior ye	ears	<u>19a</u>	 		
b Contributions m	nade to avoid restrictions adju	sted to valuation date			19b			
c Contributions all	located toward minimum requir	red contribution for current ye	ear adjusted t	to valuation d	ate19c			581,9
	itions and liquidity shortfalls:							
Quarterly contribt	ive a "funding shortfall" for the	e prior vear?		,	*************		[Yes X N
a Dia the plan ha	ive a funding shortial for the	- 1111 - 11 f- 11 - 1 - 1	voor mode i	n a timely m	anner?			Yes N
	es," were required quarterly i	nplete the following table as	s applicable:		ar (1) Cat 2 11 11 11 11 11 11 11			_
. [7] HERE JUNEAU 1								
C II line 20a is 1		Liquidity shortfall as of er	nd of quarter	of this plan			(4)	1th
(1) 1s		Liquidity shortfall as of er (2) 2nd	nd of quarter	of this plan	year 3rd		(4)	1th

21 Discount rate: a Segment rates:	Pa	art V Assumptions Used to Determine Funding Target and Target Normal Cost		
a Segment rates: 3 segment 2nd segment 5.52 % 5.52		Discount rate:		
D Applicable month (enter Cobe)		a Segment rates: 1st segment: 2nd segment: 3rd segment		N/A, full yield curve used
Weighted average retirement age 22 6. World ty table(s) (see instructions) Prior regulation: Prescribed - combined Prescribed - separate Substitute		h Applicable month (enter code)	21b	0
Prescribed - separate Substitute Substitute Prescribed - separate Prescribed - separate Substitute Prescribed - separate Prescribed - separ			22	62
Current regulation: Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items		Draggibal combined Proccib	ed - separate	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 attachment	23	Mortality (able(s) (see manufactions)	ed - separate	. ☐ Substitute
### Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		Current regulation: Prescribed - Combined		
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	Pa	rt VI Miscellaneous Items		
25 Has a method change been made for the current year in year? If Yes, "see instructions regarding required attachment	24		instructions	
25 is the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attactment				
If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. 27	26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required	d attachment	Yes X No
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28		If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding	1 1	
28 Unpaid minimum required contributions for all prior years	P		S	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)				<u> </u>
Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30		Discounted employer contributions allocated toward unpaid minimum required contributions from prior years	29	
Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	ъ.			
a Target normal cost (line 6)	HEROTEKIS.			
b Excess assets, if applicable, but not greater than line 31a	J-1		31a	151,30
Amortization installments: a Net shortfall amortization installment		h Excess assets if annicable, but not greater than line 31a	31b	
a Net shortfall amortization installment	32	Outstanding R		
b Waiver amortization installment	72		73,219	11,95
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month			0	
Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval	33	
Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	3/			163,26
Balances elected for use to offset funding requirement	- 34			Total balance
36 Additional cash requirement (line 34 minus line 35)	35	Balances elected for use to offset funding	0	
36 Additional cash requirement (line 34 minus line 35)	1	requirement		163,26
38 Present value of excess contributions for current year (see instructions) a Total (excess, if any, of line 37 over line 36)	36	Additional cash requirement (line 34 minus line 35)		
a Total (excess, if any, of line 37 over line 36)		19c)	37	581,98
a Total (excess, if any, of line 37 over line 36) b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	_38		382	418.72
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		a Total (excess, if any, of line 37 over line 36)		
40 Unpaid minimum required contribution for current year (excess, if any, or line so ord line strying) 40 Unpaid minimum required contributions for all years		b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	300	
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	39			
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	40	Unpaid minimum required contributions for all years	*****	
a Schedule elected	P	art IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instruction	ons)	
a Schedule elected	4	1 If an election was made to use PRA 2010 funding relief for this plan:		
				2 plus 7 years 15 years
			-	008 2009 2010 2011

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

COAST DERMATOLOGY & SKIN CARE CENTER, P.A. DEFINED BENEFIT PLAN 04-3651801 / 001

For the plan year 01/01/2018 through 12/31/2018

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero 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

COAST DERMATOLOGY & SKIN CARE CENTER, P.A. DEFINED BENEFIT PLAN 04-3651801 / 001

For the plan year 01/01/2018 through 12/31/2018 Valuation Date: 01/01/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/19/2018	\$200,000					
Applied to Additional Contribution	01/01/2018	29,909	28,708	0	0	5.90	0.00
Applied to MRC	01/01/2018	170,091	163,260	0	0	5.90	0.00
Deposited Contribution	03/18/2019	\$150,000					
Applied to Additional Contribution	01/01/2018	150,000	139,962	0	0	5.90	0.00
Deposited Contribution	07/02/2019	\$150,000					
Applied to Additional Contribution	01/01/2018	150,000	137,652	0	0	5.90	0.00
Deposited Contribution	08/27/2019	\$123,564					
Applied to Additional Contribution	01/01/2018	123,564	112,399	0	0	5.90	0.00
Totals for Deposited Contribution		\$623,564	\$581,981	\$0	\$0		-

Schedule SB, Part V Summary of Plan Provisions

COAST DERMATOLOGY & SKIN CARE CENTER, P.A. DEFINED BENEFIT PLAN 04-3651801 / 001

For the plan year 01/01/2018 through 12/31/2018

Employer: COAST DERMATOLOGY & SKIN CARE CENTER, P.A.

Type of Entity - S Corporation

EIN: 04-3651801 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2005 Year end - 12/31/2018 Valuation - 01/01/2018

Top Heavy Years - 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018

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 - 1000 Vesting - 1000

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

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

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:

Employee Classification Benefit Formula

A 8% of average monthly compensation per year of participation after 01/01/2005

limited to 10 year(s)

B 2.5% of average monthly compensation per year of participation after

01/01/2005 limited to 10 year(s)

C 1% of average monthly compensation per year of participation after 01/01/2005

limited to 10 year(s)

Accrued Benefit - Pro-rata based on participation. Service prior to 01/01/2005 is excluded

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

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$220,000

Maximum 401(a)(17) compensation - \$275,000

Normal Form: Life Annuity
Optional Forms: Lump Sum

Schedule SB, Part V Summary of Plan Provisions

COAST DERMATOLOGY & SKIN CARE CENTER, P.A. DEFINED BENEFIT PLAN 04-3651801 / 001

For the plan year 01/01/2018 through 12/31/2018

 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
 2.33

 Segment 2
 6 - 20
 3.55

 Segment 3
 > 20
 4.11

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 6%

Mortality Table - None

Post-Retirement - Interest - 6%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 32 - Schedule of Amortization Bases

COAST DERMATOLOGY & SKIN CARE CENTER, P.A. DEFINED BENEFIT PLAN 04-3651801 / 001

For the plan year 01/01/2018 through 12/31/2018

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2018	73,219	Shortfall	73,219	7	11,953
Totals:				\$73.219		\$11.953