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 section 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

2010

This Form is Open to Public Inspection

	Part I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/2	2010			
Α .	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В .	This return/report is for: first return/report	final retur	n/report		_			
	an amended return/report	short plar	year return/report (less than 12 mo	onths)				
C	Check box if filing under: Form 5558	•	extension	,	DFVC program			
•	special extension (enter description		o exteriorer					
Do								
	IT I Basic Plan Information—enter all requested inform Name of plan	ation		1h	Three-digit			
	THESTER GASTROENTEROLOGY ASSOCIATES, LLC 401K PR	OFIT SHA	RING PLAN	1.5	nlan number			
		0 0			(PN) • 002			
				1c	Effective date of plan			
					01/01/2008			
	Plan sponsor's name and address (employer, if for single-employer CHESTER GASTROENTEROLOGY ASSOCIATES, LLC	plan)		2b	Employer Identification Number (EIN) 20-1331920			
LAS	CHESTER GASTROENTEROLOGY ASSOCIATES, LEC			20	Plan sponsor's telephone number			
	EASTCHESTER ROAD				718-684-6209			
BRO	NX, NY 10469-5947			2d	Business code (see instructions)			
		. "0	"	26	621111			
EAS	Plan administrator's name and address (if same as Plan sponsor, e TCHESTER GASTROENTEROLOGY ASSOCIATES, 2426 EASTO	HESTER	RÔAD	30	Administrator's EIN 20-1331920			
LLC	BRONX, NY	10469-594	17	3с	Administrator's telephone number			
					718-684-6209			
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	ors name		4c	PN			
5a	Total number of participants at the beginning of the plan year				3			
b	Total number of participants at the end of the plan year			5b	0			
C								
	complete this item)			. 5c	0			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of				⊠ v □ v.			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use F.		,		Yes No			
Pa	rt III Financial Information	01111 3300-	or and must mistead use Form 5	300.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
-	Total plan assets	. 7a	12334	2	(b) Liid of Tear			
	Total plan liabilities							
C	Net plan assets (subtract line 7b from line 7a)		12334	2	0			
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total			
а	Contributions received or receivable from:		(a) Amount		(b) Total			
	(1) Employers	. 8a(1)		0				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b	910)2				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			9102			
d	Benefits paid (including direct rollovers and insurance premiums		13053	39				
_	to provide benefits)	. 8d	10000	-				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f	190	15				
g	Other expenses		190	13	132444			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				-123342			
ĺ	Net income (loss) (subtract line 8h from line 8c)				-123342			
ı	Transfers to (from) the plan (see instructions)	Ωi	1					

	Form 5500-SF 2010 Page 2-				
rt	IV Plan Characteristics				_
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2G 2J 2R 3D 3B	acteris	tic Co	des in t	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	ic Cod	des in th	he instructions:
rt	V Compliance Questions				
	During the plan year:		Yes	No	Amount
3	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
;	Was the plan covered by a fidelity bond?	10c		X	
k	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
•	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х	
	Has the plan failed to provide any benefit when due under the plan?	10f		Χ	
j	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
	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	10i			
t	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			`
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ctions.	and e	nter the	e date of the letter ruling

Part	VII	Plan Terminations and Transfers of Assets		
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		X Yes No	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a	0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coefficiance PBGC?	control	X Yes No

Dav

12b

12c

12d

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

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

granting the waiver......Month _

b Enter the minimum required contribution for this plan year.....

c Enter the amount contributed by the employer to the plan for this plan year.....
 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

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

12

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 true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/09/2011	NEJAT KIYICI
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 individual signing as employer or plan sponsor

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

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

OMB Nos. 1210-0110 1210-0089

2010

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P	art I Annual Report Identification Information				•		
		01/01/2	2010 and ending		12/31/2010		
	77 single analyses of a						
Α		multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	final retur	n/report				
	an amended return/report	short plan	n year return/report (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter description	nn)					
D	art II Basic Plan Information—enter all requested inform	,					
	· · · · · · · · · · · · · · · · · · ·	ation		1h	Three-digit		
ıa	Name of plan EASTCHESTER GASTROENTEROLOGY ASSOCIATES,	TTC 4	01V DDOETT CHARING	ID	plan number		
	PLAN	ппс 4	OIR PROFIL SHARING		(PN) ▶ 002		
				1c	Effective date of plan		
					01/01/2008		
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number		
	EASTCHESTER GASTROENTEROLOGY ASSOCIATES,	LĹC			(EIN) 20-1331920		
	2426 EASTCHESTER ROAD			2c	Plan sponsor's telephone number		
	2420 EASICHESIER ROAD			0-1	718-684-6209		
	BRONX NY 10469-5947			2a	Business code (see instructions) 621111		
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	a"\	3h	Administrator's EIN		
ou	Plan administrator's name and address (if same as Plan sponsor, e EASTCHESTER GASTROENTEROLOGY ASSOCIATES,	LLC	5)		20-1331920		
	2426 EASTCHESTER ROAD			3c	Administrator's telephone number		
	BRONX NY 10469-594				718-684-6209		
	If the name and/or EIN of the plan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponso	or s name		4c	PN		
5a	Total number of participants at the beginning of the plan year			_	3		
b	Total number of participants at the end of the plan year			- Ou			
C	Total number of participants with account balances as of the end of			30			
·	complete this item)	5c					
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes ☐ No		
b	Are you claiming a waiver of the annual examination and report of			 X Yes ☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 5	500.			
	rt III Financial Information		T				
7	Plan Assets and Liabilities						
а			(a) Beginning of Year		(b) End of Year		
	Total plan assets	. 7a	(a) Beginning of Year	12	(b) End of Year		
b	Total plan liabilities		` ' "	12			
b	,		` ' "				
	Total plan liabilities	7b	12334		(
С	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7b 7c	1233-	12	(
<u>с</u> 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1)	1233-		(
<u>с</u> 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7b 7c 8a(1)	1233-	12	(
<u>с</u> 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2)	1233- 1233- (a) Amount	0	(
<u>с</u> 8	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	. 7b . 7c . 8a(1) . 8a(2) . 8a(3)	1233-	0	(
8 a	Total plan liabilities	. 7b . 7c . 8a(1) . 8a(2) . 8a(3)	1233- 1233- (a) Amount	0	(
8 a	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b	1233- 1233- (a) Amount	0	(b) Total		
8 a b c	Total plan liabilities	8a(1) 8a(2) 8a(3) 8b 8c	1233- 1233- (a) Amount	0	(b) Total		
8 a b c d	Total plan liabilities	8a(1) 8a(2) 8a(3) 8b 8c	1233- 1233- (a) Amount	0	(b) Total		
8 a b c	Total plan liabilities	8a(1) 8a(2) 8a(3) 8b 8c 8d	1233- 1233- (a) Amount	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total		
8 a b c d	Total plan liabilities	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	1233- 1233- (a) Amount	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total		
8 a b c d	Total plan liabilities	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	1233- 1233- (a) Amount	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total		
8 a b c d e f g	Total plan liabilities	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	1233- 1233- (a) Amount	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total		

	- 1	orm 5500-SF 2010		Page 2-							
Pa	rt İV	Plan Characteristics				_			_	—	
9a	If the	plan provides pension benefits, enter the applicable pension (feature codes from t	he List of Plan Che	ected:	stic Co	i zeb	n the inst	ruction	s:	
ь	2A 2E 2G 2J 2R 3D 39										
_			_	e ast of Pien Cital	acteris	iic Coi)es II	the insti	Chan	1;	
Par	ŧV	Compliance Questions									
10		ng the plan year:				۷es	No		An	юunt	
a	29 (there a fallure to transmit to the plan any participant contributi CFR 2510,3-1027 (See instructions and OOL's Voluntary Fiduc	clary Correction Pro	gram)	10a		x				
ь	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						Х				_
C		the plan covered by a fidelity bond?			10c		х				
d	Did t or di:	he plan have a loss, whether or not reimbursed by the plan's fi shonesty?	idelity bond, that wa	s caused by fraud	104		х				
0	insu	any fees or commissions pald to any brokers, agents, or othe ance service or other organization that provides some or all of actions.)	the benefits under t	he plan? (See	10a		х				
f	Hasi	the plan falled to provide any benefit when due under the plan	?		101		×				
9	Did ti	ne plan have any participant loans? (If "Yes," enter amount as	of year end.)	·····	18g		х	1			
h	If this 2520	is an individual account plan, was there a blackout period? (5,701-3.)	bns anaiment ee	29 CFR	10h		х				
Î	if 10h excep	was answered "Yes," check the box if you either provided the Bions to providing the <u>notice applied under 29 CFR 2520.101-</u>	required notice or o	one of the	10i					•	•
Part		Pension Funding Compliance			•			•			
11	is this 5500)	a defined benefit plan subject to minimum funding requirement	nts? (If "Yes," see in	structions and com	plete S	ichedi	Je Si	(Form		Yes	П №
12		s a defined contribution plan subject to the minimum funding re									X No
	(If "Ye	is." complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)							'	_
а	If a wa	niver of the minimum funding standard for a prior year is being ng the waiver.	amortized in this pla	an year, see instruc	zions. :	and er	iter ti	e date o	f the le	ter rul	ing
if y	won co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form 6600), ar	rd skip to line 13.	,		<i>□</i> ay		V 80		_
b	Enter	the minimum required contribution for this plan year				. [12 b				
C	€nter	the amount contributed by the employer to the plan for this pla	n year			ιĿ	12c				
	педай	oct the amount in line 12c from the amount in line 12b. Enter the amount)				. Ц	2d				
		e minimum funding amount reported on line 12d be met by the	funding deadline?.	<u></u>	*********			Yes		lo	N/A
Part \		Plan Terminations and Transfers of Assets									
		resolution to terminate the plan been adopted during the plan					44.		×	Yes	No
5	If Yes	" emer the amount of any plan assets that reverted to the em	ployer this year				66l				
	of the	all the plan assets distributed to participants or beneficiaries, to PBCC?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				troi 		X	Yes	No
-	which assets or liabilities were wensferred. (See instructions.)										
	(C(I) 14	ama of plan(s):				136[2) EII	N(s)	┿	3c(3)	PN(5)
Сачије	n: Ap	enalty for the late or incomplete filing of this return/repor	Twill be assessed	uniess reasonable	caus	e is es	stabli	shed.			• • • • • • • • • • • • • • • • • • • •
Under 58 or 3	penak Schedi	les of perjury and other penalties set forth in the instructions, it ule MB completed and signed by an enrolled actuary, as well a le, correct, and complete.	declare that I have	examined this retur	n/reno	d incl	udina	if south	able, a knowl	Schee edge (dule and
SIGN		7(7./9/II Nejat Kiyici						7		
HERE	Sign	hature of plan administrator	Date ,	Enter name of individual signing as plan administrator							
SIGN	2 / C / V Martin Winds							$\neg \neg$			
HERE							ומצר				