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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			F Complete all entries in ac	cordance with the instruc	tions to the Form 550	UU-3F.			
P	art I	Annual Report	Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	/2012	and ending	12/31/2	2012		
Α	This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
В	This retu	urn/report is:	the first return/report	x the final return/report					
			an amended return/report	a short plan year return	n/report (less than 12 m	nonths)			
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m	
			special extension (enter descr	· /					
Pa	art II	Basic Plan Info	rmation—enter all requested inf	formation					
1a	Name of	of plan				1b	Three-digit		
SOUI	ND SHC	RE GASTROENTER	OLOGY ASSOCIATES PC PROFI	T SHARING PLAN			plan number		
							(PN)	002	
						1c	Effective date of 01/01/	•	
2a	Plan sp	onsor's name and add	dress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number	
SOU	ND SHO	DRE GASTROENTER	ROLOGY ASSOCIATES PC				(EIN) 04-37	54660	
						2c	Sponsor's telep		
		GE PLAZA (, NY 10573				24	914-253		
	Bittooi	, , , , , , , , , , , , , , , , , , , ,				Zu	see instructions)		
3a	Plan ad	dministrator's name an	nd address Same as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's		
OUN	D SHOF	RE GASTROENTERO		DGE PLAZA		20		54660	
C			RYE BROO	OK, NY 10573		3c Administrator's telephone number 914-253-9252			
4	If the n	ame and/or FIN of the	e plan sponsor has changed since	the last return/report filed fo	r this plan enter the	4h	EIN		
•			mber from the last return/report.	and last retain report mea to	i tilo plan, enter the	70	LIN		
а	Sponso	or's name				4c	PN		
5a			at the beginning of the plan year			· 5a		7	
b			at the end of the plan year			· 5b		0	
С			account balances as of the end of t		•	. 5c		0	
6a	Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instruct	tions.)			X Yes No	
b			f the annual examination and repor						
			? (See instructions on waiver eligib					X Yes No	
	If you	answered "No" to ei	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	e Form	<u>5500.</u>		
Cau	ıtion: A	penalty for the late of	or incomplete filing of this returr	n/report will be assessed u	unless reasonable ca	use is	established.		
			her penalties set forth in the instruc						
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a	as well as the electronic vers	sion of this return/repor	rt, and t	to the best of my	knowledge and	
5011	01, 10 10 1	rae, correct, and comp	51010.						
SIG		Filed with authorized/	valid electronic signature.	07/12/2013	ROBERT GOLDBLAT	ATT			
HEI	KE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator	
SIG									
HEI	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	dual sig	ning as employe	r or plan sponsor	
Pre	parer's i	name (including firm n	name, if applicable) and address; in	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)	

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	1 01111 0000 01 2012		r age z							
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a		836044			0			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7с	83604	14					()
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tota		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	570	00						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	9168	36						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							97386	<u> </u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	93343	80						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							933430)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-83604	1
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Chara	cterist	ic Cod	des in t	he instr	uctions	:	
D =										
Par					V					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	in the time period described in		Yes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		10000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X				
—е				100						
·	insurance service or other organization that provides some or all of instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the pla					X				
	· · · · · · · · · · · · · · · · · · ·			10f		X				
g				10g		^				
n	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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	No
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	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 ruli granting the waiver						ing			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Fo	rm 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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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?	X	res 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 of the PBGC?	control		X Yes	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) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

	Form 5500-SF Department of the Treasury	oye	•	OMB Nos. 1210-011 1210-008						
-	Internal Revenue Service	yeo		2012						
	Department of Labor yee Benefits Security Administration on Senefit Guaranty Corporation)58(a)	This Form	is Open to Public						
Part		Complete all entries in acc	ordance with the inst	buctions to the Form 5	500-SF	<u>. </u>	ispacuon			
	endar plan year 2012 or fisc	dentification Information	01/01/2012			30/01/00				
		X a single-employer plan	1-1	and ending		12/31/201				
	return/report is:	-	tund	r plan (not multiemploye	r)	a one-partic	apant plan			
- 1145	rotutrieports.	the first return/report an amended return/report	the final return/repo	or turn/report (less than 12						
C Che	L. L. L. W. 6717	month:								
C Che	ck box if filing under:	Form 5558	automatic extension	П		☐ DFVC progr	ram			
Part	I Pagis Dies Info	special extension (enter descrip		· · · · · · · · · · · · · · · · · · ·						
	ne of plan	nation—enter all requested infor	mation			· · · · · · · · · · · · · · · · · · ·				
		TEROLOGY ASSOCIATES F	מגמס הדקטקק אי	THE DIAM	16	Three-digit plan number				
			C + WOLLL DIM	Trues Effects		(PN) ▶	002			
					10	Effective date of	of plan			
2a Plea	o connear'n nome and addi-		-			01/01/200				
SOUNI	SHORE GASTROENT	ss; include room or suite number EROLOGY ASSOCIATES P	(employer, if for a sing: C	le-employer plan)	2b	Employer Ident				
		_	-		1-	(EIN) 04-375				
18 RY	E RIDGE PLAZA				20	Sponsors telep 914-253-93				
					2d		(see instructions)			
RYE B		NY 10573				621111	(0.00			
3a Plan	administrator's name and a	ddress Same as Plan Sponsor	Name Same as Pi	an Sponsor Address	3b	Administrator's				
SOUND	SHURE GASTROENT	EROLOGY ASSOCIATES PO	<u> </u>		70	04-375466				
18 RY	E RIDGE PLAZA				36	C Administrator's telephone number 914-253-9252				
	a residu tumpi						. La de la companya d			
RYE B	ROOK	NY 10573								
4 If the	name and/or EIN of the nis	n sponsor has changed since the	Inst setum (manual Ellar)	F	 					
nam	e, EIN, and the plan number	ni abousion ilea MittiGen allico (ile	last lemitylebott illed	ior this plan, enter the	I ∆h	EIN				
		from the last return/report.		,,						
a Spon	sor's name	f from the last return/report.			4c					
a Spon 5a Tota	isor's name I number of participants at th	r from the last return/report. ne beginning of the plan year					7			
a Spon 5a Total b Total	sor's name I number of participants at the I number of participants at the	r from the last return/report. se beginning of the plan year se end of the plan year			4c		7			
a Spon 5a Total b Total c Num	sor's name I number of participants at the number of participants at the ber of participants with acco	r from the last return/report. The beginning of the plan year The end of the plan year	nian veer /defined hen	offs slove do not	4c 5a 5b		7 0			
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a Spon 5a Total b Total c Num comp 6a Wen b Are y unde lf you Caution: / Under pen SB or Schi bellef, it is SIGN IERE	sor's name I number of participants at the number of participants at the ber of participants with accordant this item)	is from the last return/report. The beginning of the plan year	plan year (defined ben le assets? (See instruit an Independent qualificand conditions.) ot use Form \$500-SF port will be assessed s, I declare that I have all as the electronic ver Date Date Poste	efit pians do not ctions.)	4c 5a 5b 5c PA) Form : se is e ort, inc. and to	PN 5500. stablished. duding, if applicate the best of my keeping as plan admit	O Ves No Ves No No No Ves No			
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1	irt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		•	(b) End	of Year	
a	Total plan assets	7a		3360	44	•	<u> </u>		
b	Total plan liabilities	7b							*****
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	8	3360	44				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
а	Contributions received or receivable from:							Light on	\$ 36 J.
	(1) Employers	8a(1)			0.0		-		
	(2) Participants	8a(2)		57	00				
	(3) Others (including rollovers)	8a(3)		016	0.0				
	Other income (loss)	8b		916	86				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Particular temporal file Inc.						97386
	to provide benefits)	8d	9	334	30				
е	Certain deemed and/or corrective distributions (see instructions)	8e			33				
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							933430
j	Net income (loss) (subtract line 8h from line 8c)	8i		olpy III	(4.				-836044
j	Transfers to (from) the plan (see instructions)	81			1 100	A 17			
Par	t IV Plan Characteristics								
9a b	If the plan provides pension benefits, enter the applicable pension for 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe								
Par	Compliance Questions								
10	During the plan year:	***************************************			Yes	No	T	Amount	
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ons within th	e time period described in ion Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not incl	ude transactions reported	10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond,	that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	the benefits	under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	?	•••••	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructio	ns and 29 CFR	10h		Х		es in	
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	10i			1		
Part	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	plete	Sched	ule Si	3 (Form	Yes	s No
11a	Enter the amount from Schedule SB line 39				l l	11a			
12	Is this a defined contribution plan subject to the minimum funding re				ction 3	02 of	ERISA?	Yes	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a								
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized ir	n this plan year, see instruc	tions, th	and e	nter th Day	ne date of t	ne letter ri Year	uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	MD /F							
	Enter the minimum required contribution for this plan year					12b			

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					φ		
<u>c</u>	Enter the amount contributed by the employer to the plan for this pla	n year		12c			
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a minus sign to the lef	of a	12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the				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	res N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another plan, or brought	under the c	control		X Yes	∏No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify t	he plan(s) t	0			
1	3c(1) Name of plan(s):		13	3c(2) El	N(s)	13c(3)	PN(s)
			<u> </u>				
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Part	VIII Trust Information (optional)						
14a N	Name of trust		•	14b Trust's EIN			