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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	12/31/2012	
	turn/report is for: turn/report is:	a single-employer planthe first return/report	a multiple-employer the final return/repor	plan (not multiemployer) t	a one-	participant plan
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension		_	program
• Oncor	box ii iiiiig dildoi.	special extension (enter descr			Ш	, 3
Part II	Racio Plan Info	<u> </u>	· /			
		rmation—enter all requested info	ormation		1h Thron dia	.:4
1a Name	•	OLOGY ASSOCIATES DEFINED E	RENEFIT PLAN		1b Three-dig plan num	
OCCIVE ON	ONE ONOTHOLIVIEN	02001710000171720021114202	SEIVETTT EXIV		(PN) •	003
					1c Effective	date of plan
						01/01/2012
2a Plan sp SOUND SH	ponsor's name and ad ORE GASTROENTER	dress; include room or suite numbe ROLOGY ASSOCIATES PC	er (employer, if for a single	e-employer plan)	2b Employer (EIN)	Identification Number 04-3754660
18 RYE RID	GF PI AZA					s telephone number 14-253-9252
	K, NY 10573				2d Business	code (see instructions) 621111
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b Administra	ator's EIN
					3c Administra	ator's telephone number
		e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN	
	•	mber from the last return/report.			4c PN	
	or's name	at the beginning of the plan year			 	
		0 0 1			5a	2
		at the end of the plan year			5b	2
		account balances as of the end of t		-	5c	
	•				1	X Yes No
_		s during the plan year invested in el f the annual examination and report	-			🔼 163 🗌 140
•	•	? (See instructions on waiver eligibi			,	X Yes No
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form 5500.	
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	d unless reasonable cau	use is establish	ed.
Under pena	alties of perjury and ot	her penalties set forth in the instruc	tions, I declare that I have	e examined this return/rep	port, including, if	applicable, a Schedule
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	ersion of this return/report	t, and to the best	of my knowledge and
SIGN	Filed with authorized/	valid electronic signature.	08/06/2013	ROBERT GOLDBLAT	Т	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing as er	nployer or plan sponsor
Preparer's		name, if applicable) and address; inc				phone number (optional)
	-					

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Yea	r		
a	Total plan assets	7a	(u) = 0gg 0. 100	0			(3) = 113 0		8791		
	Total plan liabilities	7b		0					0		
	Net plan assets (subtract line 7b from line 7a)	7c		0				538	8791		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		0.0.		
	Contributions received or receivable from:		(u) Amount				(5) 10	, tui			
	(1) Employers	8a(1)	53878	89							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						538	3791		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
	Net income (loss) (subtract line 8h from line 8c)	8i						53	8791		
	Transfers to (from) the plan (see instructions)	8j									
	rt IV Plan Characteristics	- 0,									
	If the plan provides pension benefits, enter the applicable pension f	eature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	1A 3D If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instructio	ns:			
Par	•					ı					
10	During the plan year:				Yes	No	,	Amou	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Cor	rection Program)	10a		X					
	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					
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	-		10d		Х					
е											
	insurance service or other organization that provides some or all o	f the bene	efits under the plan? (See			X					
	instructions.)			10e		ł					
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (52520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirement							× ×	Yes		No
110	5500) and line 11a below)				<u>-</u>			/\	. 55	ш.	0
11a						11a	EDICAC	П、	Voc	V	_
_12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ection	302 of	EKISA?	Ш.	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ati - · · ·	g .sl	ont //	no deta :(//	ا ا د ا	ا ا س	<u> </u>	
d	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	-			, and	enter tr Day		e lette Year _	r rull	ng 	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									_	_
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1			
			1	
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. Enter the result (enter a minus sign to the left of a negative amount)	12d		
<u>e</u>	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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

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).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

							File as an a	ittacnmer	it to Form	5500 or	5500-	SF.							
Fo	r calendar	plar	year 2012	2 or fi	scal plan ye	ear beginnin	ng 01/01	/2012				and end	ding	12/31/2	2012	!			
			nounts to																
•	Caution:	Ар	enalty of \$7	1,000	will be ass	essed for la	te filing of thi	s report u	nless reaso	onable ca	ause is	establis	hed.						
	Name of p		GASTROE	ENTE	ROLOGY /	ASSOCIATE	ES DEFINED	BENEFIT	PLAN		В	Three-d	•	(PN)	•	,	0	03	
С	Plan snon	enr's	name as	show	n on line 2s	of Form 55	500 or 5500-9	SF			D	Employe	r Idai	ntification	n Niu	mher (FINI)		
						ASSOCIATE		J1				3754660		itinoatioi	11101	111001 (
Е	Type of pla	n:	X Single	<u></u> П	Multiple-A	Multiple-	В	F P	rior year pla	n size:	100	or fewer	П	101-500	П	More t	han 500		
						<u> </u>	'				_				<u> </u>				
			ic Infor			4	D	01		2012									
<u>1</u>		e va	luation dat	ie:	IN.	Month <u>01</u>	Day	01	_ Year _	2012									
2	Assets:	4											Г	2a					
																			0
_														2b					0
3		•			ount break			Г	0 -	(1) N	lumbei	r of partion	cipan			(2)	Funding	Target	
							ng payment	-	3a					0					0
					rticipants				3b					0					0
	C For a		participan					Г											
	(1)							-	3c(1)										0
	(2)	V	ested bene	efits					3c(2)										376915
	(3)	Т	otal active						3c(3)					2					376915
								l.	3d					2					376915
4	If the pla	an is	in at-risk	status	, check the	box and co	omplete lines	(a) and (b)		[]		_						
	a Fundi	ng t	arget disre	gardi	ng prescrib	ed at-risk as	ssumptions							4a					
							ut disregardin years and dis							4b					
5	Effective	int	erest rate											5					5.85 %
6	Target r	orm	al cost											6					0
Sta	To the best of accordance v	f my l	oplicable law a	e inforn and reg	ulations. In my		e and accompany other assumption he plan.												
	SIGN HERE														0	7/31/2	013		
					Signa	ture of actua	ary				_				[Date			
НО	WARD RC	SEI	NFELD		· ·		•									11-040)85		
					Type or pri	int name of	actuary				_	-	ı	Most rece				ber	
RO	SENFELD	/TOI	RTU RETII	REMI	ENT PLAN												2-5353		
						irm name					_		Telen	hone nu				a code)	
) WHITE P RRYTOWI				·								· Olop			. (ang are	, a 5545)	
					Addr	ess of the fi	irm				_								
		as ı	not fully ref	lecte	d any regul	ation or rulir	ng promulgat	ed under t	the statute	in comple	eting th	nis sched	dule,	check the	e bo	x and	see		
ınstı	ructions																		_

Page 2	-	
--------	---	--

Schedule SB (Form 5500) 2012

Pa	art II	Begir	ning of Year	Carryov	er Prefunding Ba	land	es							
								(a) Carryover balance)	(b)	Prefundi	ing balan	се
7		J	0 , ,		cable adjustments (line					0				0
8				•	unding requirement (lir					0				0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)						0				0
10	Interest	t on line 9	o using prior year's	actual ret	turn of%									
11	Prior ye	ear's exce	ess contributions to	o be added	d to prefunding balance	e:								
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)									0
					interest rate of0									0
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding	balan	ice							0
	d Porti	on of (c)	to be added to pre	funding ba	alance									0
12	Other re	eductions	s in balances due	to elections	s or deemed elections.					0				0
13	Balance	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – lir	ne 12))			0				0
P	art III	Fun	ding Percenta	ages										
14	Funding	g target a	attainment percent	age								14	(0.00 %
15	Adjuste	ed funding	g target attainmen	t percentaç	ge							15	(0.00 %
16	-				of determining whethe			-	•			16	(0.00 %
17	If the cu	urrent val	ue of the assets o	f the plan i	is less than 70 percent	of the	e funding tar	get, ente	r such percentage			17	(0.00 %
P	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18	Contrib	utions m			ear by employer(s) and		oloyees:							
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	y	(a) D (MM-DD-		(b) Amount p employer		(int paid b oyees	У
12	2/21/2012	2		538789		0								
							T-4-1- N	40/1-	`		40(-)	1		
40							Totals ►	18(b	•		18(c)			0
19		•	•		tructions for small plan				0 0					
	_			•	imum required contribu					19a 19b				0
					djusted to valuation dat					190 19c				0
20					uired contribution for cur	rent y	ear adjusted	to valuati	on date	190				505164
20		•	outions and liquidit	•	s: the prior year?							Γ	Yes	X No
	_		-		y installments for the co] Yes [No
					omplete the following ta		-		-			<u>L</u>	<u> </u>	
					Liquidity shortfall as				lan year					
		(1) 19	st		(2) 2nd			(3)) 3rd			(4) 4tl	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Disco	unt rate:								
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full	yield c	urve	used
	b App	olicable month (enter code)			. 21b				0
22	Weigh	nted average ret	tirement age			. 22				68
23	Mortal	lity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current					Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		🗍 🔻	Yes -	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment		🗍 🕥	Yes	X No
27				er applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Rema	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	et normal cost a	nd excess assets (see instruct	ions):						
	a Targ	et normal cost	(line 6)			. 31a				0
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				0
32	Amort	ization installme	ents:		Outstanding Bala	ance	Ins	tallme	nt	
	a Net	shortfall amortiz	zation installment			376915				63972
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra) and the waived amount	0	33				
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	· 31b + 32a + 32b - 33)	. 34				63972
				Carryover balance	Prefunding bala	nce	Tota	l balar	nce	
35			use to offset funding							0
36	Additio	onal cash requi	rement (line 34 minus line 35)			36				63972
37			•	ontribution for current year adjuste		37				505164
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)						
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a				441192
	b Port	tion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	. 38b				
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpai	d minimum requ	uired contributions for all years	b		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an e	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sch	edule elected				Г	2 plus 7 years	П	15 ye	ears
	b Eligi	ible plan year(s) for which the election in line	41a was made				2010		2011
42		• • •	•			42	<u> </u>			
			-	d over to future plan years		43				

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant: 2012 Nonannuitant Male Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2012 Nonannuitant Female Use discount rate transition: No

Male Annuitant: 2012 Annuitant Male Lump sums use proposed regulations: Yes

Female Annuitant: 2012 Annuitant Female Actuarial Equivalent Floor

Applicable months from valuation month: Stability period: plan year

Lookback months: 1 Probability of lump sum: 100.00%

Use pre-retirement mortality: No Nonannuitant: None

> **Annuitant:** 2012 Applicable

2nd 3rd 1st 1st 2nd <u>3rd</u> 2.07 4.45 5.24 **Current: Segment rates:** 2.01 5.16 6.28 Override: 0.00 0.00 0.00 **High Quality Bond rates:** N/A N/A N/A

2.01 5.16 Final rates: 6.28 5.54 Override: 6.85 7.52

Salary Scale **Late Retirement Rates**

None Male: 0.00%Male: Female: 0.00% Female: None

Withdrawal Marriage Probability Setback Male: Male: 0

None 0.00% Female: Female: None 0.00%

Expense loading: Withdrawal-Select 0.00%

Disability Rates Female: None Male: None

Early Retirement Rates Female: None Male: None

Mortality Setback Female: None 0 Male: None

Subsidized Early Retirement Rates 0 None Female: Male: None

Name of Plan: Sound Shore Gastroenterolgy Associa-

Plan Sponsor's EIN: 04-3754660

None

None

Plan Number: 003

Male:

Female:

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

1	Copariment of the Treasury	Short Form Annual	Return/Repor Benefit Plan	t of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089
	Internal Revenue Servico	This form is required to be to	filed under sections to	4 and 4065 of the Emplo	vee		2012
	Department of Labor byee Benefits Security Administration	Active and a modern a secontly Act	i of 1974 (ERISA), and mai Revenue Code (th	Sections 6057/N) and 60	58(a) of	This Form	is Open to Public
	ion Banafit Guaranty Corporation	Complete all entries in acc			enn er	la la	spection
Part	Annual Report	denuication information		die Polli 5:	300-37.		
	endar plan year 2012 or fis		01/01/2012	and ending		12/31/201	.2
	s return/report is for.	a single-employer plan	a multiple-employe	r plan (not multiemployer	r)	a one-partic	ipant plan
B Thi	s retum/report is:	the first return/report	the final return/repo	ort			•
~ ~.		an amended return/report	a short plan year re	tum/report (less than 12)	months)		
C Che	ck box if filing under:	X Form 5558	automatic extension	1		DFVC progr	am
		special extension (enter descrip	tion)		•		
Part	II Basic Plan Infor me of plan	mation—enter all requested infon	mation				
		terology Associates D	efined Benefi	t Plan		Three-digit plan number (PN)	003
					1c	Effective date of	f plan
2a Pla	n sponsor's name and addr	ress; include room or sulte number (employer, if for a sino	e-émployer pian)		1/01/201:	
		terology Associates Po		e employal pianty		EIN) 04-375	
TR KZ	re Ridge Plaza				20 9	Sponsor's telep 14-253-9:	hone number
Rye E		NY 10573			2d E		see instructions)
3a Plar	administrator's name and	address XSame as Plan Sponsor I	Name XSame as Pl	n Sponsor Address		dministrator's	EIN
4 If the	name and/or EIN of the pi	lan sponsor has changed since the	ast return/report filed	for this plan, enter the	4b E	IN	
*****	isor's name	er from the last return/report.					
5a Tota	I number of participants at	the beginning of the plan year			4c P	N	-
b Tota	I number of participants at	the end of the plan year	***************************************		5a		2
C Num	iber of participants with acc	ount balances as of the end of the r	nian year (defined han	aft along days.	5b		2
	prote and tently treet			:	5c		
b Are unde	e all of the plan's assets dit you claiming a waiver of the er 29 CFR 2520,104-46? (S u answered "No" to eithe	ifing the plan year invested in eligible e annual examination and report of a see instructions on waiver eligibility a or line 6a or line 6b, the plan canno	le assets? (See instru an independent qualifi and conditions.) ot use Form 5500-SF	tions.)ed public accountant (IQI	PA) Form 55	00.	Yes No
Caution:	A penalty for the late or it	ncomplete filing of this return/rep	ort will be assessed	tinless researchia caus	En la ani	mbilet	
SB or Sch	izities of penury and other:	penalties set forth in the instructions					ble, a Schedule nowledge and
SIGN	(La Du	Sha	181615	Robert Goldbla	r+		1
HERE	Signature of plan admi	nistrator	777	 			
SIGN	1/01		Date	Enter name of individu	ai signin	g as plan admi	nistrator
IERE	Signature of employer/	plan enoneor	8/6/13	Neil Shapiro			
reparer's	name (including firm name	e, if applicable) and address; include	Date room or suite numbe	Enter name of individu	ai signin Prenare	as employer	or plan sponsor umber (optional)
					, ropaid	- verepriorie n	umber (optional)

Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
а	Total plan assets	. 7a			0		538793
	Total plan liabilities	. 7b			0		
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c			0		538791
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a 	Contributions received or receivable from: (1) Employers	8a(1)	5	387	89		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0		
<u>b</u>	Other income (loss)	8b			2		
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					538791
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			0		
f	Administrative service providers (salaries, fees, commissions)	. 8f			0		
g	Other expenses	. 8g			0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					C
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					538791
j	Transfers to (from) the plan (see instructions)	8j					
Pai	rt IV Plan Characteristics					***************************************	
9a b	If the plan provides pension benefits, enter the applicable pension 1A 3D If the plan provides welfare benefits, enter the applicable welfare fe						
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	n the time period described in ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х	
е		ner persons	s by an insurance carrier, fits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	n?	***************************************	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х	
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			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "\	es," see instructions and com	plete	Sched	lule SE	3 (Form X Yes No
<u>11a</u>	Enter the amount from Schedule SB line 39					11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon	tions,	and e	nter th Day	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
<u>b</u>	Enter the minimum required contribution for this plan year		TTO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE T		<u> L</u>	12b	

	Form 5500-SF 2012	Page 3								٠		
							40-					
<u>c</u>	Enter the amount contributed by the employer to the	e plan for this plan year					120	<u>:</u>				
d 	Subtract the amount in line 12c from the amount in negative amount)					of a	120	<u>.</u>				
e	Will the minimum funding amount reported on line 1	2d be met by the funding deadline							Υe	s	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?						Y	es [X No		
	If "Yes," enter the amount of any plan assets that re	verted to the employer this year					13a	ı				
b	Were all the plan assets distributed to participants of the PBGC?						contro	ı			Ye	s X No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See ins		er pla	ın(s), identify t	he plan(s) t	:0					
1	3c(1) Name of plan(s):					1;	3c(2)	EIN	۱(s)		13c(3) PN(s)
												
Part	VIII Trust Information (optional)				***************************************							
14a	Name of trust						14b	Tru	ıst's E	IN	***************************************	

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).

This Form is Open to Public

OMB No. 1210-0110

2012

Inspection File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Sound Shore Gastroenterology Associates Defined Benefit 003 plan number (PN) Plan C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) Sound Shore Gastroenterology Associates PC 04-3754660 E Type of plan: X Single Multiple-A Prior year plan size: X 100 or fewer 101-500 More than 500 Part I **Basic Information** Enter the valuation date: Day Month 2012 Year Assets: a Market value **b** Actuarial value 2b 0 Funding target/participant count breakdown: (1) Number of participants (2) Funding Target a For retired participants and beneficiaries receiving payment..... 0 0 **b** For terminated vested participants..... 3b 0 0 C For active participants: (1) Non-vested benefits 3c(1) 0 Vested benefits 3c(2)376915 Total active..... 3c(3)2 376915 376915 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 that have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor..... 5 6.85% Target normal cost Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE 07/31/2013 Signature of actuary Date HOWARD ROSENFELD 1104085 Type or print name of actuary Most recent enrollment number ROSENFELD/TORTU RETIREMENT PLANNING 914-332-5353 Firm name Telephone number (including area code) 220 WHITE PLAINS ROAD TARRYTOWN 10591 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

P	art II Begi	nning of Year Carry	over Prefunding Balaı	nces						
7	Ralance at hen	inning of prior year after a	pplicable adjustments (line 13	. f	(a)	Carryover balance	;	(b)	Prefundi	ng balance
	year)	g or prior year after a	pplicable adjustments (line 13	rom prior			0			
8			's funding requirement (line 3				0			
9							0	!*************************************		
10	Interest on line	9 using prior year's actual	return of%						······································	
11			ded to prefunding balance:							
	a Present value	e of excess contributions (I	ine 38a from prior year)	***************************************						
	b Interest on (a as otherwise	using prior year's effective provided (see instruction	ve interest rate of 0.00	% except						
	C Total available	at beginning of current plan	n year to add to prefunding bala	ance			Ī		***************************************	
			balance							
12	Other reduction	s in balances due to electi	ons or deemed elections				0			
13	Balance at begi	nning of current year (line	9 + line 10 + line 11d – line 1	2)			0			
P	art III Fun	ding Percentages								
4	Funding target a	attainment percentage							14	0.009
5	Adjusted funding	g target attainment percen	tage						15	0.009
	current year's fu	nding requirement	es of determining whether ca	rryover/prefu	ınding balaı	nces may be used			16	0.00%
7	If the current val	ue of the assets of the pla	n is less than 70 percent of th	ne funding ta	rget, enter s	such percentage			17	0.009
Pi	irt IV Con	tributions and liqui	dity shortfalls							
8	Contributions ma	ade to the plan for the plar	year by employer(s) and em	ployees:						
/M	(a) Date M-DD-YYYY)	(b) Amount paid by	(c) Amount paid by	(a) [(b) Amount pa		(0) Amoun	
	/21/2012	employer(s)	employees	(MM-DD	-YYYY)	employer(s	5)	-	employ	yees
	/21/2012	53878	9 0	'				-		
								-		
								-	*******	

11.57						T-07-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			-	
_				Totals ►	18(b)		38789	18(c)		
			structions for small plan with				year:			
			nimum required contributions				19a			
	b Contributions n	nade to avoid restrictions	adjusted to valuation date				19b			
	0.00	located toward minimum re	quired contribution for current y	ear adjusted	to valuation	date	19c		***************************************	50516
	Contributions at						45			
		itions and liquidity shortfal	ls:				163			
)	Quarterly contribu		the prior year?	*************	• • • • • • • • • • • • • • • • • • • •	**********************			П	Yes X No
)	Quarterly contributed Did the plan ha	ve a "funding shortfall" for	the prior year?							
) ;	Quarterly contributed Did the plan had Did the plan had Dif 20a is "Yes,"	ve a "funding shortfall" for were required quarterly in	the prior year?stallments for the current year	r made in a t						Yes X No Yes No
) (Quarterly contributed Did the plan had Did the plan had Dif 20a is "Yes,"	ve a "funding shortfall" for were required quarterly in	the prior year?	r made in a t plicable:	imely mann	ner?				片

Pa	art V Assumption	ns Used to Determine	Funding Target and T	arget Normal Cost		
21					****	
	a Segment rates:	1st segment: 5 . 54 %	2nd segment: 6 . 85%	3rd segmer 7 . 52		N/A, full yield curve used
						(
				***************************************	22	68
23	Mortality table(s) (see	e instructions) X Pr	escribed - combined	Prescribed - separate	Substitu	ite
Pa	rt VI Miscellaned	ous Items				
24	Has a change been m attachment	ade in the non-prescribed ac	tuarial assumptions for the cu	rrent plan year? If "Yes," se	e instruction	s regarding required
25	Has a method change	been made for the current pl	an year? If "Yes," see instruc	tions regarding required atta	achment	
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding require	d attachmen	
27	If the plan is subject to attachment	alternative funding rules, en	ter applicable code and see ir	structions regarding	27	
Pa	rt VII Reconcilia	tion of Unpaid Minimu	um Required Contribut	ions For Prior Years		
28			years		. 28	0
29	(line 19a)	***************************************	d unpaid minimum required co			0
30	Remaining amount of	unpaid minimum required cor	ntributions (line 28 minus line :	29)	. 30	0
Pai	rt VIII Minimum F	Required Contribution	For Current Year			
31	Target normal cost an	d excess assets (see instruct	ions):			
			·····		. 31a	0
			line 31a		. 31b	0
32	Amortization installmen	nts:		Outstanding Bal	ance	Installment
	a Net shortfall amortiza	ation installment			376915	63972
	b Waiver amortization	installment			0	0
33	If a waiver has been ap (Month D	oproved for this plan year, ent oay Year	ter the date of the ruling letter) and the waived amou	granting the approval	33	
34	Total funding requireme	ent before reflecting carryove	r/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	34	63972
			Carryover balance	Prefunding bala	nce	Total balance
35	Balances elected for us requirement	se to offset funding				0
36	Additional cash require	ment (line 34 minus line 35)			36	63972
	Contributions allocated	toward minimum required co	ntribution for current year adju	sted to valuation date	37	505164
38	Present value of excess	s contributions for current yea	ar (see instructions)		LL	
	a Total (excess, if any,	of line 37 over line 36)	<pre>4************************************</pre>		38a	441192
	b Portion included in lin	ne 38a attributable to use of p	refunding and funding standa	d carryover balances	38b	
39	Unpaid minimum requir	ed contribution for current year	ar (excess, if any, of line 36 o	ver line 37)	39	0
			***************************************		40	0
Parl	t IX Pension Fu	unding Relief Under Po	ension Relief Act of 20	10 (See Instructions)		
41	f an election was made	to use PRA 2010 funding reli	ief for this plan:			
			***************************************		П	2 plus 7 years 15 years
	······································		1a was made		لسا	2009 2010 2011
					42	<u> </u>
			over to future plan years		43	
	and the second second		over to future plan years	***************************************	40	

Plan Name: SOUND SHORE GASTROENTEROLOGY ASSOCIATES DEFINED BENEFIT

PLAN

EIN/PN: #04-3754660/003

Schedule SB, Line 19 – Discounted employer contributions- 2012 Plan Year

Date	Contribution amount		Plan year	Applicable effective interest rate	Discounted value of contribution	
12-21-2012	\$	538,789	2012	6.85%	\$	505,164
Total	\$	538,789			\$	505,164

Attachment to 2012 Schedule SB Sound Shore Gastroenterology Associates Defined Benefit Plan EIN/PN: 04-3754660/003

Item 22: Weighted Average Retirement Age

Explanation of Weighted Average Retirement Age

All participants are assumed to retire at the plan's stated normal retirement age of 68.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs):21Definition of years:Hours workedAge (months):0Continuing hours:1,000

Wait (months): 12 Excluded classes:

Two year eligibility: No

Earnings

Total compensation excluding : 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal Early Subsidized Early Disability Death

Age: 62 Service: 0 Participation: 5

Defined:

1st of month following

lollowing

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male:NoneNoneNoneRates - Female:NoneNoneNone

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:0.00%Death Benefit Payment method:PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Sound Shore Gastroenterolgy Associates PC Defined Benefit Pl

Plan Sponsor's EIN: 04-3754660

Plan Number: 003

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2012

Unit type:PercentUnit based on:ServiceMaximum total percent:50.00%Tiers based on:None

First tier: 10.00% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 1
Future years: 5
Total years: 5

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 99 Include compensations based

Excluding: 0 on years of: Accrual

Accrual

Frozen: No

Definition of years: Hours worked Fractions based on: N/A

Accrual credit: Continuing Died Disabled Retired Terminated 1000 0 0 0 Limit current credit to: N/A

Years based on:

Maximum past accrual years:

1.0000

Cap or floor:

Hethod:

Unit accrual

Accrual % per year:

Apply 415 before accrual:

No

Name of Plan: Sound Shore Gastroenterolgy Associates PC Defined Benefit Pl

Plan Sponsor's EIN: 04-3754660 Plan Number: 003 Plan Name: SOUND SHORE GASTROENTEROLOGY ASSOCIATES DEFINED BENEFIT

PLAN

EIN/PN: #04-3754660/003

Schedule SB, Line 32 – Schedule of amortization bases- 2012 Plan Year

	Amortization Period				Balances					
Base	Date created	Initial years	Years left		Initial		Present Value of Remaining Installments		Installment	
Shortfall	1/1/12	7	7	\$	376,915	\$	376,915	\$	63,972	
Total						\$	376,915	\$	63,972	