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).

2012

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit RIVERSIDE GASTROENTEROLOGY, P.C. 401(K) PLAN plan number 001 (PN) 1c Effective date of plan 01/01/2012 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number RIVERSIDE GASTROENTEROLOGY, P.C. 45-0716401 (EIN) Sponsor's telephone number 256-260-2333 1304 SOMERVILLE ROAD SE DECATUR, AL 35601 Business code (see instructions) 621111 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5_b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. Filed with authorized/valid electronic signature. 10/14/2013 MAYRA SHORT SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator 10/14/2013 SIGN Filed with authorized/valid electronic signature. **MAYRA SHORT HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Form 5500-SF 2012 Page **2**

Par	t III Einancial Information							
Par 7	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ves				(b) End of Voor	
	Total plan assets	7a	(a) Beginning of Yea	ır			(b) End of Year 51450	1
	Total plan liabilities	7a 7b					31430	4
	Net plan assets (subtract line 7b from line 7a)	7c					51450	4
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount					+
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	5877	5				
	(2) Participants	8a(2)	4526	0				
	(3) Others (including rollovers)	8a(3)	40730)2				
b	Other income (loss)	8b	316	7				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					514504	4
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					51450	4
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 2A 2E 2G 2J 2R 3D	feature co	des from the List of Plan Char	acterist	ic Codes	s in tl	ne instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristic	Codes	in the	instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes N	lo	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)			10a	×	(
b		? (Do not	include transactions reported	10b	X	(
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?		-	10d	X	(
е	Were any fees or commissions paid to any brokers, agents, or oth			100		\dashv		
J	insurance service or other organization that provides some or all or instructions.)	of the bene	efits under the plan? (See	10e	×	(
f	Has the plan failed to provide any benefit when due under the plan	n?		10f	X	(
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х	(
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	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	ne require	d notice or one of the	10i		\exists		
Part								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	1a Enter the amount from Schedule SB line 39							
12	2 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.)							
	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							
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
<u>b</u>	b Enter the minimum required contribution for this plan year							

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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	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⁻	Trust's EIN	
		i		

Form 5500-\$F

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 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

	Annual Report Identification Information	dance with the instr	uctions to the Form 550	<u>0-SF.</u>	<u> </u>
	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	7:	2/31/2012
	This return/report is for: x a single-employer plan	7	***************************************		
		=	plan (not multiemployer)	L	a one-participant plan
		the final return/repor	·		
_	an amended return/report	7	turn/report (less than 12 m	ionths)	_
C	Check box if filling under: X Form 5558	automatic extension		l	DFVC program
	special extension (enter description				
	artill Basic Plan Information enter all requested Information	rmation			
1a	Name of plan				Three-digit
	Riverside Gastroenterology, P.C. 401(k) Plan	a			plan number (PN) ► 001
					Effective date of plan
					01/01/2012
2a	Plan sponsor's name and address; include room or suite number (e Riverside Gastroenterology, P.C.	employer, if for a single	e-employer plan)		Employer Identification Number
	THE ANNUAR AGORDANCE AND ALL W. A.				(EIN) 45-0716401
			!		Sponsor's telephone number
	1304 Somerville Road SE		!	<u> </u>	(256) 260-2333
πg	Decatur AL 35601		;		Business code (see instructions) 621111
	Plan administrator's name and address Same as Plan Sponso	vr Name ☐ Same as	Plan Sponsor Address	1	Administrator's EIN
		Transaction Comments	Figure Operation / June 1995		application of the
			•	30	A duntata ta da la banca su mahar
			,	36 4	Administrator's telephone number
			,		
				_	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/report filed	for this plan, enter the	4b E	EIN
-	name, EIN, and the plan number from the last return/report.		,		
	Sponsor's name			4c F	
5a b	Total number of participants at the beginning of the plan year) † † † † † † † † † † † † † † † † † † †	***************************************	5a	5
C	Total number of participants at the end of the plan year Number of participants with account halances as of the end of the ni	**************************************		5b	4
	Number of participants with account balances as of the end of the picomplete this item)	lan year (detined peri	afit plans do not	5c	4
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	ations)	unw.	Vec No
	Are you claiming a waiver of the annual examination and report of a	an independent qualific		[,] Α)	Hittingson
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditions.)		204222222	XYes No
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use Form 6500-SF	and must instead use F	orm 55	500.
Cau	ution: A penalty for the late or incomplete filling of this return/rep	port will be assessed	d unless reasonable caus	ışe is es	stablished.
Und	ter penalties of perjury and other penalties set forth in the instructions	s, I declare that I have	examined this return/rep	ort, incl	luding, if applicable, a Schedule
28	or Schedule MB completed and signed by an enrolled actuary, as we ef, it is true; correct, and complete.	all as the electronic ve	insion of this return/report,	, and to	the best of my knowledge and
	an Jus	1-1-1/12	MOUEH	-	
1		10/14/13	7.7	OR	per
		Date	Enter name of individual	l signinç	as plan administrator
	GN)				
3023	RE Signature of employer/plan sponsor	Date			g as employer or plan sponsor
Prep	parer's name (including firm name, if applicable) and address; include	e room or suite numb			er's telephone number (optional)
					The state of the s
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				3	

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Page 2

	Financial Information	· ·							
7_	Plan Assets and Liabilities	40 120 19	(a) Beginning of Yea	Г			(b) End	of Year	
<u>a</u>	Total plan assets	7a						514,5	304
<u>b</u>	Total plan liabilities	7b							
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			Щ			514,5	504
8	Income, Expenses, and Transfers for this Plan Year	SEASON N	(a) Amount		·		(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)	58,7	75					
	(2) Participants	88(2)	45,2		200				
•	(3) Others (including rollovers)	8a(3)	407,3		750	No.			
þ	Other income (loss)	8b	3,1		200	20 CG P			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		C 09/Apric 03		000000	overcomesty and making	514,5	<u>Segretar</u> End
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		adminto y					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	80							TEL VALUE
<u>f</u>	Administrative service providers (salarles, fees, commissions)	8f							54.0
9	Other expenses	8g							## # ##
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8ħ							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	3i			3			514,5	04
_نے	Transfers to (from) the plan (see instructions)	8]		,					
Pa	Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
	MV Compliance Questions							•	
10	During the plan year:		и		Yes	No		Amount	
а	· · · · · · · · · · · · · · · · · · ·	ons within	the time period described in	10a	100	x	<u>'</u>	Amount	
b		(Do not in	clude transactions reported	10b		x			
C				10c		x			
d		delity bond	i, that was caused by fraud	10d		x			
е	11-	persons b	y an insurance carrier, ts under the plan? (See	10e		x			
f	Has the plan falled to provide any benefit when due under the plan	?	\$	10f		х			
ġ	Did the plan have any participant toans? (If "Yes," enter amount as		· · · · · · · · · · · · · · · · · · ·	10g		x			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	tions and 29 CFR	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 2520.101-	required i	notice or one of the	10i					
Par	tVI∕ Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·				las transferiences.	MIKEO TO 19 3 3 13	<u>FSARROSHEARN</u>
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
11a	Enter the amount from Schedule SB line 39					11a	***************************************	ا دی رہے	<u> </u>
12							DISAS	F	¥ \ N'-
	The second of the manufacture and a second first of the code of section of the code of section of the code of the								
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a walver 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								
Ify	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b						12Ь			

Form 5500-SF 2012 Page 3-C Enter the amount contributed by the employer to the plan for this plan year 12¢ 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 e 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 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes 🗷 No C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13¢(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional) 14a Name of trust 14b Trust's EIN