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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in acc	cordance with the instru	ctions to the Form 5500	D-SF.	
Part I		Identification Information				
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01/2	2013	and ending 12	2/31/2013	
A This ret	turn/report is for:	🛚 a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-particip	pant plan
	turn/report is:	the first return/report	the final return/report			
	and open ion	an amended return/report	= '	n/report (less than 12 mo	onths)	
•		H .	H	TWTCPOTT (1000 than 12 me		
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	4111
		special extension (enter descrip	· '			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			T
1a Name	•				1b Three-digit	
SOUND SHO	ORE GASTROENTER	OLOGY ASSOCIATES DEFINED B	BENEFIT PLAN		plan number	000
					(PN) •	003
					1c Effective date o	•
2a Plan s	noncor's name and ad-	dress; include room or suite number	r (omployer if for a single	omployor plan)		
		OLOGY ASSOCIATES PC	i (employer, il loi a single	-employer plan)	2b Employer Identi (EIN) 04-37	54660
					(2)	
					2c Sponsor's telep 914-253	
PURCHASE	CHESTER AVENUE S NY 10577	TE 400				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2d Business code (` ,
3a Dlan a	dministrator's name ar	nd address X Same as Plan Sponso	or Namo Deamo as Pla	n Sponsor Address	3b Administrator's	
Ja Fiali a	ummistrator s mame an	d address Same as Flair Sponso	oi Naille Daille as Fla	ii Spoilsoi Address	3D Auministrators	LIIN
					3c Administrator's	telephone number
						·
4 If the r	name and/or EIN of the	e plan sponsor has changed since the	he last return/report filed f	or this plan, enter the	4b EIN	
name	, EIN, and the plan nun	e plan sponsor has changed since the nber from the last return/report.	he last return/report filed f	or this plan, enter the		
name a Spons	, EIN, and the plan nun or's name	mber from the last return/report.	· 	·	4b EIN 4c PN	
name a Spons	, EIN, and the plan nun or's name		· 	·		2
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7 Plan Assets and Liabilities 7 638791 1002699	Pa	rt III Financial Information										_
a Total plan assets	7			(a) Beginning of Yea	ar			(b) Fn	d of Y	ear		_
b Total plan liabilities			7a	` '				(5) =::			9	
C Net plan assets (subtract line 7b from line 7a)		·			0					()	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 400000 (2) Participants (3) Others (including rollovers) 8a(3) 0 D Other income (loss) 6 Benefits paid (including loss (al.1), 8a(2), 8a(3), and 8b) 6 Benefits paid (including collovers) 8 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 6 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 7 Participants 8 Participants 9		·		53879)1				1	002589	9	
a Contributions received or receivable from: (1) Employers				(a) Amount				(b)	Total			
(2) Participants				(4) / 111104111				(~)				
(3) Others (including rollovers)		(1) Employers	8a(1)	40000	0							
b Other income (loss)		(2) Participants	8a(2)		0							
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 6 Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b	6379	8							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							463798	3	
f Administrative service providers (salaries, fees, commissions)	d	, , ,	8d									
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
Part IV Plan Characteristics	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							463798	3	
9a	<u>j</u> _	Transfers to (from) the plan (see instructions)	8j									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10	Pai	t IV Plan Characteristics										
Part V Compliance Questions 10	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:		
10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	:		
10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	Par	t V Compliance Questions										_
a 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)		•				Yes	No	Ī	Am	ount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribut			10a		X					
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			100		Χ					_
e 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.) 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 2520.101-3.) 10h i 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form		Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X					_
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?					10a							
instructions.) 10e	е	, , , , , , , , , , , , , , , , , , , ,	•				V					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				. `	10e		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i 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	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
i 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	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
i 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	h	·	•		10h							
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	i				10i							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	Part											_
		Is this a defined benefit plan subject to minimum funding requirem								Yes	Пи	JO.
	112	,							<u> Ľ</u>			0
Tra Enter the unpaid minimum required contribution for current year from scredule 3b (1 of 1 3500) line 35												
	12				e or se	ection :	3U2 Of	EKISA?	·· _	res	^ IN	10
(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	a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		, and e	_	ne date o			ling	
granting the waiver		•					₽ay		_ Ye	ar		
b Enter the minimum required contribution for this plan year		• • • • • • • • • • • • • • • • • • • •	•			Т	12b					

Page	3	- [1
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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?	. 🔲 Y	'es 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):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

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

2013

This Form is Open to Public Inspection

For	calendar	plan year 201	3 or fiscal plar	n year beginning	01/01/2013			and end	ling 12/3	1/2013		
•	Round of	f amounts to	nearest dolla	ır.								
•	Caution:	A penalty of \$	31,000 will be a	ssessed for late f	iling of this report	unless reaso	nable caus	e is establish	ned.			
ΑN	lame of p	lan					E	Three-di	ait			
SOL	JND SHO	RE GASTRO	ENTEROLOG	Y ASSOCIATES I	DEFINED BENEF	IT PLAN			nber (PN)	•	003	
								pian na	11001 (1 11)	,		
CF	lan spons	sor's name as	shown on line	2a of Form 5500	or 5500-SF			E mployer	Identificati	on Number (E	in)	
SOL	JND SHO	RE GASTRO	ENTEROLOG	Y ASSOCIATES F	PC				04-3754	660		
									04 07 04	000		
ΕT	ype of pla	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	n size. 💢	100 or fewer	101-50	00 More th	an 500	
				· Indiaple B	•	1 nor your pic	11 6126. 74	100 01 101101		iviolo a	un 000	
Pa	rt I E	Basic Infor	mation									
1	Enter the	e valuation da	ate:	Month 01	Day <u>01</u>	Year <u>2</u>	2013					
2	Assets:											
	a Marke	t value							2a			538791
	b Actua	rial value							2b			538791
3			pant count brea				(1) Nun	nber of partic	inante	(2) [unding Targe	
Ü	_			ciaries receiving p	our ont	3a	(1) Null	ibei oi partic	0	(2) 1	unung raige	
				0.	•							0
				S		3b			0			0
	C For ac	ctive participa	nts:									
	(1)	Non-vested	benefits			3c(1)			_			0
	(2)	Vested ben	efits			3c(2)						444550
	(3)	Total active				3c(3)			2			444550
	d Total.								2			444550
4				the box and comp								
•	•		•	•	` '	` '	<u> </u>		4a			
				ribed at-risk assur					4a			
	D Fundi	ng target refle	ecting at-risk as	ssumptions, but di consecutive year	isregarding transit	ion rule for p	lans that ha	ive been in	4b			
5						-			5			4.0.4.9/
									6			4.94 %
6									0			444550
	-	Enrolled Ac	•					., .				
á	accordance w	ith applicable law	and regulations. In	lied in this schedule and my opinion, each other	assumption is reasona							
(combination,	offer my best estir	mate of anticipated	experience under the pl	an.							
S	IGN											
Н	ERE									07/14/20)14	
			Sia	nature of actuary						Date		
HOV	VARD RO	SENFELD	J	,						14-040	25	
1101	7 (1 (2) 1 (0)	OLIVI ELD	Type or	print name of actu	lory.				Most ro	cent enrollme		
D00	ENEEL B	TODTU DET			uary				IVIOST IE			
ROS	ENFELD/	TORTU RET	IREMENT PLA							914-332		
200	WHITE D	LAINS ROAD		Firm name				Т	elephone r	number (includ	ding area code	e)
		IAINS ROAL N, NY 10591	,									
			Δι	ddress of the firm								
	actuary h	as not fully re	eflected any req	gulation or ruling p	promulgated unde	r the statute	n completir	ng this sched	ule, check	the box and s	ee	

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Schedule SB (Form 5500) 2013

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances						
							(a) C	arryover balance		(b)	Prefundii	ng balance
		-	•		cable adjustments (line 13 f				0			0
8			•	•	unding requirement (line 35							
9	Amount	remainii	ng (line 7 minus lir	ne 8)					0			0
10	Interest	on line 9	using prior year's	s actual ret	urn of <u>0.00</u> %				0			0
11	Prior ye	ar's exce	ess contributions t	o be added	I to prefunding balance:							
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)							441192
b Interest on (a) using prior year's effective interest rate of6.85_% except as otherwise provided (see instructions)								30222				
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balan	ce						471414
	d Portion	on of (c)	to be added to pre	efunding ba	lance							
12	Other re	eductions	s in balances due	to elections	or deemed elections							
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0			0
Pa	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	121.19 %
15	Adjuste	d funding	g target attainmen	t percentag	je						15	103.19 %
16					of determining whether car						16	0.00 %
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter si	uch percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(M	(a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pai employer(s		((c) Amou emplo	nt paid by byees
11	/07/2013			200000	0							
03	/10/2014	ļ		200000	0							
											1	
						Totals ►	18(b)		400000	18(c)		0
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation o	date after th	_				
	a Conti	ributions	allocated toward	unpaid min	imum required contributions	from prior y	ears	_	19a			0
	b Contr	ibutions	made to avoid res	trictions ac	ljusted to valuation date				19b			0
	C Contr	ibutions a	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted	to valuation	date	19c			380189
20		•	outions and liquidit	•								
	a Did the plan have a "funding shortfall" for the prior year?											
	b If line	20a is "	Yes," were require	ed quarterly	installments for the current	year made	in a timely r	manner?				Yes X No
	C If line	20a is "	Yes," see instructi	ons and co	mplete the following table a							
		(1) 1	\ +		Liquidity shortfall as of e	nd of quarter		·* ·			(1) 146	
		(1) 18	ol .		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used
	b Appl	icable month (enter code)			21b				0
22	Weight	ed average ret	irement age			22				68
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				cuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	quired		
		-							Yes	X No
25	Has a r	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 p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27		•	•	ter applicable code and see instruc	tions regarding	27				_
_					· ·	<u> </u>				
	rt VII		-	ım Required Contribution		00				
28			•	years		28				0
29				I unpaid minimum required contrib		29				0
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Target	normal cost a	nd excess assets (see instruct	ions):						
	a Targe	et normal cost	(line 6)			31a				444550
-	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				94241
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	er amortization	n installment			0				0
33				ter the date of the ruling letter grar) and the waived amount		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				350309
-				Carryover balance	Prefunding bala	nce	То	tal bala	ance	
35		_	use to offset funding							0
26	•					36				250200
						. 30				350309
37	(line 19	e)	ea towara minimum requirea co	ontribution for current year adjuste	d to valuation date	37				380189
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		T T				
						38a				29880
	b Porti	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				
39				ear (excess, if any, of line 36 over		39				0
40	Unpaid			S		40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
_	a Sche	dule elected					2 plus 7 yea	rs	15 y	years
	b Eligib	ole plan year(s) for which the election in line	41a was made		200	8 2009	2010		2011
42	Amoun	t of acceleratio	n adjustment			42				
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43				

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant:

2013 Nonannuitant Male

Use optional combined mortality table for small plans: Yes

Female Nonannuitant:

2013 Nonannuitant Female

No

0

Setback

0

0

Male Annuitant:

2013 Annuitant Male

Lump sums use proposed regulations: Yes

Female Annuitant:

2013 Annuitant Female

Actuarial Equivalent Floor

Use discount rate transition:

Applicable months from valuation month:

Stability period:

plan year

Probability of lump sum:

Lookback months:

1

100.00%

Nonannuitant:

None

Use pre-retirement mortality:

No

Annuitant:

2013 Applicable

<u>1st</u> 2nd 3rd Segment rates: 1.69 4.53 5.60 **High Quality Bond rates:** N/A N/A N/A Final rates: 4.94 6.15 6.76

4.94

6.76

6.15

Current:

3.57

<u>2nd</u>

<u>3rd</u> 4.77

Override:

0.00 0.00

1st

1.00

0.00

Salary Scale

Override:

Male: 0.00% Female:

0.00%

Late Retirement Rates

Male: Female: None None

None

None

Withdrawal

Male:

Male:

Female:

Withdrawal-Select

None

Female: None **Marriage Probability Setback**

Male:

0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

None **Early Retirement Rates**

Male:

None

None

Female:

None

Male: None Female: None

Male:

Female:

Mortality

Subsidized Early Retirement Rates

Male:

None

Female:

None

Name of Plan:

Sound Shore Gastroenterolgy Asso

Plan Sponsor's EIN:

04-3754660

Plan Number:

003

	rom 5500-SF	Short Form Annua	Return/Rep	ort of Small Em	alavas		OUP No. 141			
	Department of the Treasury Internal Revenue Service	İ	Benefit Pla	n			OMB Nos. 1210-0110 1210-0089			
Ēm	Dopartment of Labor player Benefits Security Administration	This form is required to be Retirement Income Security Ac the Inte			ployee		2013			
	nsion Benefit Guaranty Corporation		Water the code	{#1€ COGE}.		This Form	is Open to Public			
Pa	rt Annual Report Id	 Complete all entries in accentification information 	ordance with the li	structions to the Form	5500-SF.	11	rspection			
Ford	alendar plan year 2013 or fisca	TOTAL MINISTER	01/01/2013							
	his return/report is for:			and ending		12/31/201	3			
	his return/report is:	the first return/report		yer plan (not multiemploj	/er)	a one-partic	ipant plan			
		an amended return/report	the final return/re							
Cor	neck box if filing under:	Farm 5558		retum/report (less than 1	2 months)					
		i	automatic extens	ion		DFVC progr	àm			
Part	II Basic Plan Inform	special extension (enter descrip- ation—enter all requested infor	tion)							
1a N	witte of bidit									
Sour	nd Shore Gastroente	rology Associates D	efined Passe	it + 113		Three-digit				
			arined belief	ic Pian		blan number PN) ▶	003			
						ffective date of	i · ·			
2a Pla	in soonsor's name and address	ne Inglied			0	1/01/2012	r pian			
Soun	d Shore Gastroente	s; include room or suite number (o rology Associates Po	employer, if for a sin	gle-employer plan)			ication Number			
			-		(E	IN) 04-375	4660			
3010	Westchester Avenue	≘ Ste 400			2c S	ponsor's telepi	none number			
P						14-253-92				
Purch		TY 10577			20 60	usiness code (s 21111	ee Instructions)			
va ria	n administrators name and add	iress XSame as Plan Sponsor N	iame ⊠Same as P	lan Sponsor Address		Iministrator's E	IM .			
							lephone number			
4 If the	e name and/or EIN of the plan one, EIN, and the plan number fr	sponsor has changed since the la	st return/report filed	for this plan, enter the	4b EIN	J	*****			
a Spor	isor's name	www.nor.retmintebole					1			
5a Tota	I number of participants at the	beginning of the plan year			4c PN					
- · • • • • • • • • • • • • • • • • • •	to the transparence of the terminal at the ter	end of the plan year			5a		2			
							2			
					5c					
b Are y unde	ou daiming a walver of the and r 29 CFR 2520.104-487 (See in	nual examination and report of an nual examination and report of an national on welfar all libits and	assets? (See instru independent qualifi	ctions.) ed public accountant (IQ	 PA)		X Yes No			
							front			
Carrie	A manufacture of the second	s it covered under the PBGC insu	uence program (see	ERISA section 4021)?	Yes	M No □ N	ot determined			
Linder non	a penalty for the late or incon	nplete filing of this return/repo	t will be assessed	uniess reasonable cau	so is estab	hadziic				
SB or Sche	ardes of perjury and other pena edule MB completed and signed true, correct, and complete.	alties set forth in the instructions, it by an enrolled actuary, as well	declare that I have as the electronic ver	examined this return/report.	ort, includir and to the	ng, if applicable best of my kno	, a Schedule wiedgo and			
SIGN .	(3)		1	Dobose diama						
HERE	Signature of plan administr	Robert Goldblatt								
SIGN		The first famile of individual signing as plan administrator								
HERE	Signature of annual and a			Neil Shapiro		_				
Preparer's r	Signature of employer/plan name (including firm name, if a	sponsor opticable) and address; include re	Date 7.2-14	Enter name of individue	il signing a	s employer or p	olan sponsor			
		augress, maude ro	vin oi suite (lumber	(optional)	reparer's i	telephone num	ber (optional)			

Form 5500-SF 2013

Page 2

Part III- Financial Information									
7 Plan Assets and Liabilities		(a) Beginning o	4 14			-			 ,
a Total plan assets	. 7.	(e) reduniting 6		8791		(b)	End of		
O LOURI DISTURBURIUS	7).			0 1 3 1				100	25
C Net plan assets (subtract line 7b from line 7a)	7c		, <u></u>			, , , , , , , , , , , , , , , , , , ,			
8 Income, Expenses, and Transfers for this Plan Year	144		وو	3791				100	258
Contributions received or receivable from:	 	(a) Amount					(b) Tota	I	
(1) Employers	8a(1)		400	000					٠.٠
(2) Participants	8a(2)					· · · · · · · · · · · · · · · · · · ·			
(3) Others (including rollovers)	8a(3)				d Hydrol				:
b Other income (loss)	Bo		63	798					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8h)	8c		- 0.3	130		, , , , , , ,	7 W . 34 .	· · · · · · · · · · · · · · · · · · ·	
G Senerits paid (including direct mirrors and incompany sensitive)			*					45	79
co broads osisils)	8d			l.:	سناندن	Section 1			
Certain deemed and/or corrective distributions (see instructions)	ðe .			- 1	ومناتر				•
f Administrative service providers (salaries, fees, commissions)	Br/		•						
Other expenses	8g							1.	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Sh				······································	• • •		- 14 Jr. 1	
Net income (loss) (subtract line 8h from line 8c)	81				~		· · · · · · · · · · · · · · · · · · ·		
Transfers to (from) the plan (see instructions)					· :::			463	798
Part IV Plan Characteristics	4			<u></u>					
la lif the plan provides pension benefits, enter the applicable pension fer LA 3D b lif the plan provides welfare benefits, enter the applicable welfare feat									
1	rato cones itá	m the List of Plan Char	acteris	tic Cod	es in :	he instru	rtinne:		This
	TOTO COORS ITO	m the List of Plan Chan	acteris	tic Cod	es in :	the instru	ctions:		TESS
art V Compliance Questions	TOTO CODES ITO	m the List of Plan Chan	acteris	tic Cod	es in :	the instru	tions:	4 • • • • • • • • • • • • • • • • • • •	T
art V Compliance Questions During the plan year:				Yes	es in :	he instru			
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	as within the ti	me period described in				the instru	ctions:	nt	
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	ns within the ti try Correction Do not include	me period described in Program)transactions reported			No	he instru		nt	
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	ns within the ti try Correction Do not include	me period described in Program)transactions reported	10a		No X X	the instru		nt	
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	ns within the ti	me period described in Program) transactions reported	10a 10b 10c		No X	the instru		nt	
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	ns within the ti ury Correction Do not include	me period described in Program)	10a		No X X	the instru		nţ	
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	ns within the ti try Correction Do not include billy bond, that bersons by an	me period described in Program)	10a 10b 10c		No X X X X	the instru		nt	
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial box Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? Were any fees or commissions paid to any brokers, agents, or other prinsurance service, or other organization that provides some or all of the instructions.)	ns within the ti ury Correction Do not include allty bond, that bersons by an ne benefits un	me period described in Program)	10a 10b 10c		No X X	the instru		nt	
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia be Were there any nonexempt transactions with any party-in-interesi? (I on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plansarance service, or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan?	ns within the ti try Correction Do not include allty bond, that bersons by an the benefits un	me period described in Program)	10a 10b 10c	Yes	No X X X X	the instru		nt	
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial body Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	ns within the ti try Correction Do not include allty bond, that bersons by an the benefits un-	me period described in Program)	10a 10b 10c 10d 10e	Yes	No X X X X X	the instru		nt	
art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plansurance service, or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan? Old the plan have any participant loans? (If "Yes," enter amount as of your life instructional account plan, was there a blackrust period? (See	ns within the ti ury Correction Do not include allty bond, that bersons by an the benefits un-	me period described in Program)	10a 10b 10c 10d	Yes	No X X X X X	the instru		nt	
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art V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plansurance service, or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan? Oid the plan have any participant loans? (If "Yes," enter amount as of y 1 if this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	ns within the ti ary Correction Do not include belity bond, that bersons by an the benefits un- tipe benefits un- tipe benefits un- tipe benefits un- tipe benefits un- tipe benefits un- tipe benefits un-	me period described in Program)	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X X X X X X X X X X			nt	
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During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Was the plan covered by a fidelity bond? Were any fees or commissions paid to any brokers, agents, or other plansurance service, or other organization that provides some or all of thinstructions.) Has the plan failed to provide any benefit when due under the plan? Old the plan have any participant loans? (If "Yes," enter amount as of y if this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the recaceptions to providing the notice applied under 29 CFR 2520.101-3 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements?	ns within the ti ary Correction Do not include belity bond, that bersons by an the benefits un- year end.)	me period described in Program)	10a 10b 10c 10d 10e 10f 10g 10h	Yes	X X X X X X X X X X X X X X X X X X X		Amou		
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During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plansurance service, or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan? Old the plan have any participant loans? (If "Yes," enter amount as of 1 if this is an individual account plan, was there a blackout pariod? (See 2520.101-3.). If 10h was answered "Yes," check the box if you either provided the rexecutions to providing the notice applied under 29 CFR 2520.101-3 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? 5500) and line 11a below)	ns within the ti ary Correction Do not include belity bond, that bersons by an he benefits un- year end.)	me period described in Program)	10a 10b 10c 10d 10f 10g 10h	Yes Thedule	X X X X X X X X X X X X X X X X X X X	-orm	Amou	s ∏ No	
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's fideling or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plansurance service, or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan? Oid the plan have any participant loans? (If "Yes," enter amount as of y 1 if this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. If 11h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. If 12h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. If 11h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. If 11h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. If 12h elements are the under the provided the receptions are the unpaid minimum required contribution for current year from School and line 11a below.	ors within the tile ary Correction Do not include D	me period described in Program)	10a 10b 10c 10d 10f 10g 10h	Yes Thedule	X X X X X X X X X X X X X X X X X X X	-orm	Amou	s ∏ No	
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's fidely or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plansurance service, or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan? Old the plan have any participant loans? (If "Yes," enter amount as of y if this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? Enter the unpaid minimum required contribution for current year from Sc.	ns within the ti ary Correction Do not include Do n	me period described in Program)	10a 10b 10c 10d 10f 10g 10h	Yes Thedule	X X X X X X X X X X X X X X X X X X X	Form	Amou	s ∏ No	

Form 5500-SF 2013 Page 3	I - [
C Enter the amount contributed by the employer to the plan for this plan year	120	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a monative amount).		
the funding densities on line 120 be met by the funding densities?		
Part VIII: Plan Terminations and Transfers of Assets	AA	Yes No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?	TITI	Von VIV
and the amount of any plan assets that reverted to the employer this year		Yes X No
of the PBGC?	er plan, or brought under the control	
C If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	r plan(s), identify the plan(s) to	Yes X No
13c(1) Name of plan(s):		
	13c(2) E	IN(s) 13c(3) PN(s)
		· · · · · · · · · · · · · · · · · · ·
Part VIII Trust Information (optional)		
14a Name of trust		
	14b Tru	ists EIN

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2013

OMB No. 1210-0110

This Form is Open to Public

Pension Benefit Guaranty Corporation		ant to Form	•	FF00 0F			Inspection
For calendar plan year 2013 or fiscal pl	▶ File as an attachm an year beginning 01/01/		1 5500 OF	and endin		12/31	/2013
Round off amounts to nearest do				4.1.4	9		, 2013
▶ Caution: A penalty of \$1,000 will be	assessed for late filing of this report	unless reas	onable ca	use is establishe	d.		
A Name of plan Sound Shore Gastroente	erology Associates Defi	lned Bei	nefit	B Three-digi		>	003
C Plan sponsor's name as shown on lir	ne 2a of Form 5500 or 5500-SF			D Employer Id	lentifica	tion Number	· (FIN)
Sound Shore Gastroente				04-3754660			(=)
E Type of plan: 🛛 Single 📗 Multiple	-A Multiple-B	Prior year pla	an size: 🏻	100 or fewer	101-5	00 More	than 500
Part I Basic Information							
1 Enter the valuation date:	Month01 Day01	Year	2013			············	
2 Assets:							
a Market value	•••••				2a		538791
b Actuarial value		*******************			2b		538791
3 Funding target/participant count bro	eakdown:		(1) Nu	umber of participa	ints	(2)	Funding Target
a For retired participants and bene	ficiaries receiving payment	3a			0	***************************************	0
b For terminated vested participan	ts	3b			0		C
c For active participants:							
(1) Non-vested benefits		3c(1)					0
(2) Vested benefits		3c(2)					444550
(3) Total active		3c(3)			2		444550
d Total	••••••	3d			2		444550
4 If the plan is in at-risk status, check	the box and complete lines (a) and (l	0)	[
	cribed at-risk assumptions			1.	4a		
at-risk status for fewer than fiv	ssumptions, but disregarding transition consecutive years and disregarding	loading fac	tor	•••••	4b		
	***************************************				5		4.94%
		***************************************	************		6		444550
To the best of my knowledge, the information suppraccordance with applicable law and regulations. In combination, offer my best estimate of anticipated	i my opinion, each other assumption is reasonable	s, statements a taking into ac	nd attachmer count the exp	nts, if any, is complete a	and accura d reasonab	ate. Each prescr le expectations	ibed assumption was applied in and such other assumptions, in
HERE Think Kny	1 7					07/14/2	014
Sig OWARD ROSENFELD	inåture of actuary					Date 140408	35
	print name of actuary		***************************************		Maat ra		
SENFELD/TORTU RETIREMEN	•					cent enrollm 14-332-	
	Firm name			Telep	ohone n	umber (inclu	iding area code)
00 WHITE PLAINS ROAD							
ARRYTOWN NY 105							
	ddress of the firm	***************************************					
he actuary has not fully reflected any reg tructions	julation or ruling promulgated under the	ne statute in	completin	ng this schedule,	check th	ne box and s	see 🗌

7	Ralance at hea	inning of prior year after app	alicable adjustments (% - 40		(a)	Carryover balance		(b) F	refund	ding balance
		inning of prior year after app	, ,		-		0			
8		for use to offset prior year's	• • •							
9		ing (line 7 minus line 8)					0			
10	Interest on line	9 using prior year's actual re	ear's actual return of0.00%0							
11	Prior year's excess contributions to be added to prefunding balance:									
	a Present value of excess contributions (line 38a from prior year)									44119
	b Interest on (a as otherwise	Interest on (a) using prior year's effective interest rate of6.85% except as otherwise provided (see instructions)					3022			
	C Total available at beginning of current plan year to add to prefunding balance						47141			
		to be added to prefunding b								
		s in balances due to election			 					
13	Balance at begin	nning of current year (line 9	+ line 10 + line 11d – line 12	2)			0			
Pa	rt III Fun	ding Percentages								
14	Funding target a	attainment percentage							14	121.19%
		g target attainment percenta							15	103.19%
	current year's fu	ling percentage for purposes Inding requirement				******************************			16	0.00%
17	If the current val	ue of the assets of the plan	is less than 70 percent of th	e funding ta	rget, enter s	such percentage	**********		17	%
Pa	rt IV Con	tributions and liquidi	ty shortfalls							
18	Contributions ma	ade to the plan for the plan y	ear by employer(s) and em	oloyees:	*******					. , ,,,,,,,
/3.05	(a) Date	(b) Amount paid by	(c) Amount paid by	(a) [(b) Amount paid	by	(c)	Amou	nt paid by
	M-DD-YYYY)	employer(s)	employees	(MM-DE	-YYYY)	employer(s)	<u> </u>		empl	oyees
-	/07/2013	200000	0							
03,	/10/2014	200000	0							
										<u></u>
										·

									-	
				· · · · · · · · · · · · · · · · · · ·						
				Totals ►	18(b)	400	0000	18(c)		0
		oyer contributions – see insti				The state of the s	ar:			
		illocated toward unpaid mini					a			0
t	Contributions n	nade to avoid restrictions ad	justed to valuation date		*******************	19	b			0
C	Contributions all	located toward minimum requ	ired contribution for current ye	ar adjusted	to valuation	date19	c			380189
) C	Quarterly contribu	itions and liquidity shortfalls:					3			
а	Did the plan ha	ve a "funding shortfall" for th	e prior year?	•••••		***************************************			X	Yes No
b	If 20a is "Yes,"	were required quarterly insta	allments for the current year	made in a t	imely mann	er?			П	Yes X No
		see instructions and comple								#
			Liquidity shortfall as of en		of this plan	year				· · · · · · · · · · · · · · · · · · ·
	(1) 1st		(2) 2nd		(3) 3	3rd		(4)	4th	

P	art V Assumption	ns Used to Determine	Funding Target and	Target Normal Cost				
21					***************************************			
	a Segment rates:	1st segment: 2nd segment: 4 . 94 % 6 . 15%		3rd segme 6.76		N/A, full yield curve used		
	b Applicable month (e	enter code)	***************************************	***************************************	21b			
_22	Weighted average reti	irement age			22	6		
23	Mortality table(s) (see	e instructions) 🗵 Pre	escribed - combined	Prescribed - separate	Substitu	ite		
Pa	rt VI Miscellaned	ous Items						
24	Has a change been mattachment	ade in the non-prescribed act	uarial assumptions for the	current plan year? If "Yes," so	ee instruction	s regarding required		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment							
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructions regarding require	ed attachment			
27	If the plan is subject to	alternative funding rules, ent	er applicable code and see	instructions regarding	27			
Pa	rt VII Reconcilia	tion of Unpaid Minimu	m Required Contrib	utions For Prior Years				
28	Unpaid minimum requi	ired contributions for all prior	/ears		28			
29				29				
30	Remaining amount of u	unpaid minimum required con	tributions (line 28 minus lin	e 29)	30			
Pa	rt VIII Minimum F	Required Contribution	For Current Year					
31	Target normal cost and	d excess assets (see instructi	ons):					
	a Target normal cost (li	ine 6)			31a	44455		
	Excess assets, if applicable, but not greater than line 31a			31b	94241			
32	Amortization installmen	nts:		Outstanding Ba	lance	Installment		
	a Net shortfall amortiza	ation installment	•••••		0			
	b Waiver amortization	installment			0			
33	If a waiver has been ap (Month D	pproved for this plan year, ento	er the date of the ruling lette	er granting the approval	33			
34	Total funding requirement	ent before reflecting carryover	/prefunding balances (lines	31a - 31b + 32a + 32b - 33).	. 34	350309		
			Carryover balance	Prefunding bala	ance	Total balance		
35	Balances elected for us requirement	e to offset funding				(
36	Additional cash requirer	ment (line 34 minus line 35)	***************************************		36	350309		
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)					380189		
38	Present value of excess	s contributions for current year	r (see instructions)		<u> </u>			
		of line 37 over line 36)		**************************	38a	29880		
	b Portion included in lin	e 38a attributable to use of pr	efunding and funding stand	lard carryover balances	38b			
39					39	0		
40						(
Part	IX Pension Fu	ınding Relief Under Pe	nsion Relief Act of 2	2010 (See Instructions)			
41	f an election was made	to use PRA 2010 funding relie	ef for this plan:	· · · · · · · · · · · · · · · · · · ·				
			····		П2	! plus 7 years ☐ 15 years		
		or which the election in line 41			I	2009 2010 2011		
		adjustment			42	<u> </u>		
		eration amount to be carried			43			
			to luture plan years	***************************************	43			

Attachment to 2013 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 normal retirement age of 68 which is the fifth anniversary of the plan.

Plan Name: SOUND SHORE GASTROENTEROLOGY ASSOCIATESPC DB PLAN

EIN/PN: #04-3754660/003

Schedule SB, Line 19 – Discounted employer contributions – 2013 Plan Year

Date	Contribution amount	Plan year	Applicable effective interest rate	Discounted value of contribution
11-7-2013	15,993	2013	9.94%*	14,953
11-7-2013	15,993	2013	9.94%*	15,128
11-7-2013	15,993	2013	9.94%*	15,306
11-7-2013	152,021	2013	4.94%*	145,921
3-10-2014	200,000	2013	4.94%	188,881
Total	\$ 400,000			\$ 380,189

^{*} In determining the discounted value of contributions, 9.94% was applied for number of days that contribution was paid after the quarterly installment due date and 4.94% was then applied from the quarterly installment due date to the valuation date.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Definition of years: Age (yrs): 21 Hours worked

Age (months): 0 Continuing 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**

62 Age: 0 Service: 5 Participation:

1st of month Defined:

following

Benefit Reduction / Mortality table & setback

Male: Actuarial Equivalence Actuarial Equivalence 0 None Female: Actuarial Equivalence Actuarial Equivalence None 0

Rates - Male: None None None Rates - Female: None None None

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

Vesting Schedule: 2/20Pre-retirement death benefit

Hours Worked Percentage of accrued benefit: **Vesting Definition:** 0.00%

Death Benefit Payment method: PVAB

Annuity Percent Years Normal: Life only 0 0.00% QJSA: Joint and contingent 50.00% 0

Significant Changes in Plan Provisions Since Last Valuation

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

04-3754660 Plan Sponsor's EIN:

003 Plan Number:

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:

Percent Service

Unit based on: Maximum total percent:

50.00%

Tiers based on:

None

First tier:

10.00%

Second tier:

None

for 1st

None

Third tier:

None

for next None for remaining yrs

Maximum credit:

Past years:

2 4

Future years: Total years:

5

Averaging

Projection method:

Current Compensation

Apply exclusion to accrued benefit:

No No

Based on: Highest:

Final Average

Annualize short compensation years: Annualize short plan years:

No

In the last:

3 99

Include compensations based

Excluding:

0

on years of:

0

Accrual

Accrual

Frozen:

No

Definition of years:

Hours worked

Fractions based on: N/A

Accrual credit:

Continuing 1000

Died Disabled

Retired

Terminated

Precision: N/A Limit current credit

to:

N/A

Years based on:

Service 1.0000

0

Cap/floor years:

0

Maximum past accrual years: Method:

Unit accrual

Cap or floor: Accrual % per year:

Floor 0.00%

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