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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in acco	rdance with the instruc	tions to the Form 550	<i>1</i> 0-5F.					
Pa	rt I	Annual Report	Identification Information								
For	calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/20	13	and ending	12/31/2	2013				
A 1	Γhis ret	urn/report is for:	/report is for:								
ВТ	Γhis ret	urn/report is:	the first return/report	the final return/report							
			an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C	Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program					
			special extension (enter descript	tion)							
Pa	rt II	Basic Plan Info	rmation—enter all requested inform	mation							
1a	Name	of plan				1b	Three-digit				
RIVEF	RSIDE	GASTROENTEROLO	GY, P.C. 401(K) PLAN				plan number	004			
						10	(PN) ▶ Effective date o	001			
						10	01/01/	•			
		consor's name and add	dress; include room or suite number ((employer, if for a single-e	employer plan)	2b	Employer Identif	fication Number			
4004	COME					2c	2c Sponsor's telephone number 256-260-2333				
		RVILLE ROAD SE AL 35601				2d	2d Business code (see instructi				
3a	Plan a	dministrator's name an	nd address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	62111 Administrator's I				
						3c	Administrator's t	telephone number			
4	If the r	name and/or FIN of the	e plan sponsor has changed since the	last return/report filed fo	r this plan enter the	4h	EIN				
•			mber from the last return/report.	riast return/report filed to	i tilis plati, effet tile	40	EIIN				
а	Sponso	or's name	•			4c	PN				
5a	Total r	number of participants	at the beginning of the plan year			5a		4			
b	Total r	number of participants	at the end of the plan year			5b		0			
С			account balances as of the end of the		•	5c		0			
6a	Were	all of the plan's assets	s during the plan year invested in eligi	ible assets? (See instruct	ions.)			X Yes No			
b	,	•	the annual examination and report of			,		Voc □ No			
			? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can					X Yes No			
c			it plan, is it covered under the PBGC					Not determined			
	ii iiie p	dan is a defined benefi	plan, is it covered under the FBGC	insurance program (see	LNISA SECTION 4021)!		l les 🗌 luo 🖺	Not determined			
		• •	or incomplete filing of this return/re	•							
SB c	or Sche		ner penalties set forth in the instructiond signed by an enrolled actuary, as volete.								
SIGI		Filed with authorized/v	valid electronic signature.								
HER	RE	Signature of plan a	ture of plan administrator Date Enter name of individu			lual sig	gning as plan adn	ninistrator			
SIGI	N										
HER	RΕ	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sid	ning as emplove	r or plan sponsor			
Prep	arer's							number (optional)			

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End	l of V	oar	
<u>.</u>	Total plan assets	7a		514504			(b) Life	1011)
	Fotal plan liabilities)
	Net plan assets (subtract line 7b from line 7a)								()
8					+		(b)	Total		·
	Contributions received or receivable from:							TOLAI		
) Employers									
	2) Participants									
	(3) Others (including rollovers)									
b	Other income (loss)	8b	1174	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							62832	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57727	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	6	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5	57733	3
	Net income (loss) (subtract line 8h from line 8c)	8i						-5	514504	4
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	, vj								
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	acteris	stic Co	des in	the instru	ctions	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:		
	<u> </u>									
Par							I			
10	During the plan year:				Yes	No	Amount			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection 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 or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e		Χ				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
110	Enter the unpaid minimum required contribution for current year fr									
						11a		Тг	Voc	V Na
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3U2 Of	EKISA?		Yes	X No
a	(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 being the complete line 12a or lines 12b, 12c, 12d, and 12e below,	ng amortize	ed in this plan year, see instru		, and e	_	ne date of			ling
	granting the waiver.			ith		Day		Yea	ır	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	•				12b				
IJ	Line in a minimum required continuation for this digit vegi				1					

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?	X	es No)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	ontrol		X Yes	No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):				13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a Name of trust RIVERSIDE GASTROENTEROLOGY, P.C. 40				14b Trust's EIN 450716401				

Form 5500-SF

Department of the Treasury Internet Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

از	oyee Benefits Security Administration	() C			!	Inspection		
Pe	nsion Benefit Guaranty Corporation	 Complete all entries in acc 	ordance with the Instruc	tions to the Form 5500	SF.			
Pa	Annual Report Id	lentification Information						
ог с	alendar plan year 2013 or fisca	al plan year beginning	01/01/2013	and ending	12/31/	2013		
		x a single-employer plan	a multiple-employer pl	an (not multiemployer)	∐ a on	e-participant plan		
			x the final return/report					
3 ⊤	his return/report is:	7		n/report (less than 12 mo	onths)			
	Ţ	an amended return/report	_	Import (toos than 12 ms	_	/C program		
3 0	heck box if filing under:	x Form 5558	automatic extension			O program		
	Ţ	special extension (enter descrip	tlon)					
	Boole Blan Infor	mation enter all requested in	formation					
	rtill Basic Plan Inform Name of plan	mation enter at requestion in			1b Three-	dlgit		
	•				plan ni (PN) ≱			
	Riverside Gastroente	erology, P.C. 401(k) Pl	an	}		ve date of plan		
					01/01/2012			
		ress; include room or suite numbe	(employer, if for a single	employer plan)	2b Emplo	yer Identification Number		
2a	Riverside Gastroente	rology, P.C.	(citibity at a ter at a ter at			45-0716401		
					2c Sponsor's telephone number			
) 260-2333		
	1304 Somerville Road	i se			2d Busine	ess code (see instructions)		
		AL 35601			6211	11		
us 20	Decatur	address X Same as Plan Spor	nsor Name Same as I	Plan Sponsor Address	3b Admir	istrator's EIN		
38	Plan administrators name and	address Zzjednie de i ini np. i	_	·				
					3c Administrator's telephone number			
				1				
~								
_	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the			or this plan, enter the	4b EIN			
4	name FIN and the plan num	ber from the last return/report.	· ·	, ,				
•	Sponsor's name				4c PN_			
<u>-a</u>	Total number of participants a	at the beginning of the plan year	******************	*********************	5a	4		
b	Total number of participants a	at the end of the plan year		,,	5b	0		
C	Number of participants with a	ccount balances as of the end of the	ne plan year (defined beni	efit plans do not		0		
	complete this item)				5c	X Yes □No		
6a	Were all of the plan's assets	during the plan year invested in eli	gible assets? (See instruc	tions.)		<u>M</u> (63 [](44		
b	Are you claiming a waiver of t	the annual examination and report	of an independent qualific	ed public accountant (IQ)	-A)	X Yes ☐ No		
	under 29 CER 2520.104-46?	(See instructions on waiver eligible	ity and conditions.)	**********************				
	if you answered "No" to elt	her line 6a or line 6b, the plan ca	innot use Form 5500-SF	and must instead use i	-01111 5500. -01111 5500.	se		
¢		t plan, is it covered under the PBG						
	ution: A negality for the late	or incomplete filing of this retur	n/report w <u>ill</u> be assesse	d unless reasonable ca	u <u>se is estab</u>	lish <u>ed. </u>		
	•		-41 I -1+ Alaca (bat b/4)/	a avaminad thic feturn/re	non mener	ic. If applicable, a scrieduic		
SE	3 or Schedule MB completed at	nd signed by an enrolled actuary, a	as well as the electronic v	ersion of this return/repor	t, and to the	best of my knowledge and		
be	allef, it is true, correct, and comp	plete						
12 75 A	ign	$X \times L = $						
	IERE Signature of plan adm	inistrator	Date	Enter name of individu	al signing as	plan administrator		
7940 (1870)	Manual Sidilarate of bigu days					<u></u>		
(2)	iGN		Date	Enter name of Individu	al signing as	signing as employer or plan sponsor		
188	ERE Signature of employer	r/plan sponsor name, if applicable) and address; i			Preparer's	telephone number (optional)		
P	reparer's name (including firm r	тапте, я аррисаціе) апо воспеза, і	inches to all the second interest					
	1				AN VALUE			
i								
•					AND DESCRIPTION OF THE PARTY OF			

Page 2 Form 5500-SF 2013 antilla Financial Information (b) End of Year (a) Beginning of Year V 1. V 1. T Plan Assets and Liabilities 514,504 Total plan assets ٥ 7b Total plan liabilities o 514,504 7с Net plan assets (subtract line 7b from line 7a) (b) Total (a) Amount income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 14,283 8a(1) (1) Employers 36.807 8a(2) (2) Participants 8a(3) (3) Others (including rollovers) 11,742 8b Other income (loss) 62,832 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 577,276 8d to provide benefits) Certain deemed and/or corrective distributions (see Instructions) 8e 60 8f Administrative service providers (salaries, fees, commissions) 8g Other expanses g 577.336 8h Total expenses (add lines 8d, 8e, 8f, and 8g) (514,504) 8i Net income (loss) (subtract line 8h from line 8c) 8 Transfers to (from) the plan (see instructions) 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: 2E 2G 2J If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions: b art V Compliance Questions Yes No Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in x 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported x 10b on line 10a.) 10c X C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud x 10d or dishonesty? 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 х 10e instructions.) 10f X Has the plan failed to provide any benefit when due under the plan? 10g х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.) 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 Pension Funding Compliance Part VL Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 🔲 Yes 🗷 No 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 Month _ Day Fyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year

	Form 5500-SF 2013	Pag	je 3						
<u> </u>	Enter the amount contributed by the employer to the plan for the	this plan year			12¢				-
ď	Subtract the amount in line 12c from the amount in line 12b. E	Inter the result (enter a minu	s sign to the left	of a	1 2 d			'	_
e	Will the minimum funding amount reported on line 12d be met					Yes	□ No	□ N/A	_
Par	Plan Terminations and Transfers of Ass								
13a	Has a resolution to terminate the plan been adopted in any pla				X Ye	es 🗀	No		
	If "Yes," enter the amount of any plan assets that reverted to t	the employer this year	***************************************		13a				0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the or of the PBGC?						X Yes No			
С	If during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)	ed from this plan to another p							
	13c(1) Name of plan(s):			130	(2) EIN(s)	130(3) PN(s)	_
Par	Willia Trust Information (optional)		и. •						_
14a Name of trust					14b Trust's EIN				
Riverside Gastroenterology, P.C. 40			45-0716401						
									_