Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

a Sponsor's name

less than 100% vested.

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).

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

4c PN

5a

5b

5c

5d(1)

5d(2)

5e

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 07/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit NASSAU GASTROENTEROLOGY ASSOCIATES PC 401K PROFIT SHARING PLAN & TRUST plan number (PN) ▶ 001 Effective date of plan 03/13/1980 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NASSAU GASTROENTEROLOGY ASSOCIATES, PC 11-2524421 (EIN) Sponsor's telephone number 516-466-2340 1000 NORTHERN BLVD GREAT NECK, NY 11021 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Total number of participants at the beginning of the plan year

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item) d(1) Total number of active participants at the beginning of the plan year.....

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

b Total number of participants at the end of the plan year.....

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 **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

10

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0

0

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a constant of the plan cannot be a constant.	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Yes	i No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	∐No ∐ I	Not detei	mined
Par									
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End o	Year	0
	Total plan assets	7a	244	0					0
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	244						0
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) To	fal	
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	-6	31					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-(631
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	238	340					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						238	340
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-244	171
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Charac	cterist			he instructio	ns:	
10	During the plan year:				Yes	No	P	mount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	iciary Cor	rection Program)	10a		Χ			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X			
c	Was the plan covered by a fidelity bond?			10c	Х				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X			
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 as	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ru ⁄ear	uling

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (`		12d			
е	Will t	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	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Dopartment of the Treasury Internet Revenue Service

Department of Labor Employee Bonefits Security Administration

Pansion 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

2014

This Form is Open to Public Inspection

,	Complete all entries in		natructions to the Form	5500-SF.						
	t Identification Information		***							
For calendar plan year 2014 or f	fiscal plan year beginning 01/01	/2014	and ending	07/31/2014						
A This return/report is for:	er plan (not multlemploye nployer Information in acc									
	a one-participant plan	a foreign plan								
B This return/report is	the first return/report	X the final return/report								
·	an amended return/report	🗓 a short plan year r	eturn/report (less than 12	months)	onths)					
C Check box if filing under:	Form 5558	automatic extensi	on	☐ DFVC p	rogram					
	apecial extension (enter desc	ription)								
Part II Basic Plan Info	ormation-enter all requested in	formation			100					
1a Name of plan NASSAU GASTROENTEROLOG		RUST	1b Three-digit plan number (PN) ▶							
				1c Effective date of plan 03/13/1980						
2a Plan sponsor's name and an NASSAU GASTROENTEROLOG	ddress; include room or suite numb ry ASSOCIATES, PC	er (employer, if for a sir	ngle-employer plan)	2b Employer lo (EIN) 11-25	dentification Number 524421					
				1	elephone number					
1000 NORTHERN BLVD					ode (see instructions)					
GREAT NECK. NY 11021				621111						
3a Plan administrator's name a	ind address X Same as Plan Spon	sor.		3b Administrat	or's EIN					
					3c Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN					
a Sponsor's name				4c PN						
5a Total number of participants	s at the beginning of the plan year.			5a	10					
b Total number of participants	s at the end of the plan year			5b	0					
C Number of participants with	account balances as of the end of	the plan year (defined)	enefit plans do not	5c	0					
	articipants at the beginning of the pl			5d(1)	9					
d(2) Total number of active pa	articipants at the end of the plan ye	ar	••••••••••	5d(2)	0					
e Number of participants that the less than 100% vested	erminated employment during the p	olan year with accrued t	oenefits that wore	5e	0					
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assess	ed unless reasonable c	ause is established						
Under penalties of perjury and or	ther penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare that I h	ave examined this return/	report, including, if a	oplicable, a Schedule					
sign Sunni	Jen Cen	02/26/	SEYMOUR KATZ							
VED CO.				ividual signing as plan administrator						
SIGN	7	2 11 14	- Torring at Male	and any or and any of the latest						
HERE Signature of emplo	over/plan sponsor	Date	Enter name of indiv	idual signing as emp	loyer or plan aponsor					
Preparer's name (including firm I	name, if applicable) and address (in	clude room or suite nu	mber) (optional)		one number (optional)					
				منتعث الفنيد كالمعتبين يتباش والمستدف	Commence Track The Secretary of the A					

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	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a surface 20 CFR 2520 404 402 (Coa instance) and report of a surface 20 CFR 2520 404 402 (Coa instance).	an indepe	ndent qualified public accounta	nt (IQ	PA)			X	Yes	□ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot be seen to be seen as the contract of t		•					^	163		
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not	determ	nined	
Pa	rt III Financial Information					-	_				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
а	Total plan assets	7a	2447				V-1		0		
b	Total plan liabilities	7b		0			0				
С	Net plan assets (subtract line 7b from line 7a)	7c	2447	1		0					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-63	1							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-631		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23840	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							23840		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							24471		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	s:		
	2E 2J 2K 3B 3D 3H										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	ies in t	ne instru	ctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Ame	ount		
а				10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х				5	00000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
е	, , , , , , , , , , , , , , , , , , , ,										
	insurance service, or other organization that provides some or all instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
				10g		Х					
		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									
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h		Х					
	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39	·····		11a					
12							χ No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а		ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date o	f the le Yea		ng	
	·										

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)	`	of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the fundin	g 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 t	his year		13a		0	
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	red to another plan, or brought	under the o	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify t	he plan(s) t	to			
1	I3c(1) Name of plan(s):		1;	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1			1	_
	Name of trust			14b Tr	ust's EIN		