-	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	C	DMB Nos. 1210-0110 1210-0089
	artment of the Treasury rnal Revenue Service	This form is required to be filed		065 of the Employee R	etirement		2014
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		Internal		orm is Open to
Pension B	enefit Guaranty Corporation	Complete all entries in ac	ccordance with the instr	uctions to the Form 5	500-SF.	Publi	c Inspection
Part I		Identification Information					
For calend	lar plan year 2014 or fi	scal plan year beginning 01/01/201	14	and ending 12	/31/2014		
	turn/report is for: urn/report is	 a single-employer plan a one-participant plan the first return/report an amended return/report 	of participating employ a foreign plan the final return/report	lan (not multiemployer) yer information in accord n/report (less than 12 m	dance with t	-	
	box if filing under:	Form 5558	-		_ D	FVC progra	n
Part II		prmation—enter all requested info	rmation		41		
1a Name SOUND SH	•	ROLOGY ASSOCIATES DEFINED B	BENEFIT PLAN		(PN)	number	•
		dress; include room or suite number OLOGY ASSOCIATES PC	r (employer, if for a single-	employer plan)	2b Emp (EIN)	loyer Identifi	cation Number
	CHESTER AVENUE S	TE 400			2c Spor	nsor's teleph 914-253	none number 3-9252
PURCHASE	, NY 10577				2d Busi	ness code (s 62111	see instructions) 1
					3c Adm	inistrator's te	elephone number
name	e, EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN		
- <u>-</u>	or's name				4c PN		
		at the beginning of the plan year			5a		2
		at the end of the plan year account balances as of the end of th			5b		2
compl	ete this item)	irticipants at the beginning of the pla			5c		
		articipants at the end of the plan year			5d(1) 5d(2)		2
e Numbe	er of participants that te	erminated employment during the pla	an year with accrued bene	efits that were	5e		0
Under pen SB or Sche	alties of perjury and ot	or incomplete filing of this return/ ther penalties set forth in the instructi nd signed by an enrolled actuary, as plete.	ions, I declare that I have	examined this return/re	port, includi	ng, if applica	
SIGN HERE		/valid electronic signature.	07/17/2015	ROBERT GOLDBLAT	Т		
	Signature of plan a	administrator	Date	Enter name of individ	ual signing	as plan adm	inistrator
SIGN HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing	<u>as emp</u> loyer	or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address (inc	lude room or suite numbe	r) (optional)	Preparer's	s telephone	number (optional)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					ΧY	es	No
b	Are you claiming a waiver of the annual examination and report of a			`	,			XY	es	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 cann							<u> </u>		110
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not de	termin	ed
	t III Financial Information					1				
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	of Year		
a	Total plan assets	7a	10025						9508	
	Total plan liabilities	7b		0					0	
С	Net plan assets (subtract line 7b from line 7a)	7c	10025	89				149	9508	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
	Contributions received or receivable from:	0-(4)	4450	000						
	(1) Employers	8a(1)	+100	0	_					
	(2) Participants	8a(2)		Ŭ						
	(3) Others (including rollovers)	8a(3)	519	19						
	Other income (loss)	8b		/10	_			40	6919	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						43	0919	
	to provide benefits)	8d								
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							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						49	6919	
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	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instruct	ions:		
	1A 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructio	ons:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amour	t	
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		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				
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				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
— b	If this is an individual account plan, was there a blackout period?			ivg						
	2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							ХY	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				0
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								L	
			and the definition of the second second second							

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
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 negative amount)	'а	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?		י 🗌 י	res 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 ur of the PBGC?	nder 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 which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				1
14a Name of trust		14b ⊺	rust's EIN	

SCHEDULE S	SB	Single-E	mploy	yer Define	d Ber	nefit Plan		OMB N	lo. 1210-0110
(Form 5500)				rial Inforn				2	2014
Department of the Treasu Internal Revenue Servic		This schodule is a	couirod t	a ha filad undar a	action 10	4 of the Employee			
Department of Labor Employee Benefits Security Adm	inistration	Retirement Income	e Security	Act of 1974 (ER	ISA) and				s Open to Public
Pension Benefit Guaranty Corp				Revenue Code (th	,				
For calendar plan year 2014	4 or fiscal p		on atta 01/01/20	chment to Form	5500 or	5500-SF. and endin	a 12/3	1/2014	
 Round off amounts to 			01/01/20	714			9 12/3	1/2014	
Caution: A penalty of \$			g of this re	eport unless reas	onable ca	ause is establishe	d.		
A Name of plan						B Three-digit	t		000
SOUND SHORE GASTRON	ENTEROLO	OGY ASSOCIATES DE	FINED BE	ENEFIT PLAN		plan numb	er (PN)	•	003
C Plan sponsor's name as	shown on li	ne 2a of Form 5500 or	5500-SF			D Employer lo	dentificat	ion Number (E	IN)
SOUND SHORE GASTRON	ENTEROLO	OGY ASSOCIATES PC					04-3754	1660	
E Type of plan: X Single	Multiple	e-A Multiple-B		F Prior year pla	an size: 🕽	X 100 or fewer	101-50	00 More tha	an 500
Part I Basic Infor	nation								
1 Enter the valuation dat	te:	Month	Day	01 Year	2014				
2 Assets:									
a Market value							2a		1000800
-					1	Neuroben of	2b		1000800
3 Funding target/particip	ant count b	reakdown			. ,	Number of articipants	,	ted Funding arget	(3) Total Funding Target
a For retired participation	nts and ben	eficiaries receiving pay	ment			0		0	0
b For terminated veste	ed participa	nts				0		0	0
C For active participan	ts					2		949582	949582
d Total						2		949582	949582
4 If the plan is in at-risk	status, cheo	ck the box and complete	e lines (a)) and (b)		· 🗌			
		scribed at-risk assump					4a		
		assumptions, but disre					4b		
5 Effective interest rate .							5		5.69%
0							6		317118
Statement by Enrolled Act To the best of my knowledge, th accordance with applicable law combination, offer my best estim	e information si and regulations	. In my opinion, each other ass	companying sumption is re	schedules, statements easonable (taking into a	and attachn account the e	nents, if any, is complete experience of the plan a	e and accur nd reasona	rate. Each prescribe ble expectations) ar	d assumption was applied in nd such other assumptions, in
SIGN HERE								07/16/20	15
	c	Signature of actuary						Date	10
HOWARD ROSENFELD		signature of actualy						14-0408	15
HOWARD ROSENI EED	Туре	or print name of actuar	v				Most re	ecent enrollme	
ROSENFELD/TORTU RET	• •	•	,					914-332	
200 WHITE PLAINS ROAD TARRYTOWN, NY 10591		Firm name				Tel	ephone		ing area code)
		Address of the firm				_			
If the actuary has not fully ref	lected any	regulation or ruling pror	mulgated	under the statute	in compl	eting this schedule	e, check	the box and se	e 🗌
For Paperwork Reduction /	Act Notice	and OMB Control Nur	nbers, se	e the instruction	ns for Fo	rm 5500 or 5500-	SF.	Schedule	e SB (Form 5500) 2014 v. 140124

Page 2	-	1	
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Pa	art II Beg	inning of Year	Carryove	er and Prefunding Ba	alances							
						(a) (Carryover balance		(b) F	Prefundir	ng balan	ce
7				cable adjustments (line 13 f				0				0
8				unding requirement (line 35								
9	Amount rema	ning (line 7 minus li	ne 8)					0				0
10	Interest on lin	e 9 using prior year'	s actual retu	urn of <u>11.22</u> %				0				0
11	Prior year's e	cess contributions	to be added	to prefunding balance:								
	a Present val	ue of excess contrib	utions (line	38a from prior year)								29880
				a over line 38b from prior y e interest rate of4.94								4.470
	b(2) Interest	on line 38b from pri	or year Sch	edule SB, using prior year's	s actual							1476
	C Total availab	le at beginning of cu	rrent plan ye	ar to add to prefunding balar	ice							31356
	d Portion of (c) to be added to pro	efunding ba	lance								
12	Other reduction	ons in balances due	to elections	or deemed elections								
13	Balance at be	ginning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0				0
Pa	art III 🛛 Fu	Inding Percent	ages									
14	Funding targe	t attainment percent	tage							14	10{	5.39 %
15	Adjusted fund	ing target attainmen	t percentag	e						15	10	5.39 %
16				of determining whether car						16	12'	1.19 %
17				s less than 70 percent of the						17		%
Pá	art IV Co	ontributions an	d Liquidi	ity Shortfalls			· -		I	L		
18	Contributions	made to the plan fo	r the plan ye	ear by employer(s) and emp	oloyees:							
(M	(a) Date 1M-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) Dat (MM-DD-Y		(b) Amount pai employer(s		(0	Amour (: emplo	•	у
10)/22/2014		200000	0								
03	8/09/2015		245000	0								
										<u></u>		
					Totals Fotol	18(b)		445000	18(c)			0
19				ructions for small plan with			F	- I				
	_		•	mum required contributions			_	19a				0
				justed to valuation date			-	19b				0
				uired contribution for current y	ear adjusted to	o valuatior	n date	19c				420748
20	,	ributions and liquidi	,									
	_	-		he prior year?						······[]	Yes	X No
				installments for the current	-	a timely	manner?	F		······	Yes	No
	C If line 20a is	s "Yes," see instruct	ions and co	mplete the following table a		of this pla	nvoar					
	(1)	1st	l	Liquidity shortfall as of e (2) 2nd		of this pla (3)	n year 3rd			(4) 4th		
	(.)					(-)		-		<u>\</u>		

Pa	rt V	Assumption	ns Used to Determine	Funding Target and 1	Farget Normal Cost		
21	Discou	int rate:					
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segmen 6.99		N/A, full yield curve used
	b App	licable month (enter code)			21b	0
22	Weight	ted average ret	tirement age			22	68
23		ity table(s) (see		escribed - combined	Prescribed - separate	Substitu	te
Ра	rt VI	Miscellane	ous Items				
24		-	nade in the non-prescribed act				
25			e been made for the current pl				<u>_</u>
26			provide a Schedule of Active	-			<u>_</u>
27	•	•	o alternative funding rules, ent		0 0	27	
Ра	rt VII	-	ation of Unpaid Minimu				
28	Unpaid	d minimum requ	uired contributions for all prior	years		28	0
29			contributions allocated toward			29	0
30			unpaid minimum required cor			1 1	0
Ра		-	Required Contribution	•	,	_11	<u> </u>
31	Target	t normal cost ar	nd excess assets (see instruct	ions):			
	a Targe	et normal cost ((line 6)			31a	317118
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b	51218
32	Amorti	zation installme	ents:		Outstanding Ba	lance	Installment
	a Net s	shortfall amortiz	zation installment			0	0
	b Waiv	ver amortizatior	n installment			0	0
33	lf a wa (Month		approved for this plan year, en Day Year		er granting the approval	33	
34	Total fu	unding requiren	ment before reflecting carryove	er/prefunding balances (lines	s 31a - 31b + 32a + 32b - 33).		265900
				Carryover balance	Prefunding bal	-	Total balance
35			use to offset funding	·			0
36	Additio	onal cash requir	rement (line 34 minus line 35).				265900
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year a	djusted to valuation date	37	420748
20		,	ess contributions for current ye				
30							454040
			y, of line 37 over line 36)			_	154848
- 20			line 38a attributable to use of				
39		•	uired contribution for current ye		,		0
40 Do	· ·		uired contributions for all years				0
	If an el		Funding Relief Under F de to use PRA 2010 funding re		2010 (See Instructions	5)	
41				•			
	_						2 plus 7 years
) for which the election in line				8 2009 2010 2011
			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:

Male Nonannuitant:	2014 Nonannuitant M	lale		
Female Nonannuitant:	emale Nonannuitant: 2014 Nonannuitant Female			
Male Annuitant:				
Female Annuitant:	male Annuitant: 2014 Annuitant Female			
Applicable months from v	aluation month:	2		
Probability of lump sum:		100.00%		
Use pre-retirement morta	lity:	No		

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.31	4.05	5.05
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.43	5.62	6.22
Override:	4.99	6.32	6.99

Options:

Use optional	combined	mortality	table for small plans:	Yes
Use discount	rate trans	ition:		No
Lump sums	use propos	ed regulati	ons:	Yes
Actuarial Eq	uivalent F	<u>loor</u>		
Stability per	iod:	pla	n year	
Lookback m	onths:	1		
Nonannuitan	it:	No	ne	
Annuitant:		20	14 Applicable	
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	
Current:	1.25	4.57	5.60	
Override:	0.00	0.00	0.00	

<u>Salarv Scale</u>		Late Retirement	Rates	
Male:	0.00%	Male:	None	
Female:	0.00%	Female:	None	
<u>Withdrawal</u>		Marriage Probab	<u>ility</u>	<u>Setback</u>
Male:	None	Male:	0.00%	0
Female:	None	Female:	0.00%	
Withdrawal-Sel	<u>lect</u>	Expense loading:	0.00%	
Male:	None	Disability Rates		
Female:	None	Male:	None	
<u>Early Retireme</u>	nt Rates	Female:	None	
Male:	None		Mortality	Setback
Female:	None	Male:	None	0
Subsidized Earl	y Retirement Rates	Female:	None	0
Male:	None			

Name of Plan:Sound Shore Gastroenterolgy AssiPlan Sponsor's EIN:04-3754660Plan Number:003

None

Female:

F	orm 5500-SF	Short Form Ann	ual Return/Ren	ort of Small Em			Nos. 1210-0110
:	Separation of the Treasury Internal Revenue Service		Benefit Pla	n			1210-0089
5700	Distantion and of Latter for Banatics Security Advancements	This form is required to be fill Income Security Act of 197-	ed under sections 104 (4 (ERISA), and sections	and 4065 of the Employee 5 6057(b) and 6058(c) at t	Retirement	20	14
	on Benef: Guaranty Corporation	- J	versinge code (tue (-008).		This Form	is Open to
Part		Identification Information	accordance with the i	instructions to the Form	5500-SF.	Public In	spection
Forcas	andar plan year 2014 or fis	cal plan year beginning	01/01/2014				
		X a single-employer plan		and ending	12/:	31/2014	
A This	return/report is for		of participating en	er plan (not multiemploye nployer information in acc	r) (Filers checki	ing this box mu	st attach a list
Pm		a one-participant plan	🗌 a foreign plan			e rom instructi	ons)
	rearn/report is	i me first return/report	the final return/rep	ort			
		an amended return/report	a short plan year r	eum/report (less than 12	months)		
C Cher	x bax if filing under:	Form 5558	automatic extensio		_		
		special extension (enter descr		וא	니마	/C program	
Part I							
in the second se	e of plan	mation enter all requested inf	omation				·
					1b Three-	digit	
		erology Associates	Derined Benefi	c Plan	plan nu	imber 003	
					(PN) J		
22 000					01/0:	e date of plan 1/2012	
Sound	Shore Gaseroent	ess; include room or suite numbe erology Associates	r (employar, if for a sing	le-employer plan)		er Identification	Number
		ALCEOGY ASSOCIACES	PC		(EIN) 0	4-3754660)
3010 7	Westchester Aven	ue Ste 400			2c Sponso	r's telephone n	umber
						53-9252	
Purcha		NY 10577			20 Busines 62111	s code (see ins	structions)
Ja Plan	administrator's name and	address XSame as Plan Sponso	br.		3b Adminis		
					3c Adminis	trator's telepho	ne number
4 litte	name and/or EIN of the pl	an sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EIN		<u> </u>
	sor's name	er from the last return/report.					
		the beginning of the plan year			4C PN		
b Torai	number of participants at i	the end of the plan year			5a		2
C Numb	er of participants with acc	ount balances as of the end of the			<u>5b</u>		2
		*****			5c		
d(1) Ta	al number of active partici	pants at the beginning of the plan	ı year		54(4)		
		pants at the end of the plan year.			5d(1)	·····	2
e Numbe	of participants that termi	nated employment during the play	n very with span and has		5d(2)		2
	an 100% vested				Se		0
Caution: A	penalty for the late or in	complete filling of this return/o	poort will be accessed		the is parahilah	\$/İ	-
							Schedule
bolet, kis	The composition and complete	igned by an enrolled actuary, as v	weil as the electronic ve	rsion of this return/report,	and to the bes	t of my knowled	ige and
SIGN	LIN		7/17/10	Robert Goldbla	ct]
HERE	Signature of plan admi	nistrator	Date				
SIGN	nc	21	7/12/15	Entername of Individu Neil Shapiro	er sigung as pl	an administrate	<u></u>
HERE	Signature of employer						
Preparer's	name (including firm name	, if applicable) and address (inclu	Date de room or suite numbr	Enter name of individu	al signing as en	nployer or plan	sponsor
		•			Preparer's tele	Priorie NUMBEL	(optional)
				ļ			
		OMB Control Numbers, see the In:					

		Page 2						
 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of 	ible assets? (See instructions)						
b Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-467 (See instructions on waiver eliminitio)	if an independ	ent qualified public accou	niant.			,	X	Yes [
under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to ether line 62 or line 6b, the plan can	y and condition	ns.)		, 1941 77 111			53	Yes 🗍
If you answered "No" to ether line 62 or line 6b, the plan can C if the plan is a defined benefit plan, is it covered under the proces	not use Form	n 6500-SF and must inst	ead u	se Fo	m \$500	,	Ű	
C If the plan is a defined benefit plan, is it covered under the PBGC i Part III Financial Information	insurance pro	gram (see ERISA section	4021)	?	🛛 Yes	XNo	Not a	etermined
7 Plan Assess and Liabübes								_
		(a) Beginning of Y		T		(h) En	d of Yea	
a Total plan asses	. 7a	1	002	89				14995
b Total plan liabilities	. 75			0				
C Net plan assets (subtract line 7b from line 7a)	7c	1	0025	89				14995
erecises, and itensies for this Plan Year		(a) Amount			·	(1-)	T	
a Contributions received or receivable from; (1) Employers			_			(0)	Total	
(2) Participants			4450	00	-			
(3) Others (including rolls and)	<u>8a(2)</u>			0	-			
(3) Others (including roliovers)	8a(3)							
C Tatel informe (add lines 20(1) 8=(2) and (2)	<u>86</u>		519	19				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b), d Benefits paid (including direct rollovers and insurance premiums	80							49691
to provide benefics)	8d							
e Certain deemed and/or corrective distributions (see instructions)	·					_		
f Administrative service providers (salaries, fees, commissions)	8e							
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8g</u>				~~~~			
I Net income (loss) (subtract line 8h from line 8c)	8h							
Transfers to (from) the plan (see instructions)	81		_					49691
Part IV Plan Characteristics a If the plan provides pension benefits, enter the applicable pension from 12, 30 b If the plan provides welfare benefits, enter the applicable welfare feature from the pension of the plan provides welfare benefits, enter the applicable welfare feature from the plan provides welfare benefits, enter the applicable welfare feature from the plan provides welfare benefits, enter the applicable welfare feature from the plan provides welfare benefits, enter the applicable welfare feature								
 a If the plan provides pension benefits, enter the applicable pension find 12, 3D b If the plan provides welfare benefits, enter the applicable welfare feature from the plan provides welfare benefits. 								
a If the plan provides pension benefits, enter the applicable pension for 12, 3D b If the plan provides welfare benefits, enter the applicable welfare feature from the provides welfare benefits, enter the applicable welfare feature V compliance Questions				ić Cod				
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 a If the plan provides pension benefits, enter the applicable pension finds 3D b If the plan provides welfare benefits, enter the applicable welfare feater the plan provides welfare benefits, enter the applicable welfare feater to the plan provides to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) 	ature codes fr	on the List of Plan Chara time period described in	cterist	ić Cod	es in th		ONS:	2
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 If the plan provides pension benefits, enter the applicable pension find a split of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan term of the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce b) Were there any nonexempt transactions with any party-in-interest? on fine 10a.)	ature codes fr ons within the ciary Correction (Do not include delity bond, the free line benefits of repersons by a f the benefits of required notions required notions a	om the List of Plan Chara time period described in n Program)	10a 10b 10c 10d 10d 10g 10h 10l	Yes	No X X X X X X X X X X X X X X X X X X X	e înstrucți	Amount	5 🗌 No
 If the plan provides pension benefits, enter the applicable pension find a structure plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature 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 Fiduce) Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ature codes fr ons within the ciary Correctio (Do not included delity bond, the delity bond, the repersons by a f the benefits of required notions required notions and schedule SE currents of a schedule SE	om the List of Plan Chara time period described in n Program)	10a 10b 10c 10d 10d 10g 10h 10g 10h	Yes Yes	No X X X X X X X X X X X X X X X X X X X	e înstrucți	Amount	5 No

Page 3	12b 12c 12c 12c 12c 12d 12d 12d 13a Identified the control	Yes No ∩ N Yes X No
C Enter the amount contributed by the employer to the plan for this plan year	12b 12c 12c 12c 12c 12d 12d 12d 13a Identified the control	Yes No No
 C Enter the amount contributed by the employer to the plan for this plan year	12c of a 12d	Yes No No
e Wit the minimum funding amount reported on line 12d be met by the funding deadline?	12d	Yes X No
e Wit the minimum funding amount reported on line 12d be met by the funding deadline?	12d	Yes X No
e Wit the minimum funding amount reported on line 12d be met by the funding deadline? art VII Plan Terminations and Transfers of Assets Ja Has a resolution to terminate the plan been adopted in any plan year? 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 u of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	13a	Yes X No
 3a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	nder the control	Yes X No
 Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	nder the control	
 b. Were as the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? c if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) 	nder the control	
of the PBGC?	nder the control	Yes X
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or Eabilities were transferred. (See instructions.)	plan(s) to	Yes X
13c(1) Name of plan(s):		
	13c(2) El	IN(S) 13c(3) PN(
I		1
rt VII Trust Information (optional)		
Name of mist		
	14b Tn	ust's EIN
	1	

SCHEDULE SB	Single-Employer Defined	l Ben	efit Plan	_	OMB N	lo. 1210-0110
(Form 5500) Department of the Treasury Internal Revenue Service	Actuarial Informa	2014				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sec Retirement Income Security Act of 1974 (ERIS, Internal Revenue Code (the	A) and s Code).	ection 6059 of			s Open to Public
For calendar plan year 2014 or fiscal pl	File as an attachment to Form 5 an year beginning 01/01/2014	500 or :	and end	ing	12/31/2	014
Round off amounts to nearest do	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and end	ing	12/31/2	014
	e assessed for late filing of this report unless reason	hable cau	use is establish	ed.		
A Name of plan			B Three-di	105		
Sound Shore Gastroente Plan	erology Associates Defined Bene	efit		nber (PN)		003
C Plan sponsor's name as shown on lir	22 of Form 5500 or 5500-SF		D Employer	Identifica	tion Number (E	INI)
			C Employer	Tuentinua		(14)
Sound Shore Gastroente	erology Associates PC		04-375466	50		
E Type of plan: X Single I Multiple	-A Multiple-B	n size: X	100 or fewer	101-5	00 🗍 More th	an 500
Part I Basic Information						
1 Enter the valuation date:	Month 01 Day 01 Year	2014				
2 Assets:						
a Market value				2a		1000800
b Actuarial value				2b		1000800
3 Funding target/participant count br			lumber of ticipants		ted Funding arget	(3) Total Funding Target
a For retired participants and bene	eficiaries receiving payment		0		0	(
b For terminated vested participar	nts		0		0	(
c For active participants			2		949582	949582
d Total			2		949582	949582
4 If the plan is in at-risk status, check	k the box and complete lines (a) and (b)					
a Funding target disregarding pres	scribed at-risk assumptions			4a	Construction and Construction	
	assumptions, but disregarding transition rule for pla ve consecutive years and disregarding loading factors			4b		
				5		5.69%
6 Target normal cost				6		317118
accordance with applicable law and regulations. combination, offer my best estimate of anticipate	pplied in this schedule and accompanying schedules, statements an In my opinion, each other assumption is reasonable (taking into acc ed experience under the plan.	nd attachme count the ex	ents, if any, is comple perience of the plan	ete and accu and reason	rate. Each prescribe able expectations) ar	d assumption was applied in Ind such other assumptions, in
SIGN HERE Hugd R	esuperio		· · ·		07/16/20	15
S HOWARD ROSENFELD	ignature of actuary				Date	
					1404085	
ROSENFELD/TORTU RETIREMEN	or print name of actuary NT PLANNING				ecent enrollme 914-332-5	
200 WHITE PLAINS ROAD	Firm name		T	elephone	number (includ	ing area code)
TARRYTOWN NY 10)591					
	Address of the firm		-13			
	Address of the firm					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014 v. 140124 Schedule SB (Form 5500) 2014

Page	2	-	
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P	art II	Begi	nning of Year C	arryov	ver and Prefunding E	3alances						
-7							(a)	Carryover balance		(b)	Prefund	ling balance
7		•	• • •		cable adjustments (line 13	•			о			0
8			•	-	unding requirement (line 3							
9	Amount	remaini	ng (line 7 minus l i ne	8)					0			0
10	Interest	on line S	9 using prior year's a	ictual ref	urn of <u>11.22</u> %		•••		0			0
11	Prior ye	ar's exc	ess contributions to l	oe addeo	d to prefunding balance:							
	a Prese	nt value	of excess contributi	ons (line	38a from prior year)		•••					29880
					Ba over line 38b from prior ve interest rate of <u>4 . 94</u> %		•••					1476
					nedule SB, using prior year							
					ear to add to prefunding bala							
					lance				e Heti En trat			31356
12					s or deemed elections							
					line 10 + line 11d – line 1				0			 C
		1			Filme IV + line I Id – line I.	<u> </u>			0			
·	art III		ding Percentag									105 20
										Ì	14	105.39% 105.39%
			g target attainment p		of determining whether ca						15	103.39%
					or determining whether ca						16	121.19%
17	If the cu	rrent val	ue of the assets of t	ne plan i	s less than 70 percent of th	ne funding t	arget, enter	such percentage			17	%
Pa	art IV	Con	tributions and	Liquid	ity Shortfalls							
18	Contribu	itions ma	ade to the plan for th	e plan y	ear by employer(s) and err	iployees:						
(M	(a) Date M-DD-Yז		(b) Amount paid employer(s)	ГЪУ	(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa		((unt paid by
-)/22/2			00000		0	<i></i>	employer(s	>)		empi	loyees
03	8/09/2	015	24	15000	(0						·····
						_				1		
										1		<u> </u>
										1		
										1		
	-											·····
. *					na na sana sa	Totals I	1 (/		145000	0 18(c)		0
19	Discount	ted empl	loyer contributions -	see inst	ructions for small plan with	a valuation	n date after t	he beginning of the	year:			
	a Contri	butions	allocated toward unp	baid mini	mum required contribution	s from prior	r years	•••••••••••••••••••••••••••••••••••••••	19a			0
	b Contril	butions i	made to avoid restric	tions ad	justed to valuation date		••••••	••••••••••••	19b			0
					ired contribution for current	year adjuste	ed to valuatio	n date	19c			420748
20			utions and liquidity s						L			· · · · · · · · · · · · · · · · · · ·
	a Did th	e plan h	ave a "funding short	fall" for t	he prior year?						[Yes X No
	b If line	20a is "`	Yes," were required	quarterly	installments for the currer	nt year mad	e in a timely	manner?	······			Yes No
	c If line	20a is "`	Yes," see instruction	s and co	mplete the following table							Recent Rector
		(1) 4-	+ 1		Liquidity shortfall as of e	end of quar			-1		(1) (1)	
· · · · · · · · · · · · · · · · · · ·	(1) 1st (2) 2nd (3) 3rd						(4) 4ti	<u> </u>				

Pa	art V Assumptio	ns Used to Determine	Funding Target and	Target Normal Cost						
21	Discount rate:									
	a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segmen 6.99		N/A, f	ull yield	сигу	e used	
	b Applicable month (e	enter code)			. 21b				C	
22	Weighted average ret	irement age			. 22				68	
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescribed - separate	Substitut	e				
Pa	rt VI Miscellane	ous Items		·						
24	-	•	•	urrent plan year? If "Yes," see			· —	Yes	X No	
25				uctions regarding required atta				Yes		
				instructions regarding required				Yes	<u> </u>	
27	If the plan is subject to	o alternative funding rules, ent	er applicable code and see	instructions regarding	27		<u>L</u>			
Pa		ation of Unpaid Minimu			····					
		ired contributions for all prior			28				C	
29		29				C				
30				e 29)	. 30				C	
Pa	rt VIII Minimum	Required Contribution	For Current Year							
		nd excess assets (see instruct								
		(line 6)			. 31a				317118	
	b Excess assets, if ap	. 31b	5121			51218				
32	Amortization installme	ents:		Outstanding Bal	ance	Installment				
	a Net shortfall amortiz	zation installment			0				C	
	b Waiver amortization	installment			0					
33		approved for this plan year, en Day Year		er granting the approval ount	33					
34	Total funding requirem	nent before reflecting carryove	er/prefunding balances (line	s 31a - 31b + 32a + 32b - 33).	. 34				265900	
			Carryover balance	Prefunding bala	ance	T	otal bala	ince		
35	Balances elected for u	use to offset funding							C	
36					36			-	265900	
	 Additional cash requirement (line 34 minus line 35) Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) 						420748			
38		ss contributions for current yes			<u>.</u>					
		, of line 37 over line 36)			38a				154848	
		-								
39	 b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 									
	Unpaid minimum requ	40								
				2010 (See Instructions	;)					
41		le to use PRA 2010 funding re			,					
		_			Π	2 plus 7 yea	ars [15	years	
	b Eligible plan vear(s)	for which the election in line 4	41a was made				2010	<u> </u>	2011	
42		n adjustment			42		<u></u>		• •	
		xcess installment acceleration amount to be carried over to future plan years								

Attachment to 2014 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.

Schedule SB, Part V - Summary of Plan Provisions

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Eligibility Requiren	nents	Service/Particip	ation Requirements		
Age (yrs) : Age (months) : Wait (months) : Two year eligibility	21 0 12 : No	Definition of yea Continuing hour Excluded classes	rs: 1,000		
<u>Earnings</u>					
Total compensation	excluding :	403(b) Cafeteria Other Prior to participat 415 prior to partic			
<u>Retirement</u>	<u>Normal</u>	Early	Subsidized Early	<u>Disability</u>	Death
Age: Service: Participation: Defined:	68 0 5 1st of month following				
Benefit Reduction /	Mortality table	& setback			
Male: Female	:	Actuarial Equivalence Actuarial Equivalence	Actuarial Equivalence Actuarial Equivalence	None None	0 0
Rates - Male: Rates - Female:		None None	None None	None None	
Use Social Security Vesting Schedule: Vesting Definition:	Retirement Age: 2/20 Hours Worked	Pre-retirem Percentage	nefits Percentage: 50.00 ent death benefit of accrued benefit: 0.009 fit Payment method: PVA	%	
XY 1	<u>Annuity</u>	<u>Percent</u>	Years		
Normal: QJSA:	Life only Joint and cont	0.00% ingent 50.00%	0 0		
Significant Changes	<u>s in Plan Provisio</u>	ns Since Last Valuation	Ļ		

Schedule SB, Part V - Summary of Plan Provisions

<u>Benefits</u> Pension Formula: Type of Formula: Effective Date:	New Formula Unit benefit non-inte 01/01/2014	grated	
Unit type: Unit based on: Maximum total percent: Tiers based on: First tier: Second tier: Third tier:	Percent Participation 100.00% None 6.00% None None	for 1st None for next None for remaining yrs	
Maximum credit: Past years: Future years: Total years:	2 99 99		
	urrent Compensation nal Average 3 99 0	Apply exclusion to accrued benefit: Annualize short compensation years: Annualize short plan years: Include compensations based on years of:	No No No Service
Accrual			
Frozen: Definition of years:	No Hours worked	Fractions based on:	N/A
Accrual credit:	<u>Continuing</u> <u>Died</u> 1000	0 0 0 0 0	Precision:N/ALimit current creditto:N/A
Years based on: Maximum past accrual y Method:	Participation rears: 1.0000 Unit accrual	Cap or floor: Accrual % per year:	0 Floor 0.00% No
<u>Frozen Benefits</u> Fresh Start Date: Apply increase to frozen Selected Formula:		 /2014 Fresh start approach No Reduce years and/or caps N/A by frozen years: 	No wear away Yes

Schedule SB, Part V - Summary of Plan Provisions

<u>Benefits</u> Pension Formula: Type of Formula: Effective Date:	Benefit formula Unit benefit non-integ 01/01/2012	rated	
Unit type: Unit based on: Maximum total perce Tiers based on: First tier: Second tier:	None 10.00% None	for 1st None for next None	
Third tier:	None	for remaining yrs	
Maximum credit: Past years: Future years: Total years:	2 3 5		
Averaging			
Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years	
Highest:	3	Annualize short plan years:	No
In the last: Excluding:	99 0	Include compensations based on years of:	Accrual
-		-	
<u>Accrual</u>			
Frozen:	No		
Definition of vears:	Hours worked	Fractions based or	1: N/A
Accrual credit:	<u>Continuing</u> <u>Died</u> 1000 C		Precision: N/A Limit current credit to: N/A
Years based on:	Service	Cap/floor years:	0
Maximum past accrua		Cap or floor:	Floor
Method:	Unit accrual	Accrual % per year:	0.00%
Itzethou.	onn addraat	Apply 415 before accrual:	0.00% No
		The second according	

Name of Plan:Sound Shore Gastroenterolgy Associates PC Defined Benefit PlPlan Sponsor's EIN:04-3754660Plan Number:003