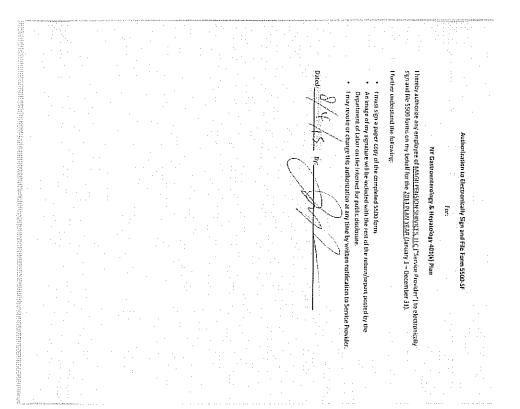
Fo	rm 5500-SF	Short Form Annual Return/Report of Small Emplo				оюуее		
Depa Inte	artment of the Treasury rnal Revenue Service	This form is required to be filed	Benefit Plan red to be filed under sections 104 and 4065 of the Employee R				2014	
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					orm is Open to	
Pension B	enefit Guaranty Corporation	 Complete all entries in accordance with the instructions to the Form 5500-SF. 						
Part I Annual Report Identification Information								
For calend	lar plan year 2014 or fis	scal plan year beginning 01/01/201	4	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 employer information in accordance with the form instructions) ne-participant plan first return/report the final return/report					
	box if filing under:	Form 5558 special extension (enter description)	-		[] D	FVC progra	n	
Part II		rmation—enter all requested infor	rmation					
1a Name NEW YORK	•	OGY & HEPATOLOGY 401(K) PLAN			(PN)	number	•	
	ponsor's name and ad GASTROENTEROLOG	dress; include room or suite number GY & HEPATOLOGY	(employer, if for a single-e	employer plan)	2b Emp (EIN	01/01/2012 bloyer Identification Number 1) 36-4698047		
5030 BROAI	5030 BROADWAY, SUITE 707					Sponsor's telephone number 718-412-3445		
NEW YORK					2d Busi	siness code (see instructions) 621111		
	3c Administrator's telephone number							
		e plan sponsor has changed since the nber from the last return/report.	e last return/report filed fo	r this plan, enter the	4b EIN			
	sor's name				4c PN	[
		at the beginning of the plan year			5a		4	
		at the end of the plan year			5b		2	
compl	lete this item)	account balances as of the end of the			5c		2	
	·	rticipants at the beginning of the plan			5d(1)		4	
.,		rticipants at the end of the plan year. erminated employment during the pla			5d(2) 5e		2	
					Je		0	
Under pen SB or Sch	alties of perjury and oth edule MB completed ar	or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as	ons, I declare that I have e	examined this return/rep	oort, includi	ng, if applica		
SIGN	true, correct, and comp Filed with authorized/	valid electronic signature.	ture. 08/14/2015 JONATHAN RIEBER					
HERE	Signature of plan a	dministrator	Date Enter name of individual signing as plan administrator					
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing	as employer	or plan sponsor	
Preparer's	name (including firm n	ame, if applicable) and address (incl	lude room or suite number	r) (optional)	Preparer's	s telephone	number (optional)	

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes 🗌 No								
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
а	Total plan assets	7a	557				10445		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	557	'16			10445		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:	0-(4)		0					
	(1) Employers	8a(1)		0	_				
	(2) Participants	8a(2)		Ŭ					
	(3) Others (including rollovers)	8a(3) 8b	3	82					
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						382		
	Benefits paid (including direct rollovers and insurance premiums	8c					002		
	to provide benefits)	8d	455	48					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	1	05					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					45653		
i	Net income (loss) (subtract line 8h from line 8c)	t income (loss) (subtract line 8h from line 8c)					-45271		
j	Transfers to (from) the plan (see instructions)								
Par	Part IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D								
b	-								
Part V Compliance Questions									
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu					×			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		2 <i>1</i>	10a		Х			
D	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	fidelitv bo	nd. that was caused by fraud						
	or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					X			
	instructions.)			10e		Х			
	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			10g		Х			
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	Part VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			· · · · · · · · · · · · · · · · · · ·		
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a								
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								

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 onegative amount)	of a	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?		· 🗆 ۲	Yes X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)			
Part VIII Trust Information (optional)							
14a Name of trust							



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	Departmento/Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal						This Form is Open to Public Inspection	
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SB or Schedule MP 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 refler. IGN Jonathan Rieber Signature of plan administrator Date ERE Signature of employer/plan oponsor Preparer's name (including firm name, if explicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) Preparer's name (including firm name, if explicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) Preparer's name (including firm name, if explicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) Preparer's telephone number (optional) Preparer's telephone number (optional) Preparer's telephone number (optional)								
IGN ERE Signature of pion administrator IGN ERE Signature of employer/plan sponsor reparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	B or Schedule MP completed a	nd signed by an enrolled ectuary, as w	e, I declare that I have ell as the electronic ve	examined this return/re reion of this return/repor	port, includir I, and to the	ig, if applic: best of my	able, a Schedule knowiedge and	
ERE Signature of plan administrator Date Enter name of individual signing as plan administrator IGN ERE Signature of employer/plan eponsor Date Enter name of individual signing as employer or plan sponsor reparer's name (including film name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional or Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 6600-SF. Form 6600-SF.		piere	Stulis	Jonathan Rieb	er			
IGN ERE Signature of employer/plan eponsor reparer's name (including film name, if applicable) and address (include room or suite number.) (optional) Preparer's telephone number (optional Preparer's telephone	FREM X ///	idministrator	Date	Enter name of Individ	ual signing a	s plan edm	inistrator	
reparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional Pr	IGN						*****	
	Assessment Sidummente prenibic							
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	и парежин периодел же коло	a and white Gundrer Numbers, see the INS	arenous iot -ditti fon	، ۲ <i>۰</i> ۰		F	orm 6800-SP (2013 V. 14012	

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6£ 1	Were all of the plan's assets during the plan year invested in aligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on waiver aligibility (1) of a provided table to be a black of the plan.	an indepa and cond	andent qualified public account (fions)	ntent (l	QPA)	I		X Y	es No 96 No
~	If you answered "No" to other line Ga or line 6b, the plan can	not use Fi	orm 5600-SF and must inst	ead us	e For	m 550	0.	_	
170	If the plan is a defined benefit plan. Is it covered under the PBGC is	nsuranca	program (see ERISA section	4021)1	? <i></i>	L Yes	s No [Not det	ermined
<u> </u>	Infills Financial Information	1	-1						
	Plan Assele and Llabilities	<u>8868</u>	(a) Beginning of Y	'ear			(b) End	l of Year	·····
a		78	_	557	16				10445
	Total plan liabilities	. 7b	· ····································						
	Net plan assets (subtract line 7b from line 7a)	7c		557	16				10445
8	Income, Expenses, and Transfers for this Plan Year	New Street	(a) Amount				(b) '	Total	
a	(1) Employers	8a(1)			0				
	(2) Participents	0a(2)	-		0			10.7.0144	4 S. C. C.
	(3) Others (including rollovers)	8a(3)			i.				
<u>b</u>	Other Income (loss)	8b		31	82 🖏			1. S. N. P.	1. A. C. S.
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b),	80	的计算法的问题	Q. 375					382
d	to provide benefits)	8d		4554	18				
e	Certain deemed and/or corrective distributions (see instructions)	80			57			1.10.15	N. S. S. L.
f	Administrative service providers (salaries, fees, commissions)	8f		1(55	1186-5-1		હ્ય લ્ટ્રાં કુલ્લ	
<u> </u>	Other expenses	ខំដូ			- Q				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							45653
<u>_i</u> _	Net income (loss) (subtrect line 8h from line 8c)	Bi							-45271
j	Transfers to (from) the plan (see instructions)	8]	,		14		4.4.9.97		2019-201
-	TIN Plan Characteristics				1/15	7 . (. Q &	an a cara a c	and a second state	<u> </u>
b	 9a If the plan provides pension benefits, enter the applicable pansion feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 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 pian year:				Ye5	No		Amount	
	Wes there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduce	lary Corre	ction Program)	10a		x			
ь 	on line 10a.)			105	•	х			
¢	Was the plan covered by a fidelity bond?		****	10c		x			
	Did the plan have a lose, whether or not reimbursed by the plan's fill or dishonesty?	delity boni	that was caused by Freud	100		x			
e	Were any fees or commissions paid to any brokers, agents, or othe	r bersons	by an insurance capier	100					
	Insurance service, or other organization that provides some or all of Instructions.)	the benet	ts under the plan7 (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	ď.)	10g		x			
h	If this is an individual account plan, was there a bleckout period? (S 2520.101-3.)	ee instruct	lions and 29 CER			x			
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101-3	regulrad a	plice or one of the	10h				i (en en e	
Part	Pension Funding Compliance								
3.1	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SP (Energy 1								
1 1 a	5500) and line 11a below)								
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a below, as	applicabi	(e.)			1			X NO
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	emontized	In this plan year, see instruct Mont	lions, a h	ind ar	ter the Day_		letter rulir ear	τġ

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Ìf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				<u></u>			
b			12b					
	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 o negative amount)	fa	120					
0	Will the minimum funding emount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets							
	Has a resolution to terminate the plan been adopted in any plan year?		Y	es X N)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	<u></u>				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?	der the c	ontrol		∏ Yes	X No		
c	C If during this plan year, any assets or Ilabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or Ilabilities were transferred, (See instructions.)							
1	3o(1) Name of plan(s):	13	c(2) Ell		130(3)	PN(s)		
				φ ημη - 2010		<u></u>		

Part VIII Trust Information (optional)

14a Name of trust		14b Trust's EIN
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