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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information					
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	201 <u>5</u>	and ending 02	2/18/2015		
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) Oyer information in acco			
		a one-participant plan	a foreign plan				
B This ret	turn/report is	the first return/report	X the final return/report				
		an amended return/report	a short plan year retui	n/report (less than 12 n	nonths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram	
		special extension (enter des	cription)				
Part II	Basic Plan Inf	ormation—enter all requested in	nformation				
1a Name NEW YORK		OGY & HEPATOLOGY 401(K) PL	AN		1b Three-digit plan numbe		
					(PN) 1c Effective da	001	
						1/01/2012	
		address; include room or suite num OGY & HEPATOLOGY	ber (employer, if for a single	-employer plan)		entification Number 6-4698047	
5030 BROAI	DWAY, SUITE 707				2c Sponsor's te	elephone number	
NEW YORK						de (see instructions)	
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrate	r's EIN	
		he plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b EIN		
	e, Elin, and the plan n sor's name	umber from the last return/report.			4c PN		
5a Total	number of participan	ts at the beginning of the plan year			. 5a	2	
b Total	number of participan	ts at the end of the plan year			. 5b	(
		h account balances as of the end o			5c	(
d(1) Tot	tal number of active p	participants at the beginning of the p	olan year		5d(1)	2	
		participants at the end of the plan ye			5d(2)		
		terminated employment during the			5e	C	
Under pen SB or Sch	alties of perjury and	e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	uctions, I declare that I have	examined this return/re	eport, including, if ap	plicable, a Schedule	
SIGN	Filed with authorize	d/valid electronic signature.	08/14/2015	JONATHAN RIEBER			
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator	
SIGN					·		
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as emp	oyer or plan sponsor	
Preparer's	name (including firm	name, if applicable) and address (er) (optional)		one number (optional)	

	Form 5500-SF 2014		Page 2								
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 considerable or the considera	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	PA)				X Ye	_	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot det	ermin	ied
Par	t III Financial Information	_									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
a	Total plan assets	7a	104	145						0	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	104	145						0	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		9							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								9	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d	102	240							
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f	2	214							
	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	0454	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-10)445	
j	Transfers to (from) the plan (see instructions)	8j									
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe										
David	V Compliance Operations										
Part 10	V Compliance Questions During the plan year:				Yes	No	1				
	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in		163	NO		A	moun		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	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 instructions.)	ner person of the ben	s by an insurance carrier, 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 a	s of year e	nd.)	10g		X					
h						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	ne required	d notice or one of the	10h 10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								∏ Ye	es	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					302 of	ERISA?	·	Ye	es 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			letter ear	ruling	;

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
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	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)							
е	Will t	he 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	0	
	If "Y	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?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			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

Authorization to Electronically Sign and File Form 5500-5F

NY Gastroenterology & Hepatology 401(k) Plan

7

Figure and recognition of the following:

Figure sign a paper copy of the control of the signature will a signature will be signature. Thereby authorize any employee of <u>MAGEUFERSION SERVICES, ILC</u> ("Service Provider") to electronically-sign and the 5550 forms on my behalf for the <u>2015 PLALVEAR (January 1</u> - February 18).

I must sign a paper capy of the completed 5500 form.
 An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for judic disclosure.
 I may revoke or change this authorization at any time by workey notification to Service Provider.

Form 5500-SF

Department of the Treasury Internal Revenue Berylca

Department of Labor Employee Benefits Security Administration Pension Benefit Gentanty 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 6056(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 (210-0089

2014

This Form is Open to Public Inspection

For celendar plen year 2014 or		n			
		01/01/2015	and ending	02/18/2	
A This return/report is for:	x a single-employer plan	a multiple-employer pla of participating employ	an (not multiemployer) er Information in acco) (Filers checking this rdance with the form	box must attach a list instructions)
=	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	In the final return/report			
	an amended return/report	X a short plan year return.	report (less than 12 r	nontits)	
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	grem
	special extension (enter des	cription)			
Part III Basic Plan Int	formation—enter all requested in	nformation			
18 Name of plan				1b Three-digit plan number	205
NGM ADIK GWACTOFILE	erology & Hepatology	401(K) Plan		(PN) A	001
				1c Effective date 01/01/20	
	address; include room or suite numl erology & Hepatology	per (employer, if for a single-e	mployer plan)	2b Employer Ide (EIN) 36-4	ntification Number
5030 Broadway, Suit	 te 707	·		2c Sponsor's tel 718-412-	ephone number
· •	• • • • •				e (see instructions)
New York	NY 10034			621111	
3a Plan administrator's name a	and address XSame as Plan Spor	isor.		3b Administrator	s EIN
				1	
	na bian shousor use cusudes sides nuper from the jast return/rebork	the lest return/report filed for	this plan, enter the	4b EIN	
a Sponsor's name	umber from the last return/report			4c PN	
Sponsor's name Total number of participant	umber from the last return/report. is at the beginning of the plan year.			4c PN 5a	
Sponsor's name Total number of participant Total number of participant	umber from the last return/report. s at the beginning of the plan year. s at the end of the plan year.			4c PN 5a 5b	
Sponsor's name Total number of participant Total number of participant Number of participants with complete this item)	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. I account balances as of the end of	the plan year (defined benefit	plana do not	4c PN 52 5b	(
Sponsor's name Total number of participant Total number of participant Number of participants with complete this item)	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. Is account balances as of the end of	the plan year (defined benefit	plana do not	4c PN 52 5b	(
a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item)	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. I account balances as of the end of the beginning of the participants at the beginning of the participants.	the plan year (defined benefit lan year	plena do not	4c PN 5a 5b 5c 5d(1)	
a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item)	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. I account balances as of the end of articipants at the beginning of the plan ye articipants at the end of the plan ye terminated employment during the plan.	the plan year (defined benefit lan yearar. arplan year with accrued benefit	plana do not	4c PN 5a 5b 5c	
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a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active point e Number of participants that to less than 100% vested Caution: A penalty for the late Under penalties of perfury and of SB or Schedule MB completed as	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. I account balances as of the end of articipants at the beginning of the plan ye stricipants at the end of the plan ye terminated employment during the plan year. For incomplete filing of this returnative penalties set forth in the instru-	the plan year (defined benefit lan year	s that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established.	(()
a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active por e Number of participants that the less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a belief, it is frue, correct, and com-	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. I account balances as of the end of articipants at the beginning of the plan ye stricipants at the end of the plan ye terminated employment during the plan year. For incomplete filing of this returnative penalties set forth in the instru-	the plan year (defined benefit lan year	s that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. port, including, if appl, and to the best of n	(()
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a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active point e Number of participants that of less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed at belief, it is true, correct and consider the structure of the second of	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. It account balances as of the end of articipants at the beginning of the plan ye articipants at the end of the plan ye terminated employment during the plan incomplete filing of this returning the penalties set forth in the instruent and signed by an enrolled actuary, topolete.	the plan year (defined benefit lan year	s that were tless reasonable oat amined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appling, and to the best of including.	icable, a Schedule ly knowledge and
a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active por e Number of participants that the less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a belief it is frue, correct and com SIGN HERE Signature of pian a	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. It account balances as of the end of articipants at the beginning of the plan ye articipants at the end of the plan ye terminated employment during the plan ye terminated employment during the plan of incomplete filing of this returning plant aligned by an enrolled actuary, topolete.	the plan year (defined benefit lan year	s that were stess reasonable oat amined this return/report on of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. port, including, if application, and to the best of near the second seco	icable, a Schedule by knowledge and
a Sponsor's name 5a Total number of participant b Total number of participant c Number of participants with complete this item) d(1) Total number of active pr e Number of participants that of less than 100% vested Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a ballef, it is fine, correct and con SIGN HERE Signature of emple	umber from the last return/report. Is at the beginning of the plan year. Is at the end of the plan year. It account balances as of the end of articipants at the beginning of the plan ye articipants at the end of the plan ye terminated employment during the plan ye terminated employment during the plan of incomplete filing of this returning plant aligned by an enrolled actuary, topolete.	the plan year (defined benefit lan year	e that were sthat were sthat were sthat reasonable oat samined this return/report on of this return/report fonathan Rieb Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. port, including, if application, and to the best of n er ual signing as plan actual signing as employ	icable, a Schedule by knowledge and

Form 5600-SF (2014)

For Paperwork Reduction Act Notice and CMB Control Numbers, see the instructions for Form 8800-SF.

Form 5500-SF 2014		Page 2								
6a Were all of the plan's assets during the plan year invested in eligible Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can confirm the plan is a defined benefit plan, is it covered under the PBGC if	f an indepe / and cond inot use F	endent qualified public accour itions.),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dent (ead us	IQPA) se For	m 550	0,	_	X Ye	s [No No
Part III. Financial Information	NIPO SIICE	program (see ERISA section -	1021)	7 11	Yes	з Пио		ot dete	rmin	ed
7 Plan Assets and Liabilities		·								
a Total plan essels		(a) Beginning of Yo	29r 104	- L	***	(b) E	nd of	Year		
b Total plan liabilities			TO	4=3			-1174-447			0
C Net plan assets (subtract line 7b from line 7a)			104	45						
8 Income, Expenses, and Transfers for this Plan Year	123.00		エヘコ	37						0
Contributions received or receivable from: (1) Employers		(a) Amount		o is) Tota			
(2) Participants		***************************************		0 🐯	43405				16.0	10.00
(3) Others (including rollovers)					1/62		\$: \$47°	4	70-07	Tee/Jil
b Other income (1099)				9 🗒	1.4			23.7	7	.
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)		2003年6月1日日本	1024	@ :-			******	1. 4.6 1.4 2	750°0455 °	9
d Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	. 8d		102	40 🐰						
e Certain deemed and/or corrective distributions (see instructions)	. 8e			34		68.84				, (j. (j.
f Administrative service providers (salarles, fees, commissions)	81		2	14						深度
g Other expenses	. 8g			40		建設。	名别為	4112	84.5	
h Total expenses (add lines 8d, 8e, 8f, and 8g)			4.0C-40	<u> </u>		······································			10	454
Net income (loss) (subtract line 8h from line 8c)	81		10.576		nanzeva a de	Nana Assassa	71835		-10	445
j Transfers to (from) the plan (see Instructions)	8]				4364	1309			-1 ₃ (1)	
b If the plan provides welfere benefits, enter the applicable welfere fe	eature cod	es from the List of Pien Chara	cteris	ic Cod	les In	the Instruc	snoit			
Part V Gompliance Questions										
10 During the plan year:				Yes	No		Am	ount		
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 Corr	ection Program)	10a		х			***		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)		************	10b		Х		131 111111111111111			
С Was the plan covered by a fidelity bond?			10e							
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		*	10ਫ		X					
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.)	of the bene	fite under the plan? (See	10e		X					
f Has the plan failed to provide any benefit when due under the plan	17		10f		X					
g Did the plan have any participant loans? (if "Yes," enter amount se	of year er	nd.)	10g		Х			***************************************	·····	
h If this is an individual account plan, was there a blackout period? (1 2620, 101-3.)	See Instruc	tions and 29 CFR	10h		Х		DE TENT			
i If 10h was answered "Yes," check the box if you either provided th	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									
Ran V Pension Funding Compliance		<u></u> 1	1				Complete Services			<u> </u>
11 le this a defined benefit plen subject to minimum funding requireme 5500) and line 11a below)	ints? (If "Y	es," see instructions and com	plete	Sched	ule SB	(Form	Ϊп	Yes	Π <i>t</i>	Vo.
11a Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 39		,,,,,	lta					**********
12 is this a defined contribution plan subject to the minimum funding r	equiremer	ds of section 412 of the Code			02 of E	ERISA?	П	Yes	K V	40
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a B. If a waiver of the minimum funding standard for a prior year is being granting the waiver.	y amodize:	f in this plan year, see Instruc	lions,	and e	nter the	e date of 1	tha let Year		ng	
The state of the s			· · · · · · · ·		Lay.		1 A22			

AR/IS/SAIP IS:SA SISASSP4P4 DEEL OF WEDICINE EVER A/\AR

	Form 5500-SF 2014	Pege 3 -							
19	you completed fine 12a, complete lines 3, 9, and 10 of Schedulo MB (Form	3500), and skip to line 1	3.						
<u>b</u>	Enter the minimum required contribution for this plan year		*******	125					
				,					
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 (en negative amount)	126							
	Will the minimum funding amount reported on line 12d be met by the funding de	eadline?			Yes	No	N/A		
Part	VIII Plan Terminations and Transfers of Assets		***************************************						
13a	Has a resolution to terminate the plan been adopted in any plan year?		XY	Yes No					
	if "Yes," enter the amount of any plan assets that reverted to the employer this	13a							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						☑ Yes ☐ No			
C									
1	I3c(1) Name of plan(s):		13	3c(2) Ell	V(s)	13o(3) PN(s)			
Part	Trust Information (optional)								
14a i	Name of frust		100 %	14b Tr	uet'a EiN				
	-								