Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in	accordance wit	h the instructions to the Form 5500)-SF.	,				
Pa	art I Annual Report Identification Informatio	n							
For	calendar plan year 2011 or fiscal plan year beginning 01/0	01/2011	and ending 1	2/31/2	011				
Α	This return/report is for:	☐ a multiple	e-employer plan (not multiemployer)	Ī	a one-particip	ant plan			
	This return/report is: the first return/report	=	eturn/report	L					
Ь		H	·						
	an amended return/report	a snort pla	an year return/report (less than 12 mo	onths)	_				
С	Check box if filing under:	automatio	extension	Į	DFVC progra	m			
	special extension (enter des	scription)							
Pa	art II Basic Plan Information—enter all requested	information							
	Name of plan			1b	Three-digit				
	SAR A. CHOUDHURY, INTERNAL MEDICINE, PC PROFIT S	HARING PLAN	AND TRUST		plan number				
					(PN) ▶	001			
				1c	Effective date of	plan			
					01/01/	2000			
	Plan sponsor's name and address; include room or suite num	ber (employer, if	for a single-employer plan)	2b	Employer Identif				
QUA	ASAR A. CHOUDHURY, INTERNAL MEDICINE, PC				(EIN) 14-178	30204			
				2c	Sponsor's teleph				
270 (QUASSAICK AVE				845-561	-5540			
NEW	/ WINDSOR, NY 12553			2d	Business code (see instructions)			
					62111	1			
	Plan administrator's name and address (if same as plan spon		2")	3b	Administrator's E				
QUA		JASSAICK AVE VINDSOR, NY 12	2553	<u> </u>	14-1780204				
	112111	VII 120011, 111 12		3C	Administrator's telephone number 845-561-5540				
4	If the name and/or EIN of the plan sponsor has changed since	e the last return/	report filed for this plan, enter the	4b		0040			
_	name, EIN, and the plan number from the last return/report.	e the last return	report filed for trils plant, enter the	40	EIIN				
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year	r		5a					
b							_		
			•	5b			_		
С	Number of participants with account balances as of the end complete this item)	. , ,	·	5c			2		
62	Were all of the plan's assets during the plan year invested in					X Yes \ \ \	No		
b		Ū	'			A 103 L 1	•0		
	under 29 CFR 2520.104-46? (See instructions on waiver elig					X Yes 1	No		
	If you answered "No" to either 6a or 6b, the plan cannot	•	•						
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	7a	504169		(3) =	571011	_		
b	Total plan liabilities		0			0			
6			504169			571011			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	_		
а	Contributions received or receivable from:	8a(1)	52854						
	(1) Employers	· · · · · · · · · · · · · · · · · · ·							
	(2) Participants	` '							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	13988						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				66842			
d	Benefits paid (including direct rollovers and insurance premiuto provide benefits)								
е	Certain deemed and/or corrective distributions (see instructions								
f	Administrative service providers (salaries, fees, commissions								
		′							
g	Other expenses					0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								
ĺ	Net income (loss) (subtract line 8h from line 8c)					66842			
j	Transfers to (from) the plan (see instructions)	······ 8j							

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Part IV	Plan	Characte	arietice
Partiv	Pian	Characti	eristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 3D
- 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			1			
10	During the plan year:		Yes	No	Α	mount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
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 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		Х			
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					
art	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	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)	of a		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u>_</u>	Yes	No	N/A
Part						<u> </u>	
	Has a resolution to terminate the plan been adopted in any plan year?			Пу	es X No		
Iou	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a	Ш.	00 111110		
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol			
~	of the PBGC?					Yes	X No
С	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.)	ie plai	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ıse is	establi	shed.		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	QUASAR CHOUDHURY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information		-				
For		1/01/2	011 and ending		12/31/2011		
Α	This return/report is for: 🛛 a single-employer plan	a multiple	e-employer plan (not multiempl	oyer)	a one-participant plan		
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than	12 months)		
С	Check box if filing under: 🔲 Form 5558	automatic	extension		☐ DFVC program		
_	special extension (enter descriptio				ц , ,		
P:	urt II Basic Plan Information—enter all requested informa						
	Name of plan	-		1b	Three-digit		
	QUASAR A. CHOUDHURY, INTERNAL MEDICINE,	PC PRO	FIT	'-	plan number		
	SHARING PLAN AND TRUST				(PN) ▶ 001		
	DIAKING FLAN AND IKOSI			1c	Effective date of plan 01/01/2000		
-20	Discourse de la constant de la const				_ _		
Za	Plan sponsor's name and address; include room or suite number (er QUASAR A. CHOUDHURY, INTERNAL	npioyer, ii	for a single-employer plan)	20	Employer Identification Number (EIN) 14-1780204		
	MEDICINE, PC			20	Sponsor's telephone number		
				20	(845) 561-5540		
	270 QUASSAICK AVE			2d	Business code (see instructions)		
	NEW WINDSOR		NY 12553		621111		
3a	Plan administrator's name and address (if same as plan sponsor, en	iter "Same	-")	3b	Administrator's EIN		
	SAME			20	Advistantada talantana ayanta		
				30	Administrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter t	he 4b	EIN		
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name			_	PN		
5a	Total number of participants at the beginning of the plan year	•••••		<u> </u>			
b	Total number of participants at the end of the plan year			<u>5b</u>			
С	Number of participants with account balances as of the end of the pi complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b	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.)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo				<u>A</u> res 140		
Pa	rt III Financial Information	iiii <u>5500-</u>	or and must mistead use rol	III 3300			
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year		
a	Total plan assets	7 a		1,169	571,011		
b	Total plan liabilities	7b	_	0	C		
C	Net plan assets (subtract line 7b from line 7a)	7c	504	1,169	571,011		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	52	2,854			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	13	3,988			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			66,842		
d	Benefits paid (including direct rollovers and insurance premiums 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					
i	Net income (loss) (subtract line 8h from line 8c)	8i			66,842		
j	Transfers to (from) the plan (see instructions)	8j					

		Form 5500-SF 2011 Page 2 -						
Pa	rt IV	Plan Characteristics						
	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteri	stic Co	des in	the instruct	tions:	
þ		2A 2E 2F 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	ies in t	he instruction	ons:	
Par	t V	Compliance Questions						
10		ing the plan year:		Yes	No		Amount	
a	Was 29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х		Amount	
b	Wer	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		х			
C	Wa	s the plan covered by a fidelity bond?	10c	х				0,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		х	,	· · ·	
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		x			
f		the plan failed to provide any benefit when due under the plan?			X		A	
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f					
_		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		Х			
	2520	0.101-3.)	10h		х			
í		th was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	۷I	Pension Funding Compliance						
11	Is thi 5500	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com))	plete :	Sched	ule SB	(Form	Yes [No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se	ction 3	02 of I	ERISA?	Yes	ΧNο
а	lf a w	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ting the waiver	tions,	and e	nter the	e date of the	e letter rulin Year	ng
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Enter	r the minimum required contribution for this plan year		<u> </u>	12Ь			
		the amount contributed by the employer to the plan for this plan year		L	12c			
đ		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of tive amount)			12d			
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	a resolution to terminate the plan been adopted in any plan year?	<u></u>		Υ	es X No		
		s," enter the amount of any plan assets that reverted to the employer this year						
b	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought use PBGC?	· · · · · · · · · · · · · · · · · · ·				Yes	X No
¢	If dur which	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	e plan					
1	3c(1)	Name of plan(s):		13c	(2) EII	V(s)	13c(3) F	N(s)

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

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.

SIGN	(a)	10-9-11	QUASAR CHOUDHURY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
- C1-C1-1		10-7-12	Some as above
SIGN HERE	Signature of employer/plan aponsor	Date	Enter name of individual signing as employer or plan sponsor