Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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104 DAVIS AVENUE BLOOMFIELD, NJ 07003

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).

This Form is Open to **Public Inspection**

2014

OMB Nos. 1210-0110

1210-0089

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit NATWARLAL CHOWLERA, M.D., P.C. MONEY PURCHASE PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NATWARLAL CHOWLERA, M.D., P.C. (EIN) 11-2714127 Sponsor's telephone number 718-728-6257 80-28 LEFFERTS BLVD. KEW GARDENS, NY 11415 Business code (see instructions) 621111 3b Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested... 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 Filed with authorized/valid electronic signature 10/04/2015 NATWARLAL CHOWLERA **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

973-338-7757

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b ,	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot will be a first the control of the plan cannot will be a first the control of the plan cannot will be a first the control of the plan cannot will be a first the p	an indeper and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121)? .		Yes	No Not determined
Par					-		
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	26254		-		1825010
	Fotal plan liabilities	7b	26254	0			0 1825010
	Net plan assets (subtract line 7b from line 7a)	7c		100	_		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)		0			
	2) Participants	8a(2)		0			
	3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	1483	314			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					148314
	Benefits paid (including direct rollovers and insurance premiums		0.40-	700			
	o provide benefits)	8d	9487				
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u> /	Administrative service providers (salaries, fees, commissions)	8f		0			
<u>g</u> (Other expenses	8g		0			
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					948792
	Net income (loss) (subtract line 8h from line 8c)	8i					-800478
	Fransfers to (from) the plan (see instructions)	8j		0			
	If the plan provides pension benefits, enter the applicable pension to 2C If the plan provides welfare benefits, enter the applicable welfare fee V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X	
C	Was the plan covered by a fidelity bond?			10c		X	
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Χ	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding						ERISA? X Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			50	,		
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

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If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	`	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding			Yes	No X	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 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public inspection

Park Annual Report	t identification information								
For calendar plan year 2014 or 1	iscal plan year beginning	01/01/2014	and ending	12/31/20	14				
A This return/report is for: B This return/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report) (Filers checking this box must attach a list ordance with the form instructions)					
C Check box If filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC program					
Paris Basic Plan Info	ormation—enter all requested in	formation							
1a Name of plan Natwarlal Chowlera, M.D., P.C. Money Purchase Plan				1b Three-digit plan number (PN) 1 Effective date	002				
				01/01/2000					
2a Plan sponsor's name and a Natwarlal Chowlera, 80-28 Lefferts Blvd		er (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 11-2714127 2c Sponsor's telephone number					
00-20 Delicits Dive	· ·			718-728-0	The second secon				
Kew Gardens	NY 11415		,	2d Business code (see instructions) 621111					
3a Plan administrator's name a	ind address XSame as Plan Spons	sor.		3b Administrator	s EIN				
				3C Administrator	s telephone number				
4 if the name and/or EiN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.									
a Sponsor's name				4c PN					
5a Total number of participants at the beginning of the plan year					4				
b Total number of participants	s at the end of the plan year			. 5b	Ż				
C Number of participants with complete this item)	account balances as of the end of	he plan year (defined bein	efit plans do not	5c					
d(1) Total number of active pa	articipants at the beginning of the pi	an year		5d(1)	4				
d(2) Total number of active pa	articipants at the end of the plan yes	r	-1-101111111111111111111111111111111111	5d(2)					
	erminated employment during the p			5e					
Caution: A penalty for the late Under penalties of perjury and of	or incomplete filing of this return ther penalties set forth in the instruc- ind signed by an enrolled actuary, a	/report will be assessed	unless reasonable ca	port, including, if appl	icable, a Schedule ry knowledge and				
Notatale Chewley 10/04/2015 Natwarlal Chow				owlera					
Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan ac	Iministrator				
Marie 14									
Signature of emplo		Date	Enter name of Individ	ival signing as employ					
	name, if applicable) and address (in	clude room or suite numbe	er) (optional)	Preparer's telephon	e number (optional)				
Maureen Conta				973-338-7757					
NPPG									
104 Davis Avenue				AT A SHEET MANAGES TO SHEET					
Bloomfield	NJ 07003	. Incomedians for Co Fron	ee .	TO LONG TO LANGUE	5500				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	*****	,.,			Б	Yes	No
	b Are you claiming a waiver of the annual examination and report of an independent qualified public account				(API			_	Yes	<u>п</u>
	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	and condit of use Fo	rm 5500-SF and must instea	d us	Form	5500		E	y res	∐ No
	If the plan is a defined benefit plan, is it covered under the PBGC in							Пио	t determ	ined
	Financial Information	104101100				1	<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning of Yea			· ·	(P) E	nd of Y	·	
'	Total plan assets	7a		254	38		(4)	10 01 1		25010
-	Total plan ilabilities	7b			0					Ö
	Net plan assets (subtract line 7b from line 7a)	7c	26	254	88				182	25010
8	Income, Expenses, and Transfers for this Plan Year	Texas Co	(a) Amount	,			(1) Total		
а	Contributions received or receivable from:	1			Λ.					
	(1) Employers	8a(1)						A LANGE STATE OF	W-100 E-100	
-	(2) Participants	8a(2)			0 30	S 2017	200	HOD A	200	The same
_	(3) Others (Including rollovers)	8e(3)	7	483	14	() () ()				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 6b)					APPEARS T	7		7.4	48314
	Benefits paid (including direct rollovers and insurance premiums	1 00					. Joseph	Agrico.	All Alexander	5 64.5
	to provide benefits)	8d	9	487	72			- 175	Branch .	
e	Certain deemed and/or corrective distributions (see Instructions)	8e			0	TO SECOND		0.00		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			O A		- 2	- 100 April	Tage of the	
g	Other expenses	89		nore SI	O			C 20 (8)		\$2:2+ × ×
	Total expenses (add lines 8d, 8e, 8f, and 8g)		经过程的基础的基础的	100	91.7				1-11-11	48792
	Net income (loss) (subtract line 8h from line 8c)	 		· ALCE	-		A CONTRACT	- Carlo		00478
J Kaling	Transfers to (from) the plan (see instructions)	8]		····	0152	10 SE		44.79 N. 18	43	Ask to
	Plan Characteristics If the plan provides pension benefits, enter the applicable pension	forture co	doc from the List of Blan Char	aetori	etle Co	dos is	the iss		-	
Эa	2C	1091019 00	des hom the rist of Fight Char	acteri	suc Cc	des in	tue niet	rocuore	5.	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	ctens	ic Cod	es in t	he instr	ictions:		
C Sales					_					
-	Compliance Questions			<u> </u>	1.4					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in	<u></u>	A63	No		Am	ount	-
4	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				
c	Was the plan covered by a fidelity bond?			18c		х				
đ	Did the pian have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	,,,,,,					··········	
	or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10a		х	ļ			
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 vear e	nd.)	10g		х				
***************************************	If this is an individual account plan, was there a blackout period?			109				n CC	200	ALVE SE
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the		*****************************	10h		Х			78990	*0.0
	exceptions to providing the notice applied under 29 CFR 2520.10			101						
11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If ")	es " see instructions and com	nlere	Sched	lule SE	/Eorm			
	5500) and line 11a below)				44.14.11	*********			Yes	No
	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? X Yes N N N N N N N N N				Νo					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver					9				
,				,	_					-

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Ħ	you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and s	kip to line 13.						Ţ.,
b	Enter the minimum required contribution for this plan year	ar		125					0
	A CANADA AND A CAN	musim manifestation as not a construction of the state of					***		
C	Enter the amount contributed by the employer to the pla			120					0
d	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)								٥
e	Will the minimum funding amount reported on line 12d b	e met by the funding deadline?	111111111111111111111111111111111111111		П	Yes	No	X N/A	١.
Par	VII Plan Terminations and Transfers of	Assets							
13a	Has a resolution to terminate the plan been adopted in any	ofan year?		X	Yes	No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							, , , , , , , ,	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					ï		[] Y	es X No	0
C	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct		in(s), identify the plan(s	to					
4	13c(1) Name of plan(s):			13c(2)	EIN(s))	130	(3) PN(s)	
	724		TA THE RESERVE TO SERVE THE PROPERTY OF THE PR				<u> </u>		
Park	Trust Information (optional)	A A A A A A A A A A A A A A A A A A A							
14a Name of trust			14b	Trust's	3 EIN				
		· .							
				-1					_