For	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OI	MB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	tirement	2	2016
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (	(ERISA), and sections 605 Revenue Code (the Code		nternal		rm is Open to Inspection
_	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 550	00-SF.		•
For calenda	ar plan year 2016 or fisca	dentification Information al plan year beginning 01/01/20	)16	and ending 12/	/31/2016		
	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	5		-	
5		a one-participant plan	a foreign plan				
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	nths)		
C Check b	box if filing under:	Form 5558	automatic extension	[	DFVC p	rogram	
Dert II	Decis Dian Inform	special extension (enter descri	,				
Part II		mation—enter all requested info	ormation		1b	a alianit	
<b>1a</b> Name ATUL CHOK		OFIT SHARING PENSION PLAN	I		1b Three plan (PN)	number	002
					1c Effect	tive date of 01/01/	
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Empl (EIN)		cation Number
	SHI PHYSICIAN PC	country, and ZIP or foreign posta	ii code (ii loreign, see insti		2c Spor	nsor's teleph 201-314-	one number 7220
370 9TH STF BROOKLYN,				-	2d Busir	ness code (s 62111	ee instructions) 1
3a Plan a	dministrator's name and	address X Same as Plan Spon	sor.		<b>3b</b> Admi	inistrator's E	IN
					3c Admi	inistrator's te	lephone number
name,	, EIN, and the plan numb	blan sponsor has changed since the form the last return/report.	he last return/report filed fo		4b EIN		
a Sponse					4C PN		
-		t the beginning of the plan year			5a 5b		11 11
C Numb	er of participants with ac	t the end of the plan year	he plan year (only defined	contribution plans	50 50		10
	,	cipants at the beginning of the pla			5d(1)		g
• • •	•	cipants at the end of the plan yea	•		5d(2)		ç
e Numb	per of participants that te	rminated employment during the	plan year with accrued ber	nefits that were less	5e		C
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable caus			
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, as ete.					
SIGN	Filed with authorized/va	lid electronic signature.	10/10/2017	ATUL CHOKSHI M. D.			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	al signing	as plan adm	inistrator
SIGN HERE							
Signature of employer/plan sponsor Date Enter name of individual						as employer s telephone i	
					·	·	
							5500.05 (0010)

6a b c										
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	167261	173029						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	167261	173029						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	0							
	(2) Participants	8a(2)	0							
	(3) Others (including rollovers)	8a(3)	0							
b		8b	5768							

<b>b</b> Other income (loss)	8b	5706	
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5768
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions).	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		5768
j Transfers to (from) the plan (see instructions)	8j	0	
Part IV Plan Characteristics		•	·
9a If the plan provides pension benefits, enter the applicable pension t	feature co	odes from the List of Plan Characte	eristic Codes in the instructions:

9a	If the	plan	provides	pension ber	nefits, ent	er the applic	able pension	feature of	codes from the	Exist of Plan	Characteristic	Codes in th	e instruction	s:
	2A	2E	2G											

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

## Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
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		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 as of year-end.)	10g		Х		
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling	
	gran	ting the waiver	onth _		_ Day		Year		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	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?				Yes	s XI	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No	
c	lf, d	uring 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.)			to				
1		Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information							
14a	Name	e of trust			14b ⊺	Frust's E	IN		
14c	Name	e of trustee or custodian					s or custo ne number		
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP	
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			
	letter		er the	e date	of the m	nost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No		

Form 5500-SF	Short Form A							
Department of the Treasury Internal Revenue Service	Short Form Annual F	Denenit Flan		and the second se	OMB Nos. 1210-0110 1210-0089			
Department of Labor Employee Benefits Security Administration	This form is required to be fill Retirement Income Security Act the Inter			a) of	2016			
Pension Benefit Guaranty Corporation	► Complete all entries in second	Complete all anticiation of the Code). Inis Form is Open to Public						
Part I Annual Repor	t Identification Information	roance with the inst	ructions to the Form 5500	-SF.	nspection			
For calendar plan year 2016 or f		01/01/2016	and ending	12/31/2016				
A This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer) (F		OX must attach			
B This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/repo	a projer mormation in ac	cordance with the fo	rm instructions.)			
	an amended return/report	] a short plan year ret	urn/report (less than 12 mo	nths)				
C Check box if filing under:	x Form 5558   special extension (enter description)	automatic extension		DFVC progr	am			
Part II Basic Plan Info	ormation enter all requested info	on)						
re realite of plan								
Atul Chokshi Physic	cian PC Profit Sharing Per	sion Plan	1 4 4 2 - 2	1b Three-digit plan number				
				(PN) ►	002			
2a Plan sponsor's name (emplo	wor if for a single			1c Effective date 01/01/2012	of plan 2			
City or town, state or provinc	em, apt., suite no. and street, or P.O. Bo e, country, and ZIP or foreign postal co	ox) ode (if foreign, see ins	tructions)	2b Employer Iden (EIN) 01-05	tification Number			
Atul Chokshi Physic	ian PC			2c Sponsor's tele	phone number			
370 9th Street			-	(201) 314-	-7220			
				2d Business code 621111	(see instructions)			
US Brooklyn NY 11215 3a Plan administrator's name on								
· · · · · · · · · · · · · · · · · · ·	d address X Same as Plan Sponso	r		3b Administrator's	EIN			
				3c Administrator's	s telephone number			
in a set and plan nam	plan sponsor has changed since the la ber from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
<b>b</b> Total number of participants a	t the beginning of the plan year	••••••		5a	11			
- iotal number of participants a	t the end of the plan year			5b	11			
complete this item)	******		contribution plans	5c	10			
u(1) Total number of active partic	pipants at the beginning of the plan year			5d(1)	9			
d(2) Total number of active partic	ipants at the end of the plan year			5d(2)	9			
e Number of participants that ten less than 100% vested	minated employment during the plan y	ear with accrued ber	efits that were	5e				
	incomplete filing of this return/rep				0			
Under penalties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary as we	I declare that I have	examined this return /rens	while a building of a set	icable, a Schedule ny knowledge and			
SIGN AB	Chilles la	10/10/17	Atul Chokshi, M.I	D .				
HERE Signature of plan admini	strator	Date	Enter name of individual		ninistrator			
	The eoRAlu	10/10/17	Atul Chokshi, M.I		Initistrator			
HERE Signature of employer/pl	an sponsor	Date	Enter name of individual		r or plan sponsor			
reparer's name (including firm nam kip this question	ne, if applicable) and address (include	room or suite numb	er) I	Preparer's telephon Skip this ques	e number			
or Paperwork Reduction Act Net	ice, see the instructions for Form 5	500 SE						
period action Act Noti	ee, see the instructions for Form 5				Form 5500-SF (201 v.1602			

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (	See instructions.)	•••••	••••••	••••••	XYes No			
b	Are you claiming a waiver of the annual examination and report of a	n independ	dent qualified public accountant	(IQP/	4)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,				XYes No			
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use Forr	m 5500-SF and must instead u	use F	orm 5	500.				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 402	1)?	[	Yes	No Not determined			
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(t	) End of Year			
а	Total plan assets	. 7a	167,2	61			173,029			
b	Total plan liabilities	. 7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	167,2	61			173,029			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:			•						
	(1) Employers	. 8a(1)		0						
	(2) Participants	. 8a(2)		0						
<u> </u>	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	. 8b	5,7	68						
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					5,768			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		0						
g	Other expenses	. 8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					0			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					5,768			
j	Transfers to (from) the plan (see instructions)	. 8j		0						
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Charact	eristic	: Code	es in the i	nstructions:			
	2A 2E 2G									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Characte	ristic	Codes	in the ins	structions:			
Pa	art V Compliance Questions									
10	During the plan year:			Yes	No	N/A	Amount			
â	Was there a failure to transmit to the plan any participant contribut	tions withir	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fic	duciary Correction							
	Program)	••••••	10a		х					
k	Were there any nonexempt transactions with any party-in-interest	? (Do not ii								
	reported on line 10a.)		10b		x					

Page 2

10c

10d

10e

10f

10g

10h

.....

х

х

х

х

х

х

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by fraud or dishonesty?

е

f

g

h

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		

.....

C Was the plan covered by a fidelity bond?

**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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.)

Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

Has the plan failed to provide any benefit when due under the plan?

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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Page **3 -**

_									
Part		Pension Funding Compliance							
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 500 and line 11a below)					Yes [	K No	
_11a		e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a					
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				🗆	Yes 🛛	X No	
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
-	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins g the waiver	onth		er the da Day		letter ru ear	ling	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.		-				
b	Enter th	e minimum required contribution for this plan year.	, 12b						
C	Enter th	e amount contributed by the employer to the plan for the plan year	••••••	, 12c					
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the e amount)		12d					
е	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 r	esolution to terminate the plan been adopted in any plan year?	•••••		🗌 Ye	s X	No		
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year	•••••	. 13a					
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	-			Yes	X N	0	
С	lf, durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ssets or liabilities were transferred. (See instructions.)							
13		me of plan(s):	13c(2)	EIN(s)		1:	13c(3) PN(s)		
Davi	\/III	Truct Information Olion These Questions							
Part		Trust Information - Skip These Questions							
14a	Name o	f trust		14	<b>0</b> Trust's	EIN			
14c	Name o	f trustee or custodian		140	<b>d</b> Trustee	e or cust	odian's		
					telepho	ne num	ber		
Part	IX	IRS Compliance Questions - Skip These Questions							
15a	Is the p	an a 401(k) plan? If "No," skip b		Yes			No		
15b		I the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha			"Prior y test	ear" ADP	
				"Curren ADP tes	•		N/A		
16a		sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply:		Ratio percent		Aver	-	□ N/A	
				test		bene	fit test	-	
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) blan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS/ and serial number	opinion l	etter or a	advisory	etter, er	iter the c	late of	
17b	If the pl letter	an is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the d	ate of th	e most re	ecent de	terminat	ion	
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep			🗌 Ye	s 🗌	No		
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••		🗌 Ye	s 🗌	No		