For	m 5500-SF	Short Form Annu	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Re						
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the In	the Internal This Form is Open				
Pension Be	enefit Guaranty Corporation	Complete all entries in a second s	accordance with the ins	tructions to the Form 550	0-SF.	Public Inspection			
Part I		Identification Information							
For calenda	ar plan year 2017 or f	scal plan year beginning 01/01/2			<u>31/2017</u>	ing this have must attach a			
A This ret	urn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (Fil employer information in acco		•			
B This rot	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	urn/report (less than 12 mon	nths)				
C Check	oox if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desci	ription)						
Part II	Basic Plan Info	prmation—enter all requested in	formation						
1a Name					1b Three	5			
ATUL CHOK	SHI PHYSICIAN PC	PROFIT SHARING PENSION PLA	Ν		plan (PN)	number 002			
		•	· · ·	tive date of plan					
						01/01/2012			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 01-0583000			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TUL CHOKSHI PHYSICIAN PC					2c Sponsor's telephone number 201-314-7220			
					2d Business code (see instructions)				
370 9TH STE BROOKLYN					621111				
BROOKLIN	,								
3a Plan a	dministrator's name a	nd address 🗙 Same as Plan Spor	nsor.	:	3b Administrator's EIN				
				;	3c Administrator's telephone number				
A If the r	ama and/or EIN of th	e plan sponsor or the plan name ha	a changed since the last	roturn/roport filed for	4b EIN				
		onsor's name, EIN, the plan name a		the last return/report.					
	or's name			4	4d PN				
C Plan N	lame								
5a Totalu	number of participants	at the beginning of the plan year			5a	11			
-		s at the end of the plan year			5b	1			
C Numb	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	1			
•	,	articipants at the beginning of the pl			5d(1)	9			
d(2) Tot	al number of active pa	articipants at the end of the plan year	ar		5d(2)	1			
	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable caus	e is estat	olished.			
Under pena SB or Sche	alties of perjury and or edule MB completed a	ther penalties set forth in the instruct nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/repo	ort, includi	ng, if applicable, a Schedule			
	true, correct, and com	piete. I/valid electronic signature.	10/01/2018	ATUL CHOKSHI M. D.					
SIGN HERE						as plan administrator			
SIGN	Signature of plan a	I/valid electronic signature.	Date 10/01/2018	Enter name of individua ATUL CHOKSHI M. D.	a signing a	as pian aunimistrator			
SIGN HERE		0							
	Signature of emplo	oyer/plan sponsor	Date	Enter name of individua	a signing a	as employer or plan sponsor Form 5500-SF (2017)			

lotice, see Pape

v.170203

g Other expenses.....

Part IV Plan Characteristics

2E 2G

2A

i i

j

9a

b

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

0

0

115975

-110569

-										
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	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)?									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Da	rt III Financial Information									
7	Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year									
а	Total plan assets	7a	173029	62460						
b	Total plan liabilities	7b	0	0						
С	Net plan assets (subtract line 7b from line 7a)	7c	173029	62460						
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	Other income (loss)	8b	5406							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5406						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	115975							
e	Certain deemed and/or corrective distributions (see instructions)	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	0							

8g

8h

8i

8j

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

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 plan year:	Yes	No	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		X	
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			

r

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Page **3-** 1

Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No		
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a						
12	ls t ERI (If '	of		Yes	s 🗙 No				
a	a 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								
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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?		Ye	es X	No			
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a						
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to						
1	13c(1) Name of plan(s): 13c(2) E					: (3) F	'N(s)		

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	Small Emplo	vee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be	filed under sections 104 and	d 4065 of the Employ	ee	2017
Department of Labor	Retirement Income Security A	a set of the		8(a) of Th	is Form is Open to Public
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		ternal Revenue Code (the C	,	12 2.00	Inspection
	Complete all entries in ac		ions to the Form 55	00-SF.	
	dentification Information			10/01/	
or calendar plan year 2017 or fisc		01/01/2017	and ending	12/31/	
A This return/report is for:	x a single-employer plan	a multiple-employer pla a list of participating en a foreign plan	n (not multiemployer) ployer information in	(Filers checkin accordance wit	ig this box must attach th the form instructions.)
3 This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12	months)	
Charle have if fill					
Check box if filing under:	X Form 5558	automatic extension			/C program
	special extension (enter desc				
Part II Basic Plan Info	rmation enter all requested	information			1
a Name of plan				1b Three	-digit jumber
Atul Chokshi Physic	ian PC Profit Sharing	Pension Plan		(PN)	
					ive date of plan
2a Plan sponsor's name (emplo	yer, if for a single-employer plan)				1/2012
Mailing Address (include roc	m ant, suite no and street or D	O Bow			oyer Identification Number
City or town, state or provinc	ce, country, and ZIP or foreign pos	stal code (if foreign, see instr	uctions)		01-0583000
Atul Chokshi Physic	cian PC				sor's telephone number
370 9th Street					ess code (see instructions)
				6211	.11
US Brooklyn NY 11215	Ind address X Same as Plan S				
	audiess [A] Same as Plan S	ponsor		3b Admir	nistrator's EIN
				3c Admin	nistrator's telephone number
4 If the name and/or EIN of the	ne plan sponsor or the plan name	has changed since the last a		41	
this plan, enter the plan sp	onsor's name, EIN, the plan name	and the plan number from the	eturn/report filed for	4b EIN	
a Sponsor's name				4d PN	
c Plan Name					
E					
5a Total number of participan b Total number of participan	ts at the beginning of the plan yea	٠٠٠٠٠	*****	5a	11
C Number of participants wit	ts at the end of the plan year		************************************	5b	1
complete this item)	h account balances as of the end		contribution plans	5c	1
d(1) Total number of active p	articipants at the beginning of the	plan year		5d(1)	1
d(2) Total number of active p	participants at the end of the plan	/ear	*****		1
e Number of participants where the second se	no terminated employment during	the plan year with accrued be	enefits that were		0
Caution: A penalty for the la	te or incomplete filing of this re	turn/report will be assesse	d unless reasonable		
Under denaities of berlury and	d and signed by an enrolled actuation	structions I dealars that I t	and the second se		
SIGN AT	3 RIDBAW	10/1/18	ATUL CHOKSHI	M	
HERE Signature of playa	dministrator	Date			
	A CIOBINT	Daig			s plan administrator
HERE Signature of emplo	ver/plan sponsor	Date 10/118	ATUL CHOKSHI		
	Act Notice, see the instructions	1.1	Enter name of indiv	vidual signing as	s employer or plan sponsor

For Paperwork Reduction Act Notice, see the instructions for Form 5500	SF.
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Form	5500-SF (2017)
	v.170203

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b								
	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	t use Forr	n 5500-SF and must instead use Fo	rm 5500.				
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	ogram (see ERISA section 4021)?	Yes No Not determined				
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year	(See instructions.)				
Ρ	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	173,029	62,460				
b Total plan liabilities			0	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	173,029	62,460				
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	Other income (loss)	8b	5,406	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5,406
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	115,975	
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		115,975
i	Net income (loss) (subtract line 8h from line 8c)	8i		(110,569)
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 feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G

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 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		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 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		х		
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		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				

Page **3 -**

Part	: VI	Pension Funding Compliance					
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o 5500 and line 11a below)	•	nedule S	В 	🗌 Yes	X No
_11a	Enter t	ne 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 C			f	🗌 Yes	X No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a 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 granting the waiver						of the letter	r ruling
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1					
b	Enter t	ne minimum required contribution for this plan year.	•••••	12b			
С	Enter t	he amount contributed by the employer to the plan for the plan year	•••••	12c			
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)						
е	Will the	e 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	esolution to terminate the plan been adopted in any plan year?	••••••	Ľ	Yes	X No)
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	•••••	13a			
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	0		י 🗌	res X	No
С	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.)						
1:	13c(1) Name of plan(s): 13c(2) EIN(N(s)		13c(3)	PN(s)	