## 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

2017

This Form is Open to Public Inspection

Part I		<u>t Identification Information</u>	1						
For calend	lar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017				
A This re	turn/report is for:	olan (not multiemployer) ( Imployer information in ac	-						
		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 months)						
C Check	box if filing under:	X Form 5558 Special extension (enter desc	automatic extension		DFVC progr	am			
	T								
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name NESHEIWA	•	CE, PC 401K PROFIT SHARING P	PLAN AND TRUST		1b Three-diplan num (PN) ▶				
					1c Effective	date of plan 01/01/2010			
2a Plan sponsor's name (employer, if for a single-employer plan)					<b>2b</b> Employe	r Identification Number			
		om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		etructions)	(EIN)	01-0923240			
-	T MEDICAL PRACTIC		tal code (il loreign, see ins	siructions)	<b>2c</b> Sponsor's telephone number 845-765-2404				
					2d Business code (see instructions)				
1989 ROUT SUITE 2	E 52				621111				
	JUNCTION, NY 1253	33							
3a Plan administrator's name and address X Same as Plan Sponsor.				<b>3b</b> Administrator's EIN					
			22						
					3C Administ	rator's telephone number			
		ne plan sponsor or the plan name h			4b EIN				
	sor's name	onsor's name, EIN, the plan name	and the plan number nom	the last return/report.	4d PN				
C Plan N	Name								
		s at the beginning of the plan year.			5a				
		s at the end of the plan year			5b				
		account balances as of the end of		•	5c	2			
<b>d(1)</b> Tot	tal number of active pa	articipants at the beginning of the p	lan year		_ 5d(1)				
		articipants at the end of the plan ye			. 5d(2)				
than	100% vested	o terminated employment during th			. <b>5e</b> 0				
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca					
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, aplete.							
SIGN	Filed with authorized	d/valid electronic signature.	10/08/2018	OGLEH NESHEIWAT					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing as e	employer or plan sponsor			

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b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No</li> <li>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year</li> </ul>							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
а	Total plan assets	. 7a	2	84358				337147
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	2	84358				337147
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total
а	Contributions received or receivable from:		, ,					
	(1) Employers	8a(1)		7500				
	(2) Participants	8a(2)		9000	_			
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		41304				
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						57804
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		111				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		4904				
g	Other expenses	8g						
<u>h</u>	tal expenses (add lines 8d, 8e, 8f, and 8g)							5015
i_	et income (loss) (subtract line 8h from line 8c)							52789
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics		•					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X		
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X		
С	Was the plan covered by a fidelity bond?			10c	X			35000
d					Х		33000	
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			10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g		-	•	10g		Χ		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	`		10h		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			10i				

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No	
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 completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			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	X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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 plan(s) which assets or liabilities were transferred. (See instructions.)	) to				
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)	

## 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).

2017

OMB Nos. 1210-0110 1210-0089

This Form Is Open to Public Inspection

Part I Annual Repor	t Identification Information		structions to the Form !	5500-SF.			
For calendar plan year 2017 or	fiscal plan year beginning 01/01/2017	7	and ending 12/	731/2017	mw.		
A This return/report is for:	a single-employer plan	a multiple-employer list of participating a	plan (not multiemployer) employer information in a	(Filers checking t	his box must attach a		
B This return/report is	a one-participant plan	a foreign plan	, ,		- Territ moducations,)		
	the first return/report the final return/report						
C Check box if filing under:	Check box if filing under:						
	special extension (enter descrip	☐ automatic extension otion)	ī	DFVC progra	т .		
Part II Basic Plan Info	ormation—enter all requested info	rmation			<del></del>		
1a Name of plan	401k Profit Sharing Plan and Trust	· ***	, , , , , , , , , , , , , , , , , , , ,	1b Three-digle plan numb	001		
20 PM				1c Effective of 01/01/201			
2a Plan sponsor's name (employer, if for a single-employer plan)  Mailing address (include room, apt., suite no. and street, or P.O. Box)  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			2b Employer Identification Number (EIN) 01-0923240				
Nesheiwat Medical Practice, PC	<b>4F</b>	(ii toroign, out ii)	su delidina)	2c Sponsor's telephone number (845) 765-2404			
1989 Route 52 Sulte 2 Hopewell Junction, NY 12533			2d Business code (see instructions) 621111				
3a Plan administrator's name a	ind address X Same as Plan Spons	or.		3b Administra	tor's EIN		
				3c Administrat	tor's telephone number		
and plan, enter the plan spo	e plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last	return/report filed for the last return/report.	4b EIN			
a Sponsor's name C Plan Name				4d PN	—		
5a Total number of participants	sat the beginning of the plan year			<u> </u>			
D Total number of participants	at the end of the plan year			5a 5b	3		
• Number of participants With	account balances as of the end of the	e plan year (only define	d contribution plans	5c	2		
d(1) Total number of active par	rticipants at the beginning of the plan	year		5d(1)	3		
Q(Z) Total number of active pa	rticipants at the end of the plan year.			5d(2)	3		
than 100% vested			<b>5e</b> 0				
Under penalties of perjury and oth SB or Schedule MB completed ar belief, it is true, correct, and comp	nd signed by an enrolled actuary act	ons, I declare that I have well as the electronic ve	examined this return/report	ise is established port, including, if a t, and to the best o	1. pplicable, a Schedule of my knowledge and		
SIGN / / / / / / / / / / / / / / / / / / /	mul-	10/8/18	Ogleh Nesheiwat				
Signature of plan a	dministrator	Date	Enter name of individu	ıal şigning as plar	administrator		
HERE Signature of employ	Ver/plan sponsor	Dota					
For Paperwork Reduction Act Notice	e, see the instructions for Form 5500-SF	Date F.	Enter name of individu	iel signing as emp	loyer or plan sponsor		

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6a	Were all of the plan's assets during the plan year invested in eligit	ole assets	? (See instructions.)		*****		X Yes	No.	
b	are you claiming a waiver of the annual examination and report of	an indone	atidica boilileus trabac		tout its	TAN.			
	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	and cond	ntions.)	ot inete		······	X Yes [	No	
c	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance i	program (see ERISA s	ection.	///24\2	a rom	3000.   V==		
	if "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC	program (and 4,4,6,4,5 promium filing for this :	nlan ve:	402, () ( ar	······	Yes ∐No ∐ Not determin , (See instruction		
Do				pian ye	aı		, (See instruction	·\$.)	
7		T							
	Plan Assets and Llabilities Tatal plan assets	<u></u>	(a) Beginniπg				(b) End of Year		
<u></u> в	Total plan assets	7a	,	2843	58		337147		
	Total plan liabilities	7b				,			
8	Net plan assets (subtract line 7b from line 7a)	7c		2843	68		337147		
a	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	nt			(b) Total		
	(1) Employers	8a(1)		75	on I	•			
	(2) Participants	8a(2)	· ·		00				
	(3) Others (including rollovers)				-			<u>:</u>	
b	Other income (loss)	8b	<del>-</del>	413	04				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		57804		
d	Benefits paid (including direct rollovers and insurance premiums				$\dashv$	· · · ·	57804		
	to provide benefits)	8d		_ 1	11				
<u>e</u> _	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f		4904				7.	
<u> </u>	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5015		
<u></u> -	Net Income (loss) (subtract line 8h from line 8c)	81		1,00			52789		
	ansfers to (from) the plan (see instructions)				i				
	t IV Plan Characteristics					_			
эa	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	des from the List of Pi	an Cha	racteri	stic Co	des in the instructions:		
ь	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	actoris	tic Cod	so to the instructions.		
_r ?				III Oriali	acien iş.	40 000	es in the instructions:		
Par									
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	tions withi	n the time period					_	
	Program)	ountary F	lauciary Correction	10a		×			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	2 (Da nati	boludo troposest	10b		×	<u> </u>		
C	Was the plan covered by a fidelity bond?				х		<u> </u>		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10c		×		000	
8	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person:	s by an insurance	_10d_		x		—	
f	Has the plan falled to provide any benefit when due under the plan	?		10e		×			
g	Did the plan have any participant loans? (if "Yes," enter amount as			10f		$\hat{\mathbf{x}}$			
h	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 20 CED	10g	<b></b>	$\dashv$		_	
	2020. (V1-0.)			10h		×		:	
	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e <b>re</b> quired -3	I notice or one of the	101					

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		2017

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няде	-3-	1 1

Part	VI Pension Funding Compliance			<del>-</del>		
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and complete Schoon (Form 5500) and line 11a below)	nedule \$	 SB	Π	Yes	] No
11a 12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section  ERISA?	11a		<u>.                                    </u>	Yes 🛭	No
	If a walver of the minimum funding standard for a prior year is being smortized in this plan year, see instructions, and granting the walver.	d enter	the date (	of the lett		
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Da	<u></u>	Year		
<u>b</u>	Enter the minimum required contribution for this plan year	12b		<u> </u>		
d	Enter the amount contributed by the employer to the plan for this plan year	12c				
	negative amount)sign the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d				
e Part	will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	☐ N//	<b>A</b>
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	N N	10	
	if Yes," enter the amount of any plan assets that reverted to the employer this year	13a		<u> </u>	-	
_ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes 5	No.	
_с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				-
1	3c(1) Name of plan(s):	EIN(s)		13c(	) PN(s)	)