## 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

2018

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information						
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018			
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) ( employer information in ac	_			
		a one-participant plan	a foreign plan					
<b>B</b> This retu	urn/report is	the first return/report	the final return/report	t				
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Check b	oox if filing under:	X Form 5558	automatic extension	1	DFVC progra	am		
		special extension (enter desc	ription)					
Part II	Basic Plan Inf	ormation—enter all requested in	formation					
1a Name RAJESH V F	•	PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶			
					1c Effective			
2a Plan s	ponsor's name (empl	loyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number		
	,	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	,	structions)	(EIN)	59-3506891		
	PATEL, MD PA	oo, oounny, and zin on longin pool	an oodo (ii roroigii, ooo iii	on donone,		s telephone number 27-789-9084		
					2d Business code (see instructions)			
1978 MUIRF OLDSMAR, F						621111		
<b>3a</b> Plan administrator's name and address ⊠ Same as Plan Sponsor.						<b>3b</b> Administrator's EIN		
					<b>3c</b> Administr	ator's telephone number		
		he plan sponsor or the plan name h			<b>4b</b> EIN			
this pl		onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN			
C Plan N								
					F			
		ts at the beginning of the plan year.			5a 5b	5		
		ts at the end of the plan year n account balances as of the end of						
compl	ete this item)				5c	5		
` '	·	articipants at the beginning of the pl	•		5d(1)	5		
d(2) Total number of active participants at the end of the plan year						5		
than '	100% vested				5e	0		
		e or incomplete filing of this return other penalties set forth in the instru-						
SB or Sche		and signed by an enrolled actuary, a						
SIGN		d/valid electronic signature.	08/31/2019	RAJESH V PATEL				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator		
SIGN	Filed with authorize	d/valid electronic signature.	08/31/2019	RAJESH V PATEL				
HERE	Signature of empl	lover/plan sponsor	Date	Enter name of individ	ual signing as er	mplover or plan sponsor		

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									es   No	
	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 5500-5F and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined.									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (				(b) E	nd of Year		
a	Total plan assets	. 7a	24	19452			2625387			
<u>b</u>	Total plan liabilities	7b		0		0				
	Net plan assets (subtract line 7b from line 7a)	7c	24	19452			2625387			
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(1	b) Total		
a	Contributions received or receivable from:  (1) Employers	8a(1)	4	46188						
	(2) Participants	8a(2)	4	19734						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	11	10013						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						205935	5	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
<u>e</u>	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						(	)	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						205938	5	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the	instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plai	n Chara	acterist	ic Cod	des in the ir	nstructions:		
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	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ			30	0000	
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
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?		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	s 🔀 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 control of the PBGC?	the		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)

## Form 5500-SF

Department of the Treatury Memal Revenue Service

## 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 section 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0539

2018

	Emplimes Benefite Security Administration the Internal Revenue Code (the Code).  This Form is Open to Public								
1	Patrixin Samult Guaranty Comparation    Complete all entries in accordance with the instructions to the Form 5500-SF.								
	Part I Annual Report Identification Information								
For	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018								
_	This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  a one-participant plan the first return/report an amended return/report as short plan year return/report (less than 12 months)								
C	Check box if filing under:	Form 5558	automatic extension )			DFVC program			
Pa	art II Basic Plan Info	prmation enter all requested inform	nation	· · · · · · · · · · · · · · · · · · ·		* * * * * * * * * * * * * * * * * * *			
	Name of plan RAJESH V PATEL, MD	Visiti .	pla	ree-digit n number					
						ective date of plan /01/2004			
2a	Malling Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo: ce, country, and ZIP or foreign postal cod	x) de (if foreign, see ins	tructions)	2b Employer Identification Number (EIN) 59-3506891				
	RAJESH V PATEL, MD				2C Sponsor's telephone number (727) 789-9084				
	2d Susiness code (see instruction 621111								
3a Plan administrator's name and address X Same as Plan Sponsor						3b Administrator's EIN			
					3c Adr	ministrator's telephone number			
4	if the name and/or EIN of the	e plan sponsor or the plan name has changer of the plan name and the	anged since the last i	return/report filed for he last return/report.	4b EIN				
а	Sponsor's name	, , , , , , , , , , , , , , , , , , , ,			4d PN				
.C	Plan Name								
5a	Total number of participants	at the beginning of the plan year			5a	5			
b	Total number of participants	at the end of the plan year			5b	5			
¢	Number of participants with complete this item)	account balances as of the end of the pl	an year (only defined	contribution plans	5c	5			
d(	1) Total number of active par	ticlpants at the beginning of the plan yea	ı		5d(1)	5			
d(:		ticipants at the end of the plan year			5d(2)				
e	less than 100% vested								
Ca	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Under penalties of parjury 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.									
SI	GN Ratif			RAJESH V PATEL					
	RE Signature of plan adm	instrator	Date 8/31/19	Enter name of individual	signing (	as plan administrator			
S	GN RUL	<u></u>		rajesh v Patel		4 2 <del>2 </del>			
Н	RE Signature of employe	r/plan sponsor	Date 2/31/15	Enter name of Individual	នុវិជ្ជព្រក្ស វ	as employer or plan sponsor			

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e-	Mark all of the plants are sto during the plan year invested in plinible	accets? (	See instructions )					5	K Yes	
	Are you claiming a waiver of the annual examination and report of an Independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (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.									
									7 * * * * * * * * * * * * * * * * * * *	
c If the plan is a defined benefit plan, is it covered under the PBGC ins										
	If "Yes" Is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year		_			(Se	e instructions.)	
D.	rt III Financial Information			-//-	-		1			
			(a) Beginning of	Year				b) End of	Year	
7_	Plan Assets and Liabilities	70	2,41						,625,387	
<u>a</u>	Total plan assets	7a	2,44	3,4-	0	-			0	
<u>b</u>	Total plan liabilities	7b	2,41	0.45	_	_	,	2,625,387		
_	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	9,40	2.	-	7	7.55 (5.77)	(b) Total	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	-	-	<del> </del>		(5) 100		
54.5	(1) Employers ,	8a(1)	4	6,18	8					
,	(2) Participants	8a(2)	4	9,73	34			-77	ententente reesi	
	(3) Others (Including rollovers)	8a(3)			0					
b	Other income (loss)	8b	11	0,0	L3	Ţ				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1		7.W See	205,935	
d	Benefits paid (including direct rollovers and insurance premiums				0			32		
Om:	to provide benefits)	8d		1275	_	1		:,		
θ	Certain deemed and/or corrective distributions (see instructions)	- 8e			0	┰	01		-	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0	╁	·	.5.4.		
g	Other expenses	8g	···	11000	0	-	-	10.55%	. 0	
h	- And Andrews -	8h	14N (2)							
<u>i_</u>	Net income (loss) (subtract line 8h from line 8c)	81				-	.,	205,935		
Ļ	Transfers to (from) the plan (see instructions)	nsfers to (from) the plan (see instructions)								
	art IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension for ZE 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracté	eristic	Code	s in the	instructions	9.: 	
P	art V Compliance Questions		V							
10	During the plan year:				Yes	No	N/A	Aı	nount	
ē	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo						1 1			
	Program)			10a	.,,	x	las:		, ,	
ŀ	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions	105		x				
_	reported on line 10a.)				55		<del>  </del>		300,000	
-	Was the plan covered by a fidelity bond?			10c	X	_	-		_500,000	
_	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		***************************************	10d		ж				
•	Were any fees or commissions paid to any brokers, agents, or off carrier, Insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x				
-	Has the plan failed to provide any benefit when due under the plan			10f		x			12	
_	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х				
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Instructions and 29 CFR				x			a set	
Ti	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				1/	x C	

	For	rm 5500-SF 2018	Page 3 -				
Part	VI	Pension Funding Compliance			473-780		
		s a defined benefit plan subject to minimum funding requirements? (If "Ye					
		the unpaid minimum required contributions for all years from Schedule S		11a	3-211		
12	ERISA	s a defined contribution plan subject to the minimum funding requirement A?  /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applical	***************************************		Von W No		
	grantir	aiver of the minimum funding standard for a prior year is being amortized ng the waiver	Month	and ente	_		
	ou con	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form I	5600), and skip to line 13.		In .		
b	Enter	the minimum required contribution for this plan year		12b			
¢	Enter	the amount contributed by the employer to the plan for the plan year	***************************************	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (elive amount)	•	12d			
e	Will th	ne minimum funding amount reported on line 12d be met by the funding d	leadline?	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 X No		
N	If "Yes	s," enter the amount of any plan assets that reverted to the employer this	year	13a			
		all the plan assets distributed to participants or beneficiaries, transferred	to another plan, or brought under	the	Yes X No		
		Ing this plan year, any assets or liabilities were transferred from this plan assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the pla	n(s) to			
13	c(1) N	lame of plan(s):	EIN(s)	13c(3) PN(s)			