#### 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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pens	ion Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 5	500-SF.		•		
Part	I Annual Report	<b>Identification Information</b>						
For ca	lendar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 1.	2/31/201	5			
<b>A</b> Thi	is return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_			
<b>B</b> This	s return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)				
<b>C</b> Ch	eck box if filing under:	X Form 5558	automatic extension		DFVC progra	am		
		special extension (enter descri	ription)					
Part	II Basic Plan Info	rmation—enter all requested in	formation					
	ame of plan	DEFINED BENEFIT PENSION PLA		р	Three-digit Islan number PN)	001		
				1c E	Effective date of 01/01	plan /2002		
M	ailing address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box) al code (if foreign, see instructions)		mployer Identifi EIN) 06-15	cation Number 111918		
RVIND	G. KAMTHAN, MD. PC	e, country, and zir or loreign post	al code (il loreign, see instructions)	<b>2c</b> S	ponsor's teleph 845-29			
				2d Business code (see instructions)				
	HROP MANOR DRIVE N, NY 10924-6620				6211	11		
<b>3a</b> PI	an administrator's name ar	nd address XSame as Plan Spons	sor.	<b>3b</b> A	dministrator's E	IN		
				<b>3c</b> A	dministrator's te	elephone number		
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b E	EIN			
	oonsor's name			4c P	PN			
5a ⊤	otal number of participants	at the beginning of the plan year		5a		2		
<b>b</b> T	otal number of participants	at the end of the plan year		5b		3		
			the plan year (defined benefit plans do not	5с				
d(1)	Total number of active pa	rticipants at the beginning of the pl	an year	5d(1	)	2		
d(2)	Total number of active pa	rticipants at the end of the plan year	ar	5d(2	2)	3		
t	han 100% vested		plan year with accrued benefits that were less	5e		0		
Cautio	on: A penalty for the late	or incomplete filing of this returi	n/report will be assessed unless reasonable ca					
			ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor					
belief.	it is true, correct, and comp	olete.						

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

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

Preparer's telephone number

Form 5500-SF 2015		Page 2					
<ul> <li>Were all of the plan's assets during the plan year invested in e</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibite lf you answered "No" to either line 6a or line 6b, the plan c</li> </ul>	t of an independe ility and condition	ent qualified public a	ccount	ant (IQ	PA)		□ □
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBG						_	No Not determined
Part III Financial Information							<u> </u>
7 Plan Assets and Liabilities		(a) Beginning	n of Ye	ar			(b) End of Year
a Total plan assets	7a	(a) Degiiiiii	1189			'	647983
<b>b</b> Total plan liabilities				0			0
C Net plan assets (subtract line 7b from line 7a)			1189	727			647983
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoi	ınt				(b) Total
Contributions received or receivable from:     (1) Employers	8a(1)	, ,		0			` ,
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
<b>b</b> Other income (loss)	8b		119	049			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							119049
<b>d</b> Benefits paid (including direct rollovers and insurance premium to provide benefits)				0			
Certain deemed and/or corrective distributions (see instructions)				0			
f Administrative service providers (salaries, fees, commissions)				0			
g Other expenses				0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)							0
i Net income (loss) (subtract line 8h from line 8c)	8i						119049
j Transfers to (from) the plan (see instructions)	8j		-660	793			
Part IV Plan Characteristics							
B If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions	ire feature codes	from the List of Pla	n Chara	acterist	ic Coc	es in the	instructions:
During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary Fidu	uciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-intereported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			750000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	•		10d		X		
Were any fees or commissions paid to any brokers, agents, o carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of the	benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amou	·				X		
h If this is an individual account plan, was there a blackout perior 2520.101-3.)	od? (See instructi	ions and 29 CFR	10g 10h		X		
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required n	otice or one of the	10ii				
j Did the plan trust incur unrelated business taxable income? .			10j				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below)	,			•		•	V 1/ NI
11a Enter the unpaid minimum required contribution for all years for	rom Schedule SE	3 (Form 5500) line 4	0			11a	_
12 Is this a defined contribution plan subject to the minimum fund	dina requirement	s of section 412 of t	he Cod	e or se	ction 1	302 of FF	RISA? Yes X No

_	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ing ng the waiver		enter the Day _	e date of t	he letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Todi	
b	Enter th	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)		П	Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	140	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Yes	s П No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If durin	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)			•		
1	I <b>3c(1)</b> N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
ARVI	ND G. I	KAMTHAN, MD. PC 401(K) PROFIT SHARING PLAN	06-1511918			002	
Part	VIII	Trust Information			•		
14a	Name o	of trust		14b 1	Γrust's EIN	1	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
					telephone	number	
_	. 137						
Par	t IX	IRS Compliance Questions		П			
15a	Is the	plan a 401(k) plan?		∐ Ye		No	
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?		Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		erage nefit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
	for tax	ne last plan amendment/restatement for the required tax law changes was adopted// law changes and codes).					tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger planger, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable II	RS opinion	or
17d	If the p	olan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 , American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		Toolvide distributions made during the plant year.					
	If "Yes	," enter amount		19			

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

						1 110 40	a attaor		0000 0.	0000 0			
Fo	r calendar	plan year	2015 c	or fiscal plan y	ear beginn	ing 0	1/01/2015	5		and end	ing 12/3	31/2015	
				earest dollar.									
	Caution:	A penalty	of \$1,0	000 will be ass	essed for I	ate filing o	of this rep	ort unless reaso	nable ca	use is establish	ed.		1
	Name of p		LMD	DO DEFINIED	DENIEELT	DENIGION	LDLAN			<b>B</b> Three-di	git		
Al	RVIND G.	KAMTHAN	N, MD.	PC DEFINED	BENEFII	PENSION	N PLAN			plan nun	nber (PN)	<b>•</b>	001
_	Dian anan	or'o nome	2 00 0h	own on line 2a	of Form F	5500 or 55	:00 SE			<b>D</b> Employer	Idontificat	ion Numbor	/EINI\
	RVIND G.				a OI FOIIII S	500 01 55	00-3F			Employer	06-151°	tion Number	(EIIV)
7 (1	WIND O.	TO GIVITIO G	4, IVID.								06-151	1910	
E	Type of pla	n: X Sin	ale	Multiple-A	Multiple	e-B		<b>F</b> Prior year pla	n size:	100 or fewer	101-5	00 D More	than 500
		Basic In			<u> </u>								
1		e valuation			Month 01		Day01	Year 2	015				
	Assets:	e valuation	ii dale.	'	violitii <u> </u>		Day	rear_z	.010				
_		t value									2a		1189727
											2b		1189727
3									(1)	Number of		ted Funding	(3) Total Funding
3	Funding	target/pai	πιcipan	nt count break	down				` '	rticipants	. ,	arget	Target
	<b>a</b> For re	tired partic	cipants	and beneficia	ries receiv	ing payme	ent			0		(	0
	<b>b</b> For te	rminated v	vested	participants						0		(	0
	<b>C</b> For a	tive partic	ipants							3		56954	8 569548
	<b>d</b> Total									3		56954	569548
4								nd (b)		. <u> </u>			
											4a		
								nsition rule for p			4b		
								ding loading fac			4D		
5	Effective	e interest r	rate								5		6.11%
6	Target r	ormal cos	st								6		0
Sta	tement by			•									
	accordance v	vith applicable	e law and	I regulations. In my	opinion, each	other assum							ibed assumption was applied in ) and such other assumptions, in
	·	offer my best	estimate	e of anticipated exp	erience under	the plan.							
	SIGN												
ŀ	IERE											09/26/2	2016
				Signa	ture of actu	ıary						Date	
ST	EPHEN M	ARGOLIE:	S, E.A.							_		14-02	
				Type or pri	int name o	factuary					Most r	ecent enrollm	
PL	ANNED RI	ETIREMEN	NT CO	NSULTANTS						_			47-6010
PC	). BOX 51:	26		F	irm name					Т	elephone	number (incl	uding area code)
RIE	GEWOOI	D, NJ 0745	51-512	6									
				Addı	ess of the	firm							
If the	e actuary h	as not full	ly reflec	cted any regul	ation or rul	ing promu	ılgated un	der the statute	n comple	eting this sched	ule, check	the box and	see $\square$
	uctions		, . 55			3	J=5 G G11				,		

Page	2	_
ı ayc	_	

Pa	ırt II	Begir	nning of Year	Carryov	er and Prefunding E	Balances							
							(a)	Carryover balance		(b) F	refundi	ng balance	
7		U	0 ,		cable adjustments (line 13				0			339	020
8					funding requirement (line 3				0				0
9		-							0			339	020
10	Interest	t on line 9	9 using prior year's	s actual ret	turn of				0			-7	391
11	Prior ye	ear's exce	ess contributions t	o be adde	d to prefunding balance:								
	<b>a</b> Prese	ent value	of excess contrib	utions (line	38a from prior year)								0
					8a over line 38b from prior ve interest rate of <u>5.94</u> %.								0
	<b>b(2)</b> Ir	nterest or	n line 38b from pri	or year Scl	hedule SB, using prior year	r's actual							0
	return  C Total available at beginning of current plan year to add to prefunding balance											0	
			0 0			_							0
	<b>d</b> Porti	on of (c)	to be added to pre	efunding ba	alance								0
12	Other re	eductions	s in balances due	to election	s or deemed elections				0				0
13	Balance	e at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 1	2)			0			331	629
Pa	art III	Fun	ding Percent	ages									
14	Funding	g target a	attainment percent	age							14	150.66	%
15	Adjuste	d fundin	g target attainmen	t percenta	ge						15	208.88	%
16					s of determining whether ca						16	163.93	%
17	If the cu	urrent val	lue of the assets o	of the plan	is less than 70 percent of the	he funding tar	get, enter :	such percentage			17		%
Pa	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18					rear by employer(s) and em			1		<del></del>			
(M	<b>(a)</b> Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D: (MM-DD-		( <b>b)</b> Amount pai employer(s		(0		nt paid by byees	
		,			, ,	,	· · ·		•		•	<u> </u>	
						Totals ►	18(b)			18(c)			
19	Discour	nted emp	loyer contribution	s – see ins	tructions for small plan with	n a valuation d	late after t	he beginning of the	year:				
	<b>a</b> Cont	ributions	allocated toward	unpaid min	nimum required contribution	ns from prior y	ears		19a				0
	<b>b</b> Conti	ributions	made to avoid res	strictions a	djusted to valuation date				19b				0
					uired contribution for current	year adjusted	to valuatio	n date	19c				0
20		•	outions and liquidi	•								ı —	
	_		_		the prior year?						<u> </u>	¦ 片.	No No
					y installments for the curre	-	-	maillei f	Γ		·····L	i es 📙 l	NO
	C IT IING	e ∠ua is "	res, see instruct	ons and co	omplete the following table Liquidity shortfall as of			an vear					
		(1) 1:	st		(2) 2nd		(3)	3rd			(4) 4th	1	
			<u> </u>					<u> </u>					

Pa	rt V	<b>Assumptio</b>	ns Used to Determine	Funding Target and Targe	t Normal Cost				
21	Discou	ınt rate:							
	<b>a</b> Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yiel	d curve	used
	<b>b</b> App	licable month (	enter code)			21b			0
22	Weight	ted average ret	irement age			22			62
23		ity table(s) (see			scribed - separate	Substitut	е		
Pa	rt VI	Miscellane	nus Items						
	Has a	change been m	nade in the non-prescribed act	uarial assumptions for the current	•		· · · -	1	□ N.
				0.1/0/_				Yes	X No
				an year? If "Yes," see instructions			<u>_</u>	Yes	X No
26	Is the p	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	× No
		•	•	er applicable code and see instruc	0 0	27			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpaid	d minimum requ	uired contributions for all prior	years		28			0
29				unpaid minimum required contribu		29			0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year		l l			
31			nd excess assets (see instruct						
<del></del>						31a			0
	_		· · · · ·			31b			0
22		zation installme	-	line 31a		l	Install	mont	0
32					Outstanding Bala		Installi	Hent	
						0			0
						0			0
33				ter the date of the ruling letter grar ) and the waived amount		33			
34	Total fo	unding requirer	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total ba	alance	
35			use to offset funding	0		0			0
36					<u> </u>	36			0
37	Contrib	outions allocate	d toward minimum required c	ontribution for current year adjuster	d to valuation date	37			0
20	`		ess contributions for current ye			1			
30			•	· '		38a			
	_					38b			0
				prefunding and funding standard c	•				0
39				ear (excess, if any, of line 36 over l		39			0
40			•			40			0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)	)			
41			de to use PRA 2010 funding re				0 alva 7		
							2 plus 7 years		/ears
	<b>b</b> Eligil	ble plan year(s)	) for which the election in line	41a was made		2008	3 2009 201	0	2011
42	Amoun	nt of acceleratio	n adjustment			42			
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43			

# Schedule SB, line 26 - Schedule of Active Participant Data

Arvind G. Kamthan, M.D., P.C. Defined Benefit Pension Plan 06-1511918/001 For the plan year 01/01/2015 through 12/31/2015

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44		1								
45 to 49										
50 to 54										
55 to 59										
60 to 64		1		1						
65 to 69										
70 & up										

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Arvind G. Kamthan, M.D., P.C. Defined Benefit Pension Plan 06-1511918 / 001

For the plan year 01/01/2015 through 12/31/2015

Valuation Date: 01/01/2015

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Segment 3

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.22
Segment 2	6 - 20	4.11
Segment 3	> 20	5.20

| Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA | Segment # Year Rate % | Segment 1 0 - 5 4.72 | Segment 2 6 - 20 6.11

> 20

6.81

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 15C - 2015 Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 15E - 2015 Applicable Mortality Table for 417(e) (unisex) at 5%

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

## Schedule SB, Part V September 22, 2016

## Statement of Actuarial Assumptions/Methods

Arvind G. Kamthan, M.D., P.C. Defined Benefit Pension Plan 06-1511918 / 001

For the plan year 01/01/2015 through 12/31/2015

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Farti		t identification Information	1			
For caler	ndar plan year 2015 or	fiscal plan year beginning 01/01/20	15	and ending 12	/31/2015	
		a single-employer plan				g this box must attach a
A This r	return/report is for:	a one-participant plan	list of participating e	mployer information in a	occordance with	the form instructions)
		- and barachant brain	a foreign plan			
B This re	eturn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	m/report (less than 12 r	months)	
C Chec	k box If filing under:	X Form 5558	automatic extension		□ DEV	/C program
		special extension (enter descr	ription)		<u> </u>	- program
Part II	Basic Plan Inf	ormation—enter all requested in	formation		·	<del></del>
1a Nam					1b Three-di	git
ARVIND G	6. KAMTHAN, MD. PC	DEFINED BENEFIT PENSION PLA	AN		plan nun (PN) ▶	
					1c Effective 01/01/20	
Mailir	ng address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	). Box)		2b Employe	r Identification Number
ARVIND G	or town, state or province. KAMTHAN, MD. PC	ce, country, and ZIP or foreign posts	al code (if foreign, see inst	ructions)		1511918 's telephone number
	0				127	(845) 294-4038
8 WYNTHE	ROP MANOR DRIVE				2d Business 621111	code (see instructions)
GOSHEN.	NY 10924-6620					
3a Plan	administrator's name a	nd address X Same as Plan Spons	or.		3b Administr	ator's FIN
		_				
			52-		3c Administr	ator's telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since t imber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN	
	sor's name	moer from the last return/report.			4c PN	
5a Total	number of participants	at the beginning of the plan year	***************************************			2
b Total	number of participants	at the end of the plan year	***************************************		5b	3
C Numt	ber of participants with	account balances as of the end of the	he plan year (defined bene	efit plane do not	5c	
d(1) To	tal number of active pa	rticipants at the beginning of the pla	n year	**************************************	5d(1)	2
d(2) To	tal number of active pa	rticipants at the end of the plan year	r		5d(2)	3
e Num than	ber of participants that 100% vested	terminated employment during the	plan year with accrued be	nefils that were less	5e	0
					l <u> </u>	ed.
SB or Sch		ner penalues set form in the instruct nd signed by an enrolled actuary, as				
SIGN	HR.	Camthan	9-30-16	Arvind G. Kamthan		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as pla	n administrator
SIGN HERE			0			
	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor
Preparers	name (including him n	ame, if applicable) and address (inc	lude room or suite number	7)	Preparer's telep	thone number
				ļ		
7.1						
For Paperwi	ork Reduction Act Notice	and OMB Control Numbers, see the	Instructions for Francisco		and the second	- and the Samuel Control

						_			
7 Plan Assets and Liabilities		(a) Beginni	ng of V	000	T		/h1 F=	4 - 4 1 4	
a Total plan assets	. 7a	12/ 209	1189		_		(D) EN	d of Yea	7983
b Total plan liabilities	7b	·		0	_			04	0
C Net plan assets (subtract line 7b from line 7a)			11897	727	_			BA	7983
8 Income, Expenses, and Transfers for this Plan Year	423	(a) Am			+				7303
a Contributions received or receivable from:		(3) Atti	-		110	20151995	(D)	Total	
(1) Employers				0	82				
(2) Participants	<del></del>			0	80				
(3) Others (including rollovers)	. 8a(3)			0	600				
b Other income (loss)	. 8b		1190	149	100				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 🧟			A day	36		and the same	119	9049
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	84			0	G.		A. 18-57		
e Certain deemed and/or corrective distributions (see instructions)				0	£150				
f Administrative service providers (salaries, fees, commissions)	8e			0	E332			55549.4	de de
g Other expenses	8f			<del>-</del>	500	ALC: U			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	Bg	PTF STEEL AND VOICE	GEO M.	0 000 - TO	255				
i Net income (loss) (subtract line 8h from line 8c)	8h			SER SE	20				0
j Transfers to (from) the plan (see instructions)	8i 🕙		4496	Make A	SEE	No. of the last		119	9049
Part IV Plan Characteristics	[8		-6607	93					100
If the plan provides pension benefits, enter the applicable pension 1A  B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension to the plan provides welfare for the plan provides welfare benefits, enter the plan provides welfare for the plan provides welfare for the plan provides welfare benefits, enter the plan provides welfare for the plan									
B If the plan provides welfare benefits, enter the applicable welfare for art V Compliance Questions				acteris	tic Cod	les in th			
B If the plan provides welfare benefits, enter the applicable welfare for art V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	eature codes	from the List of Pla	an Char						ınt
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan and participant contributed by the plan provides welfare for the plan provides welfare for the plan provides welfare for the plan and participant contributed by the plan participant contributed by the plan participant contributed by the plan and participant contr	tions within the	from the List of Plane time period ciary Correction	n Char	acteris	No	les in th		lions:	int
B If the plan provides welfare benefits, enter the applicable welfare for a compliance Questions  During the plan year:  a Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	eature codes tions within the	from the List of Plane time period clary Correction	10a	Yes	No X	les in th		lions:	
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan to the plan and participant contributed by the plan and party-in-interest reported on line 10a.)  C Was the plan covered by a fidelity bond?	eature codes tions within the	from the List of Plane time period clary Correction	10a 10b	acteris	No X	les in th		lions:	75000
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan to the plan any participant contributed by the plan pear.  a Was there a failure to transmit to the plan any participant contributed by the plan program.  b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	eature codes  tions within the oluntary Fidu  7 (Do not included)  fidelity bond,	from the List of Plane time period ciary Correction ude transactions	10a	Yes	No X	les in th		lions:	
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributed by the plan and policipant contributed by the plan by the plan party-in-interest reported on line 10a.)  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)	tions within the oluntary Fidure? (Do not include); (Do not includ	from the List of Plane time period ciary Correction ude transactions that was caused an insurance benefits under	10a 10b	Yes	No X	les in th		lions:	
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributed by the plan period on the plan any participant contributed by the plan period on the plan period on the plan covered by a fidelity bond?  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.).	tions within the oluntary Fidu  7 (Do not included ity bond, fidelity bond, er persons by e or all of the	from the List of Plane time period ciary Correction ude transactions that was caused an insurance benefits under	10a 10b 10c	Yes	No X	les in th		lions:	
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan to the plan any participant contributed by the plan to transmit to the plan any participant contributed by the plan to the plan any participant contributed by the plan to the plan any party-in-interest reported on line 10a.)  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.).  Has the plan falled to provide any benefit when due under the plant.	tions within the column of the	re time period ciary Correction ude transactions that was caused an insurance benefits under	10a 10b 10c 10d	Yes	No X X X X X	les in th		lions:	
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram).  Were there any nonexempt transactions with any party-in-interest reported on tine 10a.).  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)  f Has the plan falled to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)	tions within the oluntary Fidu  7 (Do not included ity bond, fidelity bond, fidel	re time period clary Correction ude transactions that was caused an insurance benefits under	10a 10b 10c 10d	Yes	No X X X	les in th		lions:	
Part V Compliance Questions  During the plan year:  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 Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.).  Has the plan falled to provide any benefit when due under the plar Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	clions within the cluntary Fidural Pidural Pid	from the List of Plane time period ciary Correction  ude transactions  that was caused y an insurance benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X X	les in th		lions:	
Part V Compliance Questions  O During the plan year:  a 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 Program)	clions within the cluntary Fidural Pidural Pid	from the List of Plane time period ciary Correction  ude transactions  that was caused y an insurance benefits under	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X	les in th		lions:	
Part V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  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.)  Has the plan falled to provide any benefit when due under the plan gold the plan have any participant loans? (If "Yes," enter amount as hif this is an individual account plan, was there a blackout period? (12520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-1.	clions within the cluntary Fidural Pidural Pid	from the List of Plane time period ciary Correction  ude transactions  that was caused y an insurance benefits under	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X	les in th		lions:	
If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan any participant contributed by the plan period of the plan any participant contributed by the plan program and policity of the plan and policity of the plan provided by a fidelity bond?  C. Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan falled to provide any benefit when due under the plan good by the plan have any participant loans? (If "Yes," enter amount as the plan have any par	tions within the oluntary Fidu  7 (Do not incl  fidelity bond,  er persons by e or all of the  17	re time period clary Correction ude transactions that was caused y an insurance benefits under	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X	N/A	e instruci	Amou	

	13.				-
b Enter the minimum required contribution for this plan year		12b			
C 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 inegative amount)	of of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	14		Yes	No [	N/A
Part VIII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	***************************************	13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				Yes 🗓	No
which assets or liabilities were transferred from this plan to another plan(s), identify	y the plan(s) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Arvind G. Kamthan, MD. PC 401(k) Profit Sharing Plan					
	06-1511918			002	
Part VIII Trust Information					<del></del>
14a Name of trust		14b T	rust's Ein	4	
14C Name of trustee or custodian		14d	Trustee's	or custodi	an's
			telephone		
Part IX IRS Compliance Questions			<u> </u>	_	
15a Is the plan a 401(k) plan?		Yes	3	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	***************************************	ba:	sign- sed safe rbor thod	ADF	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?	rrent year 11(m)-	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra per tes	centage		rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?	ning	Yes		No	
17a Has the plan been timely amended for all required tax law changes?		Yes		No	∏N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the ap				
17C If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial not appear to the control of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter					or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, ent determination letter	er the date of t	ne plan'	s last favo	orable	<del></del>
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	slands)?	Yes		□No	
19 Were in-service distributions made during the plan year?		Yes		∏No	
If "Yes," enter amount		19	· · ·		
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ther or not	Yes		No	∏n/A

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

		File as an a	attachment to Form	5500 or 5	500-SF.			
For	calendar plan year 2015 or fiscal p	lan year beginning 01/0	1/2015		and end	ing 02/2	6/2015	
▶ F	Round off amounts to nearest do	llar.						
<b>)</b>	Caution: A penalty of \$1,000 will be	e assessed for late filing of the	is report unless reaso	nable cau	use is establish	ed.		
<b>A</b> N	lame of plan				B Three-di	git		001
AR	VIND G. KAMTHAN, MD. PC DEFI	INED BENEFIT PENSION PL	_AN	_	plan nun	nber (PN)	•	
СР	Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500.	 SE		<b>D</b> Employer	Identificat	ion Number (E	=INI)
	VIND G. KAMTHAN, MD. PC	ne 2a or i omi 3300 or 3300-0	01		06-1511918	identinical	ion radinaer (L	-IIV <i>)</i>
	·				00-1311310			
E T	ype of plan: X Single Multiple	e-A Multiple-B	F Prior year pla	ın size: χ	100 or fewer	101-5	00 More th	nan 500
Pa	rt I Basic Information							
1	Enter the valuation date:	Month 01 Day	01 Year _2	2015	_			
2	Assets:							
	a Market value					2a		1189727
	<b>b</b> Actuarial value					2b		1189727
3	Funding target/participant count b	reakdown		` '	lumber of ticipants	. ,	ted Funding arget	(3) Total Funding Target
	<b>a</b> For retired participants and ben	eficiaries receiving payment			0		0	0
	<b>b</b> For terminated vested participal	nts			0		0	0
	<b>c</b> For active participants		•		3		569548	569548
	<b>d</b> Total				3		569548	569548
4	If the plan is in at-risk status, chec		•					
•	<b>a</b> Funding target disregarding pre	•			_	4a		
	<b>b</b> Funding target reflecting at-risk	•						
		ive consecutive years and dis				4b		
5	Effective interest rate					5		6.11 %
6	Target normal cost					6		0
State	ement by Enrolled Actuary							
а	To the best of my knowledge, the information subsected with applicable law and regulations combination, offer my best estimate of anticipate	. In my opinion, each other assumption						
9	ign ()	in 1 1						
	ERE Steph	- Whand					9/26/2	016
		Signature of actuary	~		· -		9/20/20 Date	010
		PHEN MARGOLIES, E.A.					14-024	18
		or print name of actuary				Most r	ecent enrollme	
	71	RETIREMENT CONSULTAN	TS			WOSE	(201) 44	
		Firm name			т	elenhone	. ,	ding area code)
		P.O. BOX 5126				Cicpilone	namber (melu	ang area coue;
	RIDG	EWOOD, NJ 07451-5126						
		Address of the firm			-			
If the	actuary has not fully reflected any	regulation or ruling promulgat	ed under the statute i	in comple	ting this sched	ule, check	the box and s	ee $\square$

Pa	art II	Begir	ning of Year	Carryove	er and Prefunding E	Balances							
					(a) Carryover balance			(b)	Prefunding balance				
7		_	ginning of prior year after applicable adjustments (line 13 from prior					0			339020		
8				,	nding requirement (line 3				0			0	
9	Amount	remaini	ng (line 7 minus lir	ne 8)					0			339020	
10	Interest	on line 9	using prior year's	actual retu	ırn of2.18_%				0			-7391	
11	Prior yea	ar's exce	ess contributions to	be added	to prefunding balance:								
				•	38a from prior year)	-						0	
	<b>b(1)</b> Int Sc	erest or hedule \$	n the excess, if any SB, using prior yea	/, of line 38a ar's effective	a over line 38b from prior e interest rate of _5.94 %.	year						0	
	` '		•	-	edule SB, using prior year							0	
					ar to add to prefunding bala							0	
	<b>d</b> Portio	n of (c)	to be added to pre	funding bal	ance							0	
12	Other re	duction	o in balances due	to algotions	or deemed elections				0			0	
					line 10 + line 11d – line 1	1			0			331629	
	art III			-		۷)			Ŭ			001020	
		•	ding Percenta	•							14	150.66 %	
	Fig. 1: 1.15 - 1									15	208.88 %		
	Adjusted funding target attainment percentage  16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce								e	16	163.93 %		
17	current year's funding requirement												
						ic fariality tary	get, effici t	such percentage				70	
	art IV		tributions and	•	· ·								
10	(a) Date		(b) Amount page		ear by employer(s) and en	npioyees:	ate	(b) Amount pa	aid hy	- (	<b>c)</b> Amoi	ınt paid by	
(N	1M-DD-YY	YY)	employer(		employees	(MM-DD-		employer(		,		loyees	
						Totals ▶	18(b)			18(c)			
19	Discount	ed emp	loyer contributions	s – see instr	ructions for small plan with	n a valuation d	late after th	ne beginning of the	e year:				
	<b>a</b> Contri	butions	allocated toward u	ınpaid minir	mum required contribution	ns from prior y	ears		19a			0	
	<b>b</b> Contri	butions	made to avoid res	trictions adj	usted to valuation date				19b			0	
	<b>C</b> Contri	butions a	allocated toward mi	nimum requi	ired contribution for current	year adjusted	to valuatior	n date	19c			0	
20	Quarterly	y contrib	outions and liquidit	y shortfalls:									
	a Did th	e plan h	ave a "funding sh	ortfall" for th	ne prior year?							Yes X No	
	<b>b</b> If line	20a is "	Yes," were require	d quarterly	installments for the currer	nt year made i	in a timely	manner?			[	Yes No	
	<b>C</b> If line	20a is "	Yes," see instructi	ons and cor	mplete the following table	as applicable:	<u> </u>						
		<i>(4)</i>			Liquidity shortfall as of	end of quarter		-			(1)		
		(1) 19	St		(2) 2nd		(3)	3rd	+		(4) 4t	n	

Pa	rt V	Assumptio	ns Used to Determine F	Funding Target and Targe	t Normal Cost				
21	Discou	ınt rate:							
	<b>a</b> Seg	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	curve	used
	<b>b</b> App	licable month (	enter code)			21b			0
22	Weigh	ted average re	tirement age			22			62
23	Mortal	ity table(s) (se	e instructions) X Pre	scribed - combined Pres	scribed - separate	Substitu	te		
Pa	rt VI	Miscellane	ous Items						
24		•	·	uarial assumptions for the current			· · · -		X No
25	Has a	method change	e been made for the current pla	in year? If "Yes," see instructions	regarding required attac	hment		Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No
27		•	•	er applicable code and see instruc		27			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years				
28	Unpaid			ears		28			0
29				unpaid minimum required contrib	. ,	29			0
30	Remai	ning amount of	f unpaid minimum required con	tributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Targe	t normal cost a	nd excess assets (see instructi	ons):					
	<b>a</b> Targ	et normal cost	(line 6)			31a			0
	<b>b</b> Exce	ess assets, if a	pplicable, but not greater than l	ne 31a		31b			0
32	Amorti	zation installme	ents:		Outstanding Bala	ince	Installm	ent	
	<b>a</b> Net	shortfall amorti	zation installment			0			0
	<b>b</b> Wai	ver amortizatio	n installment			0			0
33	If a wa			er the date of the ruling letter grar) and the waived amount		33			
34	Total f	unding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total bal	ance	
35			use to offset funding	0		0			0
36	Additio	onal cash requi	rement (line 34 minus line 35)			36			0
37			•	ntribution for current year adjusted		37			0
38	Preser	nt value of exce	ess contributions for current year	ar (see instructions)					
	<b>a</b> Tota	I (excess, if an	y, of line 37 over line 36)			38a			0
	<b>b</b> Port	ion included in	line 38a attributable to use of p	refunding and funding standard ca	arryover balances	38b			0
39	Unpaid	d minimum requ	uired contribution for current ye	ar (excess, if any, of line 36 over l	ine 37)	39			0
40	Unpaid minimum required contributions for all years					40			0
Pa	rt IX	Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions)	)			
41	If an el	ection was mad	de to use PRA 2010 funding re	ief for this plan:					
	<b>a</b> Sche	edule elected					2 plus 7 years	15 y	ears
	<b>b</b> Eligi	ble plan year(s	) for which the election in line 4	1a was made		200	8 2009 2010		2011
42			·			42		<u> </u>	
			coloration amount to be carried		43				

#### KAMTHAN

#### September 22, 2016

# Schedule SB, line 22 - Description of Weighted Average Retirement Age

Arvind G. Kamthan, M.D., P.C. Defined Benefit Pension Plan 06-1511918 / 001 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, Part V Summary of Plan Provisions

#### Arvind G. Kamthan, M.D., P.C. Defined Benefit Pension Plan 06-1511918 / 001

For the plan year 01/01/2015 through 12/31/2015

**Employer:** Arvind G. Kamthan, M.D., P.C.

Type of Entity - C-Corporation

EIN: 06-1511918 TIN: 06-1511918 Plan #: 001 Plan Type: Defined Benefit

**Dates:** Effective - 01/01/2002 Year end - 12/31/2015 Valuation - 01/01/2015

Top Heavy Years - 2010, 2011, 2012, 2013, 2014, 2015

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - First of month following attainment of age 57 and completion of 5 years of service

Average Compensation: Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

5% of average monthly compensation per year of participation beginning year 1 limited to 9

year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

# Schedule SB, Part V Summary of Plan Provisions

### Arvind G. Kamthan, M.D., P.C. Defined Benefit Pension Plan 06-1511918 / 001

For the plan year 01/01/2015 through 12/31/2015

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence

#### 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.48
Segment 2	6 - 20	3.77
Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)