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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Per	Islon Benefit Guaranty Corporation	 Complete all entries in 	accordance with the instructions to the Form 55	500-SF.		•			
Pai	rt I Annual Report	Identification Information	1						
For c	alendar plan year 2015 or fi	scal plan year beginning 01/01/	2016 and ending 09	9/30/20	16				
A TI	his 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 Th	is 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)					
C Check box if filling under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program									
		special extension (enter desc	· /						
Par	rt II Basic Plan Info	rmation —enter all requested in	nformation						
1a Name of plan ARVIND G. KAMTHAN, M.D., P.C. DEFINED BENEFIT PENSION PLAN				F	Three-digit plan number (PN)	001			
			1c	Effective date of 01/0	f plan 1/2002				
N	Mailing address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0		2b Employer Identification Number (EIN) 06-1511918					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RVIND G. KAMTHAN, MD. PC					2c Sponsor's telephone number 845-294-4038				
	THROP MANOR DRIVE EN, NY 10924-6620			2d ∄	Business code (see instructions)			
3a F	Plan administrator's name ar	nd address XSame as Plan Spon	sor.	3b /	Administrator's I	ΞIN			
				3c /	Administrator's t	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 1	EIN				
a 9	Sponsor's name			4c	PN				
5a -	Total number of participants	at the beginning of the plan year.		5a	l .	3			
b -	b Total number of participants at the end of the plan year					0			
C	Number of participants with complete this item)	5c							
d(1) Total number of active pa	5d(1	1)	3					
•	•		ear	5d(2	2)	0			
e	Number of participants that than 100% vested	terminated employment during the	e plan year with accrued benefits that were less	5e		0			
	<u> </u>	<u> </u>	n/report will be assessed unless reasonable cau						
			actions, I declare that I have examined this return/rep as well as the electronic version of this return/report						

belief, it is true, correct, and complete

	rao, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	11/20/2016	ARVIND G. KAMTHAN				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponso					
Preparer's	name (including firm name, if applicable) and address (include r	r)	Preparer's telephone number				

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independ and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes N
C If the plan is a defined benefit plan, is it covered under the PBGC in							No 🗆	Not determined
Part III Financial Information		9.5 (5.5. – 1.1.5.					<u> П</u>	
7 Plan Assets and Liabilities		(a) Beginning	n of Ve	ar			(b) End c	of Vear
a Total plan assets	7a	(a) Degiiiiiii		'983			(b) Liid C	0
b Total plan liabilities	7b			0				0
C Net plan assets (subtract line 7b from line 7a)	7c		647	'983				0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) To	 otal
Contributions received or receivable from: (1) Employers	8a(1)						, ,	
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b			0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6	631				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			0				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6631
i Net income (loss) (subtract line 8h from line 8c)	8i							-6631
j Transfers to (from) the plan (see instructions)	8j		-641	352				
Part IV Plan Characteristics					•			
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	s nom the list of Pla	n Char	acterist	ic Coc	ies in the	instructio	ліs.
10 During the plan year:				Yes	No	N/A		Amount
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 Fig	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				75000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X			
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.)	ne or all of t	ne benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla			10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a					X			
h If this is an individual account plan, was there a blackout period?	•	,	10g		^			
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the s	•		10h		X	\vdash		
exceptions to providing the notice applied under 29 CFR 2520.10 i Did the plan trust incur unrelated business taxable income?	1-3		10i					
			10j					
Part VI Pension Funding Compliance					<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······································			·······		···········		Yes X N
11a Enter the unpaid minimum required contribution for all years from						11a	ı	
12 Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of t	he Cod	e or se	ction :	302 of FF	RISA?	Yes X N

	F	orm 5500-SF 2015 Page 3 - 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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	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)			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	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
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)?		based safe ADP/ACP harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?						
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ra pe		erage efit 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		No		
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from t		the plai	 n's last fa	vorable		
18	Is the I	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	S	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount	·····	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benefits Security Admini

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Rotirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 8058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to

- mainte	Serverit Countries y Corporation		► Complete all entries in a	ccordance with the ins	tructions to the Form !	5500-51	F	one maperium	
Part I	Annual Report	Ide	entification information						
For calent	dar plan year 2015 or fi	<u>scal</u>	plan year beginning 01/01/201	6	and ending 09/	30/201	6		
A		×	a single-employer plan	a multiple-employer	plan (not multiemployer)	yer) (Filers checking this box must attach			
A This re	tum/report is for:	П	e ene particle set store		employer information in a	ccorda	nce with the for	m instructions)	
		Ш	a one-participant plan	a foreign plan					
D. m. i.e.		П	sh- 8-1						
D This re	turn/report is	빞	the first return/report	the final return/report					
	an amended return/report (less than								
C Check	box if filing under:	П	Form 5558	automatic extension			Перио		
	•	H					☐ DFVC prog	gram	
	li ne e e e e e e e	Ц	special extension (enter descri	· ·					
Part II		ìШ	iation—enter all requested info	ormation			_		
1a Name		e	40			1b	Three-digit		
Arvinu 13. K	aminan, M.D., P.C. De	IIne	d Benefit Pension Plan			1	plan number (PN)	001	
						10	Effective date of	of elec	
						1.0	01/01/2002	я ріап	
2a Plan s	ponsor's name (amplo	yer.	if for a single-employer plan)			2h		ification Number	
Mailin	g address (include roo	m, a	ipt., suite no. and street, or P.O.	Box)			(EIN) 06-15119	116	
ADVIND G	r town, state or provinc KAMTHAN, MD. PC	0, C	ountry, and ZIP or foreign posts	i code (if foreign, see ins	tructions)	20	Sponsor's tele;		
ARVIND G.	NAMI TIAN, NID. PC							294-4038	
						2d		(see Instructions)	
8 WYNTHR	OP MANOR DRIVE						621111	(****	
	NY 10924-6620	_							
Ja Plana	idministrator's name er	id a	ddress X Same as Plan Sponso	ж.		3b Administrator's EtN			
						-			
						3C Administrator's telephone number			
						1			
4 44		_		<u>_</u>					
4 II the i	name and/or billy of the	i pia	in sponsor has changed since the from the last return/report.	ne last return/report filed	for this plan, enter the	4b	EIN		
	or's name		mont are less foldithtopols.			4c	ON	·-	
		-4 46	he hadesing of the stee ways	83893798VCE2		_		·	
b T-1-1	number of perucipants	mt ri	he beginning of the plan year	*****************************	******************************	5a		3	
D Total	number of participants	at tr	he end of the plan year		*******************************	5h	<u> </u>	0	
C Numb	er of participants with a	1CCC	ount balances as of the end of th	e plan year (defined ben	elit plans do not	5c	:		
d/41 T-1		47 - T	- 4- 44 4 1 1 4	********************************		- 1	4.		
4(1) 100	all number of active par	ncip	pants at the beginning of the plan	n year	***********************	_		3	
C(2) Tot	al number of active par	ticip	pants at the end of the plan year	45636442761441464774581816181618149644444		5d(2)	. 0	
e Numb	per of participants that i	lem	ninated employment during the p	olan year with accrued be	melits that were less	5e	.	0	
Caution: A	penalty for the late of	e In	complete filing of this roturn/	report will be reserved	tralaga cananashin and				
Under ben	auuss of baltiury and off	IRT C	anni an in the instruction and instruction	and I decise that I have		t	4. 41 - 10 11	ship a Schadula	
20 01 2010	idule MB completed an irue, correct, and comp	U BI	finen nå sur euwsied scribta" 82	well as the electronic vo	rsion of this return/repor	, and to	the best of my	knowledge and	
Committee of the Commit	The correct and community		-4.0	11.016					
SIGN HERE	//	7	inthan_	<u> 11-26-16</u>	Arvind G. Kamihan				
Service Control	Signature of plan at	imt	nistrator	Date	Enter name of individ	ual sign	ing as plan adn	ninistrator	
SIGN									
HERE	Signature of employ	rati	plan sponsor	Date	Enter name of leafficiet	int alam	tt		
Preparer's	name (including firm n	ame	, if applicable) and address (incl	ude room or suite numb	Enter name of Individent		ing as employe rer's telephone		
	-				'	, .upa	. o. o toropriorio	+ rorl IGEG9	
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								173.61	
For Paperwo	ork Reduction Act Notice	and	d OMB Control Numbers, see the b	natructions for Form 5500	-SF.			Form 5500-SF (2015)	

	Form 5500-SF 2015		Page 2									
b /	Were all of the plan's assets during the plan year invested in eligible tre you claiming a waiver of the annual examination and report of to inder 29 CFR 2520.104-46? (See instructions on waiver eligibility of f you answered "No" to either line 6a or fine 6b, the plan cann the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Form	ent qualified public a ns.) n 5500-SF and must	inates	ant (IQ	PA) Form	5500.		-	_	No No No	
	III Financial Information	-										
7 F	Plan Assets and Liabilities	362945	(a) Beginning			+		(b) End	l of Y			
	otal plan assets	7a		64798		-				- (
	otal plan liabilities	7b		64796	0	+				- 0		
	Net plan assets (subtract line 7b from line 7a)	7c				╫					1	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	5570 148000	(a) Amou	nt		-0.0	electric	(b)	Total	256.951	leme to	
	t) Employers	8e(1)			0	25		- 25			- 19	
	2) Participants	8a(2)			0	88	150	1977	155	FC11		
	3) Others (including rolloyers)	8a(3)			0	627	: Mark	1		.34	ala.	
ь	Other Income (lass)	₿b			0	200		1000	heid.		100	
C 1	otal Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5/82						0		
	Benefits paid (including direct rollovers and insurance premiums	8d		663	11							
	o provide benefits)	80			0		of being	0.55	-	12.00	AL THE	
	dministrative service providers (salaries, fees, commissions)	8f			0	387	1750	1000	1153	SASON.		
	Other expenses	8g			0	1880	MEN TO THE MARKS OF THE ST				574± 700	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h	arter Garage	(DEM	98969	16	66					
	patient of the second of the s				Jings.		-6631					
	ransfers to (from) the plan (see instructions)	81		-64135	2	82	7407	With the second				
Part	IV Plan Characteristics		•									
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature code	es from the List of Pla	n Cha	racteris	stic Co	des in t	he instr	ection	\$:		
8	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan	1 Chara	acterist	ic Cod	les in th	e instruc	tions			
Part	V Compliance Questions											
10	During the plan year.				Yes	No	N/A		Δ-	nount		
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-1027 (See Instructions and DOL's V Program)	oluntary Fld	uciary Correction	10a		х	I THE		All	nounc		
þ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		×	L					
C	Was the plan covered by a fidelity bond?			10c	х						750000	
d	Old the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х	IIS.					
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.)	e or all of th	e benefits under	10e		×						
f	Has the plan failed to provide any benefit when due under the plan			101		х						
<u>a</u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		х						
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	See instruc	lions and 29 CFR	10h		х			16		- 10	
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required i	notice or one of the	101			561				-5	
j	Did the plan trust incur unrelated business taxable income?		with the recognition of the least	10j							-	
Part	VI Pension Funding Compliance			/								
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								T] Yes	No.	
11a	Enter the unpaid minimum required contribution for all years from								-1 1			
12	Is this a defined contribution plan subject to the minimum funding							RISA?	Ţ	Yes	No.	

Form 5500-SF 2015 Page 3 - 1						
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and o	enter the Day	date of i	he letter ru Year	uling	
If 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				
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 negative amount)	left of a	12d				
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?	***************************************		X Yes	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 brought the PBGC?	ght under the co	ontrol	×	Yes [No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) l	PN(s)	
Part VIII Trust Information	·			- "		
14a Name of trust		14Ь т	rust's Elf	ı		
14C Name of trustee or custodian			Trustee's telephone	or custodi number	an's	
Part IX IRS Compliance Questions		-				
15a is the plan a 401(k) plan?	********	Ye		□No		
15b if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACF harbor test				
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	rrent year 01(m)-	Yes		No		
16a Check the box to Indicate the method used by the plan to satisfy the coverage requirements under section		Ra pe	rcentage		Average benefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come this plan with any other plans under the permissive aggregation rules?	bining	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				structions	
17c If the plan sponsor is an adoptor of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and prototype and the letter's serial	number				or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter	ter the date of t	he plan	's last fav	orable		
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	has been Islands)?	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 % (regardless of whretired), as required under section 401(a)(9)?	-th-co-cat	Yes		No	□N/A	