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.

2016

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Par	t I Annual Report	Identification Information						
For ca	lendar plan year 2016 or fi	scal plan year beginning 01/01/2	016 and ending 13	2/31/2016				
A Th	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	•				
B This	s return/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return/report (less than 12 m	nonths)				
C Ch	eck box if filing under:	X Form 5558	automatic extension	DFVC program				
		special extension (enter descri	iption)					
Part	II Basic Plan Info	ormation—enter all requested inf	ormation					
	ame of plan Z AHMED PHYSICIAN PC	401(K) PROFIT SHARING PLAN		1b Three-digit plan number (PN) ▶	001			
				1c Effective date 01	e of plan /01/2005			
M	an sponsor's name (emplo ailing address (include roo		2b Employer Ide (EIN) 20	ntification Number -2844491				
	Z AHMED PHYSICIAN PC	al code (if foreign, see instructions)	2c Sponsor's tel	ephone number 256-2030				
200 ME	STEALL BOAD				e (see instructions)			
SUITE D				621111				
ROCHE	STER, NY 14618-2610							
3a PI	an administrator's name a	nd address X Same as Plan Spon	nsor.	3b Administrator	's EIN			
				3c Administrator	's telephone number			
		e plan sponsor has changed since the mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
a s	oonsor's name			4c PN				
5a ⊤	otal number of participants	at the beginning of the plan year		5a	-			
	·	, , ,		5b				
			the plan year (only defined contribution plans	5c				
			an year	5d(1)				
			ar	5d(2)				
t	han 100% vested		plan year with accrued benefits that were less	5e				
			n/report will be assessed unless reasonable ca		alianda a Ostrodo			
SB or		nd signed by an enrolled actuary, a	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor					

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	Were all of the plan's assets during the plan year invested in eligib		,						X Ye	es No
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	es 🗌 No
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	□ Not de	etermined
	rt III Financial Information	isurance p	orogram (see LINIOA se	SCHOIT 4	021):		163	Пио	Пиот ис	terrinied
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Voor	
<u>'</u> a	Total plan assets	7a	(a) Beginning	574420				(b) Ella	of Year	60
	Total plan liabilities	7b		0)	0				
	Net plan assets (subtract line 7b from line 7a)	7c		574420)				7020	60
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	otal	
a	Contributions received or receivable from:		(a) runear					(2)	<u> </u>	
	(1) Employers	8a(1)		10450						
	(2) Participants	8a(2)		49495						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		67695						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1276	40
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
	Certain deemed and/or corrective distributions (see instructions).	8e		0	_					
	Administrative service providers (salaries, fees, commissions)	8f		C)					
a	Other expenses	8g		0)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
-	Net income (loss) (subtract line 8h from line 8c)	8i							1276	40
Ť	Transfers to (from) the plan (see instructions)	8j	0							
Pa	rt IV Plan Characteristics	l oj	ļ							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2G 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					70206
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused	10d		X				
е	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	f Has the plan failed to provide any benefit when due under the plan?					X				
9		-		10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I	Annual Report	t Identification Information				·····		
For calen	dar plan year 2016 or t	fiscal plan year beginning	01/01/2016	and ending	12/31/2016			
A Th:	akona (a.a.a.a.k ta (a.a.	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	(Filers checking this bo	ox must attach a		
A Inist	eturn/report is for:	a one-participant plan	a foreign plan	mployer information in a	accordance with the form	m instructions.)		
			a loreigh plan					
B This re	eturn/report is	the first return/report	the final return/report					
	·	an amended return/report	=	ırn/report (less than 12 n	months)			
C Chool	k box if filing under:				·			
O Check	Cook if filling under.	X Form 5558	automatic extension		DFVC program			
	1	special extension (enter descr		<u></u>				
Part II		ormation—enter all requested inf	ormation					
1a Nam	•				1b Three-digit			
Altezaz	z Anmed Physic	ian PC 401(k) Profit	Sharing Plan		plan number (PN) ▶	001		
					1c Effective date o	of plan		
					01/01/2005	p. 		
2a Plan	sponsor's name (emplo	oyer, if for a single-employer plan)			2b Employer Identi			
City	or town, state or provinc	m, apt., suite no. and street, or P.Oce, country, and ZIP or foreign posts	·. Box) al code (if foreign, see ins:	tructions)	(EIN)20-284			
Aiteza	z Ahmed Physic	cian Pc	, , , , , , , , , , , , , , , , , , ,	,	2c Sponsor's telep			
					585-256-20 2d Business code (
_	stfall Road				621111	(see instructions)		
Suite								
Roches		NY 14618-2610						
3a Plan	administrator's name ai	nd address 🛛 Same as Plan Spon	sor.		3b Administrator's EIN			
					3c Administrator's t	telenhone number		
						cocphone namber		
4 If the	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN	, , , , , , , , , , , , , , , , , , , 		
	e, Elin, and the plan hui sor's name	mber from the last return/report.			4			
•		at the beginning of the plants			4c PN			
		at the beginning of the plan year				7		
C Numb	number of participants	at the end of the plan yearat the end of the account balances as of the end of the	he plan was fast deficial		5b	7		
comp	lete this item)	account balances as of the end of the	ne pian year (only defined	contribution plans	5c	5		
		rticipants at the beginning of the pla			5d(1)	6		
		rticipants at the end of the plan year		***************************************	5d(2)			
e Num	ber of participants that	terminated employment during the	plan vear with accrued be	nefits that were less		6		
than	100% vested				5e	0		
Under pen	alties of perjury and oth	or incomplete filing of this return/ ner penalties set forth in the instruct	report will be assessed	unless reasonable cau	use is established.	able a Cabadula		
30 01 30116	edule IVIB completed ar	id signed by an enrolled actuary, as	well as the electronic ver	rsion of this return/report	t, and to the best of my	knowledge and		
Dellet, It is	true, correct, and comp	dete.		T				
SIGN HERE	/ /	us (sa		Aitezaz Ahmed				
	Signature of plan a	dministrator	Date /0//0//7	Enter name of individu	ual signing as plan adm	ninistrator		
SIGN			, , , , , , , , , , , , , , , , , , ,					
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual signing as employer	r or plan sponsor		
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (inc	Date lude room or suite numbe	Enter name of individu	ual signing as employer Preparer's telephone	r or plan sponsor number		
	Signature of emplo name (including firm na	yer/plan sponsor ame, if applicable) and address (inc	Date lude room or suite number	Enter name of individuer)	ual signing as employer Preparer's telephone	r or plan sponsor number		
	Signature of employ name (including firm name)	yer/plan sponsor ame, if applicable) and address (inc	Date lude room or suite numbe	Enter name of individual (ual signing as employer Preparer's telephone	r or plan sponsor number		
	Signature of employ name (including firm na	yer/plan sponsor ame, if applicable) and address (inc	Date lude room or suite numbe	Enter name of individuer)	ual signing as employer Preparer's telephone	r or plan sponsor number		

	Form 5500-SF 2016		Page 2			_						
b	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 If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public a tions.) rm 5500-SF and must	ccounta	nt (IQ d use	PA) Form	5500.		X	Yes Yes	. [No
Pa	rt III Financial Information	T	Γ		T							
7	Plan Assets and Liabilities		(a) Beginning o				((b) End	of Ye			0.60
	Total plan assets	7a		574,4	120						02,	060
	Total plan liabilities	7b			100							0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		574,4	420						02,	060
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u>t</u>				(b) ·	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		10,4	150							
	(2) Participants	8a(2)		49,4	195	······································						
	(3) Others (including rollovers)	8a(3)			0							
<u>h</u>	Other income (loss)	8b		67,6	595							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	*							1	27,	640
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0							
	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										C
i	Net income (loss) (subtract line 8h from line 8c)	8i								1	27,	640
j	Transfers to (from) the plan (see instructions)	8j			0							
Pa	rt IV Plan Characteristics											
9a		feature co	odes from the List of Pla	an Char	racteri	stic Co	des in	the ins	structio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare t	eature cod	des from the List of Pla	n Chara	cterist	ic Cod	les in t	the inst	ruction	s:		
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		An	nount		
2	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	√oluntary i	Fiduciary Correction	10a		х						
	Were there any nonexempt transactions with any party-in-interes					х						
	reported on line 10a.)			10b	<u> </u>	<u> </u>		<u> </u>				
	Was the plan covered by a fidelity bond?			10c	х	<u> </u>					70	,20
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused	10d		х						
	Were any fees or commissions paid to any brokers, agents, or ot											

Х

Х

Х

Х

10e

10f

10g

10h

carrier, insurance service, or other organization that provides some or all of the benefits under

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

	Form 5500-SF 2016 Page 3 -						
Part	VI Pension Funding Compliance				· 		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)				Y	es 🗌 No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	le or sectio	n 302 o	f	Y	es 🛛 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		d enter t Day		of the letter Year	ruling	
<u>If</u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	•		ī			
<u>b</u>	Enter the minimum required contribution for this plan year		12b	1			
	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 negative amount)		12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>	Yes	∐ No L	N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?			[Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
<u> </u>	VIII Trust Information						
14a	Name of trust		14b -	Γrust's Ε	IN		
14c	Name of trustee or custodian		1	Trustee's or custodian's telephone number			
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		n-based				
	401(k)(3) for the plan year? Check all that apply:	Curre	ent year test	<u> </u>] N/A		
16a	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					∏ N/A	
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes] No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	er the date	of the m	ost rece	nt determin	ation	
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?		Ye	s [] No		
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s [_	No		