Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee R				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	Internal	This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	tructions to the Form 5	500-SF.	Public Inspection		
Part I		dentification Information						
For calenda	ar plan year 2017 or fisc	al plan year beginning 01/01/2			2/31/2017			
A This ret	urn/report is for:	x a single-employer plan	list of participating e			king this box must attach a vith the form instructions.)		
<b>B</b> This retu	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
•	l	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descri						
Part II		mation—enter all requested info	ormation					
1a Name	•				1b Thre	e-digit number		
ARVIND G. I	XAMITHAN, MD. PC 401	I (K) PROFIT SHARING PLAN			(PN)			
					1c Effect	tive date of plan 01/01/2014		
		er, if for a single-employer plan)			2b Empl	oyer Identification Number		
		, apt., suite no. and street, or P.O , country, and ZIP or foreign posta		tructions)	(EIN)	06-1511918 nsor's telephone number		
ARVIND G. H	KAMTHAN, MD. PC				845-294-4038			
					<b>2d</b> Business code (see instructions)			
	OP MANOR DRIVE Y 10924-6620				621111			
<b>3a</b> Plan a	dministrator's name and	I address 🗙 Same as Plan Spon	sor.		<b>3b</b> Administrator's EIN			
					<b>3c</b> Administrator's telephone number			
		plan sponsor or the plan name ha			4b EIN			
this pl a Sponse		sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	<b>4d</b> PN			
C Plan N								
5a Tatala	number of posticipasts -	t the beginning of the plan year			5a	2		
		t the end of the plan year			5u 5b	2		
C Numb	er of participants with a	ccount balances as of the end of t	he plan year (only define	d contribution plans	5c	2		
•	,	cinants at the beginning of the pla			5d(1)	2		
<ul> <li>d(1) Total number of active participants at the beginning of the plan year</li> <li>d(2) Total number of active participants at the end of the plan year</li> </ul>						0		
e Numb	per of participants who te	erminated employment during the	plan year with accrued b	enefits that were less	5d(2) 5e	0		
than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca						-		
Under pena	alties of perjury and othe	er penalties set forth in the instruc	tions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule		
	edule MB completed and rue, correct, and completed	d signed by an enrolled actuary, a ete.	s well as the electronic ve	ersion of this return/repor	t, and to the	e best of my knowledge and		
SIGN	Filed with authorized/v	alid electronic signature.	10/11/2018	ARVIND G KAMTHAN	I, M.D.			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator		
SIGN								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor		

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6a b	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>b If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>								
С	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	1601935	1768809					
b		7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	1601935	1768809					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	26830						
	(2) Participants	8a(2)	700						

(3) Others (including rollovers)			38249	
b	Other income (loss)		101170	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		166949
d	<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)		0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	75	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		75
i	i Net income (loss) (subtract line 8h from line 8c)			166874
j	Transfers to (from) the plan (see instructions)	8j	0	
Ра	rt IV Plan Characteristics			

9a	If the	plan p	provid	les pe	nsion	benefits, er	nter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2A	2E	2F	2G	2J	2K		

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		160000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos.			
	nent of the Treasury al Revenue Service		Benefit Plan	25 of the Employee Ba	tiromont	2017			
Dep	artment of Labor	Income Security Act of 1974 (E)	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).						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report I	dentification Information							
For calenda	r plan year 2017 or fis	cal plan year beginning 01/01/2017		and ending 12/3					
A This retu	Irn/report is for:	n (not multiemployer) (F ployer information in ac	Filers check cordance v	king this bo vith the forn	x must attach a n instructions.)				
	a one-participant plan a foreign plan								
<b>B</b> This retu	m/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)				
C Check b	ox if filing under:	X Form 5558	automatic extension		DFVC p	orogram			
		special extension (enter descrip	ion)						
Part II	Basic Plan Info	rmation—enter all requested infor	mation		41				
1a Name o					1b Thre	number			
ARVIND G. H	(AMTHAN, MD. PC 40	01(K) PROFIT SHARING PLAN			(PN)		002		
						ctive date o )1/2014	f plan		
2a Plan sp	onsor's name (employ	ver, if for a single-employer plan)	· ·		2b Employer Identification Number				
Mailing City or	address (include roon town, state or province	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal	3ox) code (if foreign, see instru	uctions)	(EIN) 06-1511918 2c Sponsor's telephone number				
ARVIND G. H	(AMTHAN, MD. PC				(845) 294-4038				
					2d Business code (see instructions) 621111				
	P MANOR DRIVE				021				
	Y 10924-6620	nd address 🗙 Same as Plan Spons	or		3b Adm	inistrator's	EIN		
Ja Planad									
					3C Adm	inistrator's	telephone number		
4 If the r	ama and/or EIN of the	e plan sponsor or the plan name has	changed since the last re	turn/report filed for	4b EIN				
this pla	an, enter the plan spor	nsor's name, EIN, the plan name an	d the plan number from th	e last return/report.					
a Spons					<b>4d</b> PN				
C Plan N	ame								
5a Total r	number of participants	at the beginning of the plan year			5a		2		
		at the end of the plan year			5b		2		
C Numb compl	er of participants with a ete this item)	account balances as of the end of th	e plan year (only defined	contribution plans	5c		2		
		rticipants at the beginning of the pla			5d(1) 5d(2)		2		
d(2) Tot	<ul> <li>d(2) Total number of active participants at the end of the plan year</li> <li>e Number of participants who terminated employment during the plan year with accrued benefits that were less</li> </ul>						0		
than	100% vested				5e		0		
Caution: A	penalty for the late	or incomplete filing of this return/ her penalties set forth in the instruct	report will be assessed	unless reasonable can examined this return/re	nort inclue	ding, if appl	icable, a Schedule		
SB or Sche	atties of perjury and of edule MB completed at true, correct, and comp	nd signed by an enrolled actuary, as	well as the electronic ver	sion of this return/repor	t, and to th	e best of m	ly knowledge and		
SIGN	H-P-Kar	urthan	10.11.18	Arvind G Kamthan, M	.D.				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing	as plan ac	Iministrator		
SIGN									
HERE	Signature of ample	workplan enoncor	Data	Enter name of individ	lual signing		er or plan sponsor		

 
 HERE
 Signature of employer/plan sponsor

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 2018-10-10T09-53:51:525-05:00
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X Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... X Yes 🗌 No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes No. Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year\_\_\_\_\_ \_. (See instructions.)

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Tota plan assets		1601935	1768809
b Total plan liabilities		0	0
C Net plan assets (subtract line 7b from line 7a)		1601935	1768809
8 Income, Expenses, and Transfers for this Plan Year	<ul> <li>A state of the sta</li></ul>	(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers		26830	
(2) Participants	0 (0)	700	
(3) Others (including rollovers)		38249	
b Other income (loss)	8b	101170	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		166949
d Benefits paid (including direct rollovers and insurance pren to provide benefits)		0	
e Certain deemed and/or corrective distributions (see instruc		0	
f Administrative service providers (salaries, fees, commissio	ns) 8f	75	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		75
i Net ncome (loss) (subtract line 8h from line 8c)	8i		166874
j Transfers to (from) the plan (see instructions)	8i	0	

## Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions		-		
10	During the plan year:	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period descr bed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
с	Was the plan covered by a fidelity bond?	10c	х		16000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
e	Ware 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.)	10e		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)	nedule S	ЗВ 	. Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA2	n 302 c	of 	. Tes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter Da	the date y	of the letter ru Year	iling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
	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 left of a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 🗌	N/A
Part					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?	)		Yes 🛛 I	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( which assets or liabilities were transferred. (See instructions.)				
	3c(1) Name of plan(s): 13c(	EIN(s	)	13c(3) P	'N(s)