Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annuai Repoi	t identification information								
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/	2018	and ending 08	3/31/2018					
A This ret	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
D —		a one-participant plan	a foreign plan							
B This retu	ırn/report is	the first return/report	X the final return/repo	urn/report						
		an amended return/report	X a short plan year re	turn/report (less than 12 m	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension	n	DFVC program	m				
		special extension (enter desc	ription)							
Part II	Basic Plan In	formation—enter all requested ir	formation							
1a Name	of plan				1b Three-digi	t				
ARVIND G. H	KAMTHAN, MD. PC	401(K) PROFIT SHARING PLAN			plan numb	er				
					(PN) ▶	002				
					1c Effective d	ate of plan 01/01/2014				
2a Plan sr	oonsor's name (emp	loyer, if for a single-employer plan)			2b Employer I	dentification Number				
Mailing	address (include ro	oom, apt., suite no. and street, or P.0				06-1511918				
-		nce, country, and ZIP or foreign pos	tal code (if foreign, see ir	structions)	2c Sponsor's	telephone number				
ARVIND G. K	KAMTHAN, MD. PC				•	5-294-4038				
					2d Business o	code (see instructions)				
8 WYNTHRO	P MANOR DRIVE					621111				
GOSHEN, N	Y 10924-6620					021111				
3a Plan ad	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN				
					0					
					3C Administra	tor's telephone number				
		the plan sponsor or the plan name h			4b EIN					
•		oonsor's name, EIN, the plan name	and the plan number fron	n the last return/report.	4d PN					
a Sponsor's namec Plan Name										
C Plan N	ame									
5a Total r	number of participan	ts at the beginning of the plan year.			5a	2				
b Total r	number of participan	ts at the end of the plan year			5b	0				
C Number	er of participants wit	h account balances as of the end of	the plan year (only defin	ed contribution plans	5c	0				
'	,	participants at the beginning of the p			5d(1)	2				
` '	•	,	•		5d(2)	0				
 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 					` '					
than 1	100% vested				5e	0				
		e or incomplete filing of this retur								
		other penalties set forth in the instru and signed by an enrolled actuary,								
	rue, correct, and co		as from as the dicetroffic	Total of this folding repor	, and to the best	or my knowledge and				
SIGN	Filed with authorize	ed/valid electronic signature.	10/11/2018	ARVIND G. KAMTHAI	N, M.D.					
HERE	Signature of plan	administrator	Date	Enter name of individ	e of individual signing as plan administrator					
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor				
	eignature or emp	, o./piair oponoui	Date	Enter harne or marvia	aai oigiiiig as ell	ipiogor or plant aponadi				

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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							
Part III Financial Information							
7 Plan Assets and Liabilities (a) Begin	nning of Year			(b) End of Year			
a Total plan assets	1768809			0			
b Total plan liabilities	0			0			
C Net plan assets (subtract line 7b from line 7a)	1768809		0				
8 Income, Expenses, and Transfers for this Plan Year (a) A	Amount			(b) Total			
a Contributions received or receivable from: (1) Employers	0						
(2) Participants	0						
(3) Others (including rollovers)	0						
b Other income (loss)	85260						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				85260			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	1853373						
Certain deemed and/or corrective distributions (see instructions) 8e	0	_					
f Administrative service providers (salaries, fees, commissions) 8f	696						
g Other expenses	0	_					
h Total expenses (add lines 8d, 8e, 8f, and 8g)				1854069			
i Net income (loss) (subtract line 8h from line 8c)				-1768809			
j Transfers to (from) the plan (see instructions)	0						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension feature codes from the Lis 2A 2E 2F 2G 2J 2K	ist of Plan Cha	racteri	stic Co	odes in the instructions:			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List	t of Plan Chara	acterist	tic Cod	les in the instructions:			
Part V Compliance Questions							
10 During the plan year:		Yes	No	Amount			
Was there a failure to transmit to the plan any participant contributions within the time perio described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc Program)	ction		X				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transact reported on line 10a.)	tions		X				
C Was the plan covered by a fidelity bond?	10с	X		160000			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was car by fraud or dishonesty?	used 10d		X				
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.)	der		X				
f Has the plan failed to provide any benefit when due under the plan?	10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	.09		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 0 2520.101-3.)			X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3							

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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 Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X		
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 302 of ERISA? (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, and granting the waiver.			of the letter ru Year	uling		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	12b					
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part \	/II 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			C		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				X Yes I	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to					
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) P	N(s)		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to

Employee Ber	nefits Security Administration	_	Revenue Code (the Code).	•	Public Inspection
Pension Ben	nefit Guaranty Corporation	➤ Complete all entries in	accordance with the instru	ctions to the Form 5500-SF.	
Part I	Annual Repor	t Identification Information			
	r plan year 2017 or t	fiscal plan year beginning 01/01/20	18	and ending 08/31/2018	
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer plan list of participating emp	n (not multiemployer) (Filers che ployer information in accordance	cking this box must attach a with the form instructions.)
D This salu	m/rapart is	a one-participant plan			
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 months)	
C Check b	ox if filing under:	program			
		special extension (enter desc	ription)		
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		
1a Name o		401(K) PROFIT SHARING PLAN		pla	ree-digit an number N) • 002
				1c Eff	fective date of plan
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	(EI	nployer Identification Number N) 06-1511918
City or	town, state or provir KAMTHAN, MD. PC	nce, country, and ZIP or foreign pos	stal code (if foreign, see instru	2c Sp	oonsor's telephone number (845) 294-4038
O MANATURA	OP MANOR DRIVE				siness code (see instructions)
•					
GOSHEN, N	Y 10924-6620	Ele		3h Ad	Iministrator's EIN
3a Plan ac	dministrator's name	and address X Same as Plan Spo	onsor.	35 70	ininistrator 3 Env
				SC Ad	lministrator's telephone number
4 If the r	name and/or EIN of t	the plan sponsor or the plan name hoonsor's name, EIN, the plan name	nas changed since the last re and the plan number from th	eturn/report filed for the last return/report.	N
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name					N
				5a	2
		ts at the beginning of the plan year		- Fl-	0
		ts at the end of the plan year		t-ib-tion plans	
C Numb compl	er of participants wit lete this item)	h account balances as of the end o	of the plan year (only defined		0
		participants at the beginning of the			
d(2) Total number of active participants at the end of the plan year					0
than	100% vested	ho terminated employment during t			0
Caution	A penalty for the lat	e or incomplete filing of this retu other penalties set forth in the instr	rn/report will be assessed	examined this return/report incl	uding if applicable a Schedule
SB or Sche	aities of perjury and edule MB completed true, correct, and co	and signed by an enrolled actuary,	as well as the electronic ver	rsion of this return/report, and to	the best of my knowledge and
SIGN	YX-P-	Kounthour	10.11-18	Arvind G. Kamthan, M.D.	•
HERE	Signature of plan	administrator	Date	Enter name of individual signi	ng as plan administrator
SIGN					
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of individual signi	ng as employer or plan sponsor
			UU GE		

	5 5500 OF 2017		Page 2					
	Form 5500-SF 2017		1 090 =			- 1		
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a sec	an indeper and condit ot use Fo	ndent qualified public actions.) rm 5500-SF and must	instead	nt (IQF d use	PA) Form (X Yes No.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance p e PBGC p	remium filing for this pla	an year	21)?	□	Yes Not determined . (See instructions.)	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities	TO STATE BOTH OF BUTTON	(a) Beginning o	f Year			(b) End of Year	
_	Total plan assets	7a		1768809	9		0	
	Total plan liabilities	7b			0		0	
	Net plan assets (subtract line 7b from line 7a)	7c		176880	9		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
	Contributions received or receivable from:				0			
	(1) Employers	8a(1)			0			
	(2) Participants	8a(2)		O sentimental library				
	(3) Others (including rollovers)	8a(3)	85260			The state of the s		
	Other income (loss)	8b	be the season of	0020			85260	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	promited floring to a second of 400 days.				TOPHO TO THE TOPHON THE TOPHON TO THE TOPHON TO THE TOPHON TO THE TOPHON TO THE TOPHON	
	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				production of the production o			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0 696					
f	Administrative service providers (salaries, fees, commissions)	8f	e systematic					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1854069		
i	Net ncome (loss) (subtract line 8h from line 8c)	8i	Company of the property of the property of the company of the comp			-1768809		
j	Transfers to (from) the plan (see instructions)	8j	0					
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K	feature c	odes from the List of Pla	an Char	racteris	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Chara	cterist	ic Cod	es in the instructions:	
Pa	rt V Compliance Questions	,						
10					Yes	No	Amount	
-	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)					×		
	b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		х		
	c Was the plan covered by a fidelity bond?			10c	х		160000	
	I and the plant is a local whether or not reimburged by the plant							

by fraud or dishonesty?

2520.101-3.)

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

i If 10h was answered "Yes," check the box if you either provided the required notice or one of the

f Has the plan failed to provide any benefit when due under the plan?

exceptions to providing the notice applied under 29 CFR 2520.101-3...

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

10d

10e

10f

10g

10h

10i

Х

Х

Х

Х

Form 5500-SF 2017

Part \	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sct (Form 5500) and line 11a below)	edule S	В		Yes	X No		
112	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	n 302 o	f 		Yes	X No		
a	(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 instructions, and enter the date of the letter ruling granting the waiver. Year							
	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						
	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						
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	∐ No		N/A		
Part	CCC-02000							
R 4945 RULE CO.D.	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					0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes	_ N	lo		
С	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.)	s) to						
13c(1) Name of plan(s): 13c(2)				130	(3) Pi	N(s)		
	and the second section is a beautiful.							