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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

Part I		t Identification Informat	ion						
For calend	ar plan year 2014 or	fiscal plan year beginning 01/	/01/2014		and ending 12	/31/2014			
A This re	turn/report is for:	X a single-employer plan			an (not multiemployer) ver information in accord		-		
		a one-participant plan	Па	a foreign plan					
B This retu	urn/report is	the first return/report	th	ne final return/report					
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558		automatic extension		DF\	VC prograr	m	
		special extension (enter of	description))					
Part II	Basic Plan Inf	ormation—enter all requeste	ed informati	ion					
1a Name		·				1b Three-	-digit		
ANTHONY (CAPPELLINO, M.D.,	P.C. 401(K) SAVINGS PLAN				plan ni		004	
						(PN)		001	
						1c Effective	01/01/		
	ponsor's name and a CAPPELLINO, M.D., I	address; include room or suite n P.C.	umber (em	ployer, if for a single-	employer plan)	2b Employ (EIN)	yer Identifi 20-065	cation Number 57574	
60 FLEETS F	POINT DRIVE					2c Spons	or's teleph 631-321	none number -0033	
WEST BABY	(LON, NY 11704					2d Busine	ess code (s	see instructions)	
3a Plan a	dministrator's name	and address XSame as Plan S	Sponsor.			3b Admini			
						3C Admini	istrator's te	elephone number	
A 16:11	V 500 (v					41			
name	, EIN, and the plan n	he plan sponsor has changed s umber from the last return/repo		st return/report filed fo	r this plan, enter the	4b EIN 4c PN			
name a Spons	e, EIN, and the plan n sor's name		rt.			4c PN		23	
a Spons 5a Total	e, EIN, and the plan noor's name number of participant	umber from the last return/reports at the beginning of the plan ye	rt. rear			4c PN 5a			
name a Spons 5a Total b Total	e, EIN, and the plan n sor's name number of participant number of participant	umber from the last return/repo	rt. ear			4c PN 5a 5b		23	
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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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and condit	ndent qualified public accounta	int (IQ	(PA)				X Y	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot det	ermir	ned
Par	t III Financial Information	1			1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of			
<u>a</u>	Total plan assets	7a	8171	178					82	0355	
	Total plan liabilities	7b	0474	170					00	0255	
	Net plan assets (subtract line 7b from line 7a)	7c	8171	170						0355	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	al		
	1) Employers	8a(1)									
	2) Participants	8a(2)	82	203							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	363	311							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	4514	
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d	300	000							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	113	337							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4	1337	
	Net income (loss) (subtract line 8h from line 8c)	8i								3177	
j	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cterist	tic Cod	des in t	he instru	uction	is:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					7	75000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		Χ					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	X					8	39239
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		,			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	·	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	- 1.				- (-)	1-11	!!	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day			letter ear _	rulin	g

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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 section 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

2014

This Form is Open to Public Inspection

	art I Annual Report	t Identification Information	Cordance with the math	actions to the Form 55	00-5r.						
	r calendar plan year 2014 or fi		01/01/2014	and ending	12/31/20	01.4					
	This return/report is for:		a multiple-employer	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
В	This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)								
С	Check box if filing under:	x Form 5558 special extension (enter descri)	automatic extension	•	DFVC	program					
Б	art II Basic Plan Info	ormation enter all requested in	· ,	··							
C-3-10	Name of plan	Zimation enter all requested in	ntormation		1b Three-dig						
	·	, M.D., P.C. 401(k) Savi	ngs Plan		plan numi (PN) ▶	001					
					1c Effective 01/01/2						
2a	Plan sponsor's name and ac Anthony Cappellino	ddress; include room or suite numbe ,M.D., P.C.	r (employer, if for a single	-employer plan)	2b Employer	Identification Number 0-0657574					
	60 Fleets Point Drive				(631)	telephone number 321-0033					
	US West Babylon NY 11704				2d Business 621111	code (see instructions)					
3a	Plan administrator's name a	nd address 🗵 Same as Plan Spor	nsor Name		3b Administra	ator's EIN					
3c Administrator's telephone number											
4	If the name and/or EIN of the name, EIN, and the plan num	e plan sponsor has changed since th nber from the last return/report.	ne last return/report filed f	or this plan, enter the	4b EIN						
	Sponsor's name				4c PN						
	Total number of participants	at the beginning of the plan year	******************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a	23					
b	Total number of participants	at the end of the plan year	440	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b	23					
C -1/	complete this item)	account balances as of the end of th	************************************	fit plans do not	5c	16					
		ticipants at the beginning of the plan	·	1968(+)}}\$	5d(1)	23					
d(ticipants at the end of the plan year		***************************************	5d(2)	23					
е 	less than 100% vested	erminated employment during the pl	an year with accrued ben	efits that were	5e						
		or incomplete filing of this return/									
28	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and complete.										
and the second second	SIGN W/ 10/2/2015 Anthony Cappellino										
Н	ERE Signature of plan adm	infatratof (Date	Enter name of individua	al signing as plan	administrator					
and the second	GN										
	ERE Signature of employer		Date	Enter name of individua	al signing as empl	oyer or plan sponsor					
Pre	parer's name (including firm n	ame, if applicable) and address; incl	lude room or suite numbe	r (optional)	Preparer's telept	none number (optional)					

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6a	Were all of the plan's assets during the plan year invested in eligible	a assets? ((See instructions)					es No
b	Are you claiming a walver of the annual examination and report of a		•			14000001111		esINO
								es No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	1)?		Ye	s No No	ot determined
P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	. 7a	817,1	78			82	20,355
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	817,1	78			82	20,355
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)						
	(2) Participants	8a(2)	8,2	03				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	36,3	11				, p. 11
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4,514
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	1	30,0	00			eng Sanata	
e f	Certain deemed and/or corrective distributions (see instructions)	8e	11.0	0 m	-		era de la companya d La companya de la co	
	Administrative service providers (salaries, fees, commissions)	8f	11,3	37				
<u>g</u> h	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g					i a	4 007
<u> </u>	Night in a great of a polytope of the college of th	8h 8l						1,337
÷	Transfer to the second state of the second s	8i						3,177
D.	It IV Plan Characteristics	oj			la	di d	ar special delication	- Albanda anglesia
-	If the plan provides pension benefits, enter the applicable pension fe	oturo oade	as from the List of Dian Chauset			_ !- 41-		
- 04	2E 2G 2J 3D	ature code	es nom the list of Plan Charact	ensuc	Code	s in th	e instructions:	
h			(() 1) ()					
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Characte	ristic	Codes	in the	instructions:	
D-	irt V Compliance Questions							
10	During the plan year:						· · ·	
	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in	T	Yes	No	Amoun	it
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest?							
	on line 10a.)			10b		X		
c				10c	х			75,000
u	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	taelity bon	d, that was caused by fraud	10d	İ	x		
e	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance carrier.					
	insurance service, or other organization that provides some or all of	of the bene	fits under the plan? (See					
	instructions.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan		***************************************	10f		X		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g	x			89,239
h	the second periods (See instrud	ctions and 29 CFR					
	2520.101-3.)			10h		Х	and the second	
į	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				
Da.	* V Pension Funding Compliance	-0 *********	***************************************	101				
							- 1 -	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and compl	ete S	chedu	le SB	(Form	/a. 🔻 Na
11:	Enter the unpaid minimum required contribution for current year fro						<u> </u>	res X No
12				4		2 - 1	DIGAG FT.	/
	Is this a defined contribution plan subject to the minimum funding n			sect	ion 30	∠ of El	<u> </u>	res 🗶 No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being					tar II		
a	granting the waivergranting standard for a prior year is being	y amortize	u arı uns piari year, see instructi Mon	บกร, a th _	ana en	ter the Dav	: date of the letter : / Year	ruting
	TOTAL CO.							

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500		÷ 13.			
b	Enter the minimum required contribution for this plan year			12b	<u> </u>	
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 negative amount)	a minus sign to th	e left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadl			🔲	Yes [□ No □ N/A
Part	VII Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	*********************		☐ Y	es X N	lo
	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 at of the PBGC?	other plan, or bro	ught under the co	ontrol		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), iden	tify the plan(s) to			
1	3c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)
	7711 - 11.6					
Part	VIII Trust Information (optional)			,		
14a N	lame of trust			14b Tr	ust's EIN	