Form 5	500-SF	Short Form Annu		ort of Small Empl	oyee	OMB Nos. 1210-011 1210-008			
Department of Internal Reve		This form is required to be file	Benefit Pla		etirement		2015		
Department Employee Benefits Se	curity Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	orm is Open to c Inspection		
Pension Benefit Gua				instructions to the Form 5	500-SF.				
		dentification Information al plan year beginning 01/01/		and ending 1	2/31/2015				
A This return/rep		a single-employer plan		/er plan (not multiemployer) g employer information in ad	•	0			
<b>B</b> This return/repo	ort is	the first return/report an amended return/report	the final return/rep	oort return/report (less than 12 m	ionths)				
C Check box if fi	ling under:	Form 5558 special extension (enter desc	automatic extens	ion	0 D	FVC progra	ım		
Part II Bas	sic Plan Inform	<b>mation</b> —enter all requested ir							
1a Name of plan SCOTT R. CAPUS					(PN)	tive date of			
		r, if for a single-employer plan)	D. Box)				cation Number		
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SCOTT R. CAPUSTIN, MD, PLLC					(EIN) 20-2539581 2c Sponsor's telephone number 631-361-7444				
269 EAST MAIN ST		GE			2d Busine	ess code (s	ee instructions)		
SMITHTOWN, NY 1	1787					62111	1		
3a Plan administ	rator's name and	address XSame as Plan Spon	sor.		3b Admir	nistrator's E	IN		
							lephone number		
	and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report fi	led for this plan, enter the	4b EIN 4c PN				
-		t the beginning of the plan year.			-+C PN		6		
		t the end of the plan year			5b		5		
C Number of pa	articipants with ac	count balances as of the end of	the plan year (defined	benefit plans do not	5c		5		
<b>d(1)</b> Total numl	ber of active partic	cipants at the beginning of the p	lan year		5d(1)		5		
e Number of p	articipants that te	cipants at the end of the plan ye rminated employment during the	e plan year with accrue	d benefits that were less	5d(2) 5e		4		
Caution: A penal Under penalties o	ty for the late or f perjury and othe IB completed and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	n/report will be asses ctions, I declare that I h	sed unless reasonable can have examined this return/re	port, includin	ig, if applica			
		alid electronic signature.	03/30/2016	SCOTT R. CAPUSTI	N, MD				
HERE	ature of plan adı		Date	Enter name of individ		s plan adm	nistrator		
SIGN HERE Sign	oturo of oranization	or/alon onorgan	Data	Entor nome of instant		o omolour:	or plan anarra		
	ature of employe (including firm nar	er/plan sponsor ne, if applicable) and address (i	Date nclude room or suite nu	Enter name of individ	Preparer's				
For Paperwork Red	luction Act Notice	and OMB Control Numbers, see th	e instructions for Form	5500-SF.		F	orm 5500-SF (2015)		

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>6a 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 can</li> <li>C If the plan is a defined benefit plan, is it covered under the PBGC</li> </ul>	f an indeper / and condit <b>not use Fo</b>	ndent qualified public a ions.) rm 5500-SF and mus	accounta t instea	ant (IQ  I <b>d use</b>	PA) Form	5500.		X Yes X Yes Not determ	No No
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End	of Year	
a Total plan assets	7a		368	667				38306	52
<b>b</b> Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c		368	667				38306	62
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
a Contributions received or receivable from: (1) Employers	8a(1)		11	551					
(2) Participants	8a(2)		28	398					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		-11	810					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2813	9
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		13	326					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			418					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1374	4
i Net income (loss) (subtract line 8h from line 8c)	8i							1439	)5
j Transfers to (from) the plan (see instructions)				0					
Part IV Plan Characteristics									
<b>9a</b> If the plan provides pension benefits, enter the applicable pensio 2E 2F 2G 2J 3B 3D	n feature co	odes from the List of PI	an Cha	racteris	stic Co	odes in t	the instruc	ctions:	
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	cterist	ic Coc	les in th	e instruct	ions:	
Part V Compliance Questions									
<b>10</b> During the plan year:				Yes	No	N/A		Amount	
<b>a</b> Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary F	iduciary Correction	40-		X				
<ul> <li>Program)</li> <li>b Were there any nonexempt transactions with any party-in-interereported on line 10a.)</li> </ul>	st? (Do not i	include transactions	10a 10b		x				
<b>C</b> Was the plan covered by a fidelity bond?				Х					
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan	s fidelity bo	nd, that was caused	10c	^	х			2	250000
<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)</li> </ul>	ther person me or all of	s by an insurance the benefits under	10d 10e		x				
f Has the plan failed to provide any benefit when due under the pl	an?		10f		Х				
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х				

j	Did	the plan trust incur unrelated business taxable income?	10j					 	
Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a )) and line 11a below)		nplete	Sched	lule SB	(Form	Yes X	No
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of th	he Cod	e or se	ction 3	302 of E	RISA?	Yes X	No

Х

10h

10i

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

2520.101-3.).....

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.....

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Page **3 -** 1

-									
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?			Υe	es X No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year									
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a					
D		e PBGC?				Yes 🗙	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	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	IN			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b	<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>					e ADF test	P/ACP		
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?						No			
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):							erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No			
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No			
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A		

		Short Form Annu	al Return/Report of	Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
Form 5			Renefit Plan			2015
Department of i internal Rever Department Employee Benefits Se	of Labor	Income Security Act of 1974	d under sections 104 and 4065 (ERISA), and sections 6057(b) Revenue Code (the Code).			This Form is Open to Public Inspection
Employee Benefits Se Pension Benefit Gua		Complete all entries in	accordance with the instruction	ons to the Form 550	0-SF.	
Part   Ann	ual Report	Identification Information		and ending	12/3	1/2015
or calendar plan	year 2015 or fis	cal plan year beginning X a single-employer plan	01/01/2015 a muitiple-employer plan ( list of participating employ	(	Filers checki	ng this box must attach a
		a one-participant plan	the final return/report			
3 This return/rep	oort is	an amended return/report	a short plan year return/re	port (less than 12 mo		-VC program
Check box if t		X Form 5558 special extension (enter des				
Part II Ba	sic Plan Info	prmation-enter all requested !	nformation		1b Three	-digit
1. Name of pla	n.	AD, PLLC 401(K) PLAN			plan n (PN)	ont 001
					01/0	lve date of plan 01/2006 <u>01/2006</u>
2a Plan sponso Malling add City or town SCOTT R. C	ress (include roo , state or provin	oyer, if for a single-employer plan om, apt., suite no. and street, or P ce, country, and ZIP or foreign po MD, PLLC	) .O. Box) stal code (if forelgn, see instruc	tions)	(EIN) <b>2c</b> Spon (63)	byer Identification Number 20-2539581 sor's telephone number 1) 361-7444 less code (see Instructions) 111
269 EAST M	IAIN STREE	T, BUILDING E	NY	11787		nistrator's EIN
	istrator's name	and address XSame as Plan Sp			3c Admi	inistrator's telephone number
	- and/or FIN of	the plan sponsor has changed sir	ice the last return/report filed for	this plan, enter the	4b EIN	
name, Ell	N, and the plan r		·		4c PN 5a	
		nts at the beginning of the plan ye	ar		5b	
b Total num	ber of participar	nts at the end of the plan year		fit plans do not	50	
complete	this item)	participants at the beginning of th	e plan year			
<b>d(2)</b> Totai n	umber of active	participants at the end of the plan	the plan year with accrued ber	efits that were less	5e	
than 100	)% vested	nat terminated employment during te or incomplete filing of this re- l other penalties set forth in the in d and eigned by an enrolled actua	aturn/report will be assessed	unless reasonable u	report, inclu-	ablished. ding, if applicable, a Schedule ne best of my knowledge and?
- CO or Schedil	ile MB complete e, correct, and e		13/25/16	SCOTT R. CA	PUSTIN,	MD
SIGN HERE	Signature of pla	an administrator	Date	Enter name of Indi	vidual signin	g as plan administrator
SIGN HERE	Signature of en	nployer/plan sponsor	Date	Enter name of indi	vidual signin Prepare	ng as employer or plan sponso r's telephone number
Preparer's na	me (including fi	nployer/plan sponsor rm name, if applicable) and addre	as (include room of solid name,	/		
						Form 5500-SF (2

Form 5500-SF (2015) v, 150123

				÷		an a
	Page 2					
			<u></u>			X Yes No
ble assets? (S	ee instructions.)					
an independe						X Yes No
not use Form	5500-SF and must in	stead ι	use Fo	orm 55		
insurance prog	gram (see ERISA secti	on 4021	1)?	[] Y	es 🗌 No	Not determined
	(a) Beginning o	f Year			(b)	End of Year
7a		368,	667			383,062
			0			U 
		368,	667			383-,062
	(a) Amount					(b) Total
	·		<b>FF</b> 1			- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14
8a(1)				<u></u>		
		28,				
		4 1		<u> </u>		
8b		<u>, L.L</u>	, 810	<u> </u>		28,133
8c	·				·	
		13,	,326			
			0			
0e			0			
			418			
			· .			13,74
91		· · · · ·				14,39
	<u></u>		C	)		an a satisfication and the
				- Cod	on in the	instructions
re feature cod	es from the List of Plan	Chara	cterist	ic Cod	es in the	instructions:
re feature cod	es from the List of Plar	Chara	cterist	ic Cod	es in the	instructions:
re feature cod	es from the List of Plar	Chara	cterist	ic Cod	es in the	Amount
re feature cod ributions within 's Voluntary F	es from the List of Plar n the time period iduciary Correction	Chara	cterist	ic Cod	es in the	Amount
re feature cod ributions within 's Voluntary F	es from the List of Plan n the time period iduciary Correction include transactions	Chara 10a	cterist	No X	es in the	Amount
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re feature cod ributions within 's Voluntary F erest? (Do not	es from the List of Plan n the time period iduciary Correction include transactions	Chara 10a	cterist	No X	es in the	instructions: Amount
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re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo	es from the List of Plan n the time period iduciary Correction include transactions ind, that was caused	Chara 10a 10b 10c	Yes	No X X	es in the	Amount 250,0
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other persor	es from the List of Plan n the time period iduciary Correction include transactions ind, that was caused is by an insurance i the benefits under	Chara 10a 10b 10c	Yes	No X X	es in the	Amount 250,0
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other persor s some or all of	es from the List of Plan n the time period iduciary Correction include transactions and, that was caused the benefits under	Chara 10a 10b 10c 10d	Yes	No X X X	es in the	Amount 250,0
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other persor s some or all of e plan?	es from the List of Plan n the time period iduciary Correction include transactions and, that was caused ns by an insurance i the benefits under	Chara 10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X	es in the	Amount 250,0
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other persor some or all of e plan? unt as of year	es from the List of Plan n the time period iduciary Correction include transactions ind, that was caused is by an insurance i the benefits under end.)	Chara 10a 10b 10c 10d	Yes	No X X X X	es in the	Amount 250,0
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other persor some or all of e plan? unt as of year lod? (See Instr	es from the List of Plan n the time period iduciary Correction include transactions and, that was caused the benefits under the benefits under end.)	Chara 10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X	es in the	Amount 250,0
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other person s some or all of e plan? unt as of year lod? (See instr ded the require 20.101-3	es from the List of Plan n the time period iduciary Correction include transactions ind, that was caused is by an insurance i the benefits under end.) ructions and 29 CFR ed notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X X X	es in the	Amount 250,0
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other person s some or all of e plan? unt as of year lod? (See instr ded the require 20.101-3	es from the List of Plan n the time period iduciary Correction include transactions and, that was caused is by an insurance i the benefits under end.) ructions and 29 CFR ed notice or one of the	Chara 10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X	es in the	Ámount 250,0
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other persor some or all of e plan? unt as of year lod? (See instr ded the require 20,101-3	es from the List of Plan n the time period iduciary Correction include transactions and, that was caused is by an insurance i the benefits under end.)	10a 10b 10c 10d 10c 10d 10g 10f 10g 10h 10i 10j	Yes	No X X X X X X X X X	N/A	Amount 250,01
re feature cod ributions within 's Voluntary F erest? (Do not an's fidelity bo or other persor some or all of e plan? unt as of year lod? (See instr ded the require 20.101-3	es from the List of Plan n the time period iduciary Correction include transactions ind, that was caused is by an insurance i the benefits under end.) ructions and 29 CFR ed notice or one of the	10a 10b 10c 10d 10d 10f 10g 10h 10j 10j and cc	Yes	No X X X X X X X X X X X X X X X X X X X	N/A	Amount 250,00
	and condition         not use Form         insurance prog            7a            7b            7c            8a(1)            8a(2)            8a(2)            8a(3)            8b            8c            8c            8c            8g            8h            8i            8j	ble assets? (See instructions.) f an independent qualified public accord and conditions.) not use Form 5500-SF and must in insurance program (see ERISA section (a) Beginning of 7a (a) Amount (a) Amount (a) Amount (b) Amount (c)	ble assets? (See instructions.) f an independent qualified public accountant / and conditions.) not use Form 5500-SF and must instead of insurance program (see ERISA section 402 (a) Beginning of Year 7a 368, 7a 368, 7c 368, 8a(1) 11, 8a(1) 11, 8a(2) 28, 8a(2) 28, 8a(3) 8b -11, 8c 8c 8d 13 8e 8f 8i 8j	ble assets? (See instructions.) f an independent qualified public accountant (IQPA / and conditions.) not use Form 5500-SF and must instead use For insurance program (see ERISA section 4021)? (a) Beginning of Year 7a	ble assets? (See instructions.) f an independent qualified public accountant (IQPA) / and conditions.) not use Form 5500-SF and must instead use Form 55 insurance program (see ERISA section 4021)? [] Yi (a) Beginning of Year 	ble assets? (See instructions.) f an independent qualified public accountant (IQPA) / and conditions.)not use Form 5500-SF and must instead use Form 5500. Insurance program (see ERISA section 4021)? Yes Na (a) Beginning of Year (b) 7a (b) 7a (b) 7a (c) 368, 667 7b (c) 368, 667 7c (c) 368, 667 7c (c) 368, 667 7c (c) 368, 667 8a(1) 11, 551 8a(2) 28, 398 3a(3) (c) -11, 810 8b (c) -11, 810 8c (c) (c) 326 8e (c) (c) 326 8e (c) (c) 326 8e (c) (c) 326 8g (c) 326 

Page 3 -		·	الم الم الم المركز الم الم
Form 5500-SF 2015 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		a data of th	e letter ruling
(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 instructions, and Month	Day		rear
If a waiver of the minimum funding standard for a prior year is being amontzed in this plan year. Month granting the waiver			and the second
f you completed line 12a, complete lines 3, 9, and 10 of Schedule in a (	12b		
b Enter the minimum required contribution for this plan year minimum year	12c		a la aprovazione de la
<ul> <li>C Enter the amount contributed by the employer to the plan for this plan year</li> <li>C Enter the amount contributed by the employer to the plan for this plan year</li> <li>C Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a</li> </ul>	12d		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (one) a minimum of negative amount)	<u></u>	Yes	No N/A
<ul> <li>Will the minimum funding amount reported on line 12d be met by the funding deadance.</li> </ul>			میشند قروبتارین و مربقان قروبتارین و
Transfers of Assels		[] Yes	X No
any plan year?	13a	1	an and a second s
	the second se		Yes X No
b. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan			
<ul> <li>of the PBGC?</li></ul>	i) to		
c If during this plan year, any access of the instructions.) 13c	(2) EIN(	3)	13c(3) PN(s)
13c(1) Name of plan(s):			
			۰۰ میں دیکھیے در ۱۹۹۰ میں میں دیکھیے در
art VIII Trust Information	14	b Trust's El	N
a Name of trust			
			's or custodian's
	14	telephor	e number
4c Name of trustee or custodian			
Part IX IRS Compliance Questions		Yes	No 177
15a Is the plan a 401(k) plan?		Design-	
the same layer deferrals and employee	er  [_	based saf	e ADP/ACP
matching contributions (as application) and a second second		method	
	ir [	] Yes	No
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year doing and 1.401(m)-testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(li) and 1.401(m)-testing method.			
O(n)(2)(i))/2	. [	Ratio	ge Average benefit test
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b		test	
410(h) and $401(a)(4)$ by computing	11	Yes	No
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 40(b) and 40(b		Yes	□ No □ N/
here a second seco		icable code	(See instructions
the entropy of the required tax law changes was adopted			
for tax law changes and codes),	suplect		
and the letter's serial number and the letter serial number and the letter's serial number advisory letter, enter the date of that favorable letter	date of th	ne plan's las	t favorable
17c If the plan sponsor is an adopter of a pre-approved and the letter's serial number advisory letter, enter the date of that favorable letter advisory letter, enter the date of that favorable letter       and the letter's serial number and the letter's serial number advisory letter, enter the date of that favorable letter         17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the advisory letter.			
dotermination letter		Yes	
<ul> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>19 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>19 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>19 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>19 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(ne))</li> <li>19 Is the Plan maintained in a U.S. territory (i.e., Plan maintained in a U.S. territory (i.e., Plan maintained in a U.S. territory (i.e., Plan maintained in a U.S. territor</li></ul>		Yes	No
	-	19	
		Yes	
<ul> <li>If "Yes," enter amount</li> <li>Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?</li> </ul>			
retired), as required under section 401(a)(9)?			a i a constante da c
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