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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pension E	serielli Guaranty Corporation	Complete all entries in a	accordance with the instructions to the Form 55	500-SF.		•		
Part I	Annual Report	Identification Information						
For calend	dar plan year 2015 or fi	scal plan year beginning 01/01/2	2015 and ending 12	2/31/2015				
A This re	eturn/report is for:	r) (Filers checking this box must attach a accordance with the form instructions)						
B This ret	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)				
C Check	box if filing under:	▼ Form 5558 □ special extension (enter description)	automatic extension		DFVC prog	ram		
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name	of plan	P.C. 401(K) SAVINGS PLAN		pla	ree-digit an number N)	001		
				1c Eff	fective date o	f plan 1/2005		
Mailin	sponsor's name (emplo g address (include roo			2b Employer Identification Number (EIN) 20-0657574				
	r town, state or province CAPPELLINO, M.D., P	2c Sponsor's telephone number 631-321-0033						
	POINT DRIVE YLON, NY 11704		2d Business code (see instructions) 621111					
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	sor.	3b Administrator's EIN				
				3c Ad	ministrator's t	elephone number		
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EII				
		s at the beginning of the plan year		5a	<u> </u>	23		
				5b		23		
C Numb	per of participants with	account balances as of the end of	the plan year (defined benefit plans do not	5c		16		
d(1) To	tal number of active pa	articipants at the beginning of the pl	an year	5d(1)		23		
d(2) To	tal number of active pa	articipants at the end of the plan yea	ar	5d(2)		23		
than	100% vested		plan year with accrued benefits that were less	5e		0		
			n/report will be assessed unless reasonable cau					
Under per	nalties of periury and ot	ther penalties set forth in the instruc	ctions. I declare that I have examined this return/re	port, inclu	iding, if applic	able, 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.										
	Filed with authorized/valid electronic signature.	09/27/2016	ANTHONY CAPPELLINO							
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator							
SIGN										
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor							
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	er) Preparer's telephone number							

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligit 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 cannot be a continuous or the continuous or the plan cannot be a continuous or the continuous	an independant	dent qualified public a	ccount	ant (IQ	PA)			×	Yes N
c If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not o	determined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	7a		820)355					770358
b Total plan liabilities	7b		920	355					770358
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с	(a) Amou		1333			(b)	Total	770336
a Contributions received or receivable from:		(a) Alliot	anı				(D)	TOLAI	
(1) Employers	8a(1)								
(2) Participants	8a(2)		3	3085					
(3) Others (including rollovers)	 		40	20.40					
b Other income (loss)			-13	8646					10561
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c								-10561
to provide benefits)	8d		30	0000					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		9	9436					
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)									39436
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	i i								-49997
Part IV Plan Characteristics	·· 8j								
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instrud	ctions:	
10 During the plan year:				Yes	No	N/A		Amo	unt
a Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					7500
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of t	he benefits under	10e		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 er	nd.)	10g	X					8855
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	the required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10j			X			
Part VI Pension Funding Compliance			10)	ı	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								П	Yes X N
11a Enter the unpaid minimum required contribution for all years from						11a		•	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?		Yes X N

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d Trustee's or custodian's			
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

From: 6313210039 From: United Benefit Pensions, Inc.

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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guerenty 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

2015

This Form is Open to Public

Inspection

	Annual Repor	t Identification Information	1		00-01.						
Fo	r calendar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/20	15					
	This return/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer) mployer information in	(Filers checking t	his box must attach					
В	This return/report is:	a one-participant plan the first return/report an amended return/report	a foreign plan the final return/report a short plan year retur	n/report (less than 12 r	nonths)						
C	Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension		DFVC	program					
Éles	Rocio Blon Inf			<u> </u>							
1a	Name of plan	ormation enter all requested	information								
	,	, M.D., P.C. 401(k) Sav	vings Plan		1b Three-digit plan number (PN) ▶ 001						
					1c Effective of						
2a	Mailing Address (include ro	oyer, if for a single-employer plan) orn, apt., suite no. and street or P.C ce, country, and ZIP or foreign pos	Box) tal code (if foreign, see instru	uctions)	01/01/2005 2b Employer Identification Number (EIN) 20-0657574						
	Anthony Cappellino	, M.D., P.C.	, , , , , , , , , , , , , , , , , , , ,	,	(631) 3	telephone number 321-0033					
	60 Fleets Point Dr				2d Business : 621111	code (see instructions)					
20	US West Babylon NY 1170	4 nd address 🕱 Same as Plan Sp									
			STOCK HAITE		3b Administra 3c Administra	tor's telephone number					
4	if the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since nber from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN						
а	Sponsor's name				4c PN						
5a	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	******************************	******************************	5b	23					
C	complete this item)	account balances as of the end of t		t plans do not	5c	16					
d(∙		ticipants at the beginning of the pla	·	···	5d(1)	23					
d (2	Total number of active par	ticipants at the end of the plan year	. Wilderten ausgestate ttersammen (1990)		5d(2)	23					
e	less than 100% vested	erminated employment during the p			5e	0					
Cai	ution: A penalty for the late	or incomplete filing of this return	/report will be assessed u	nless reasonable cau	ise is established						
Und SB	der penalties of perjury and ot	ther penalties set forth in the instructed actuary, a	tions I declare that I have a	verninged this return/eng	ort including it -	Haatta - Ost - Li					
			8/27/14	Andrew (
	Signature of plan adm	inistrator		nter name of individua	Laigner on elem						
				The marrie or individua		oministrator					
	Signature of employer	Volan sadnsor	Date E	ntor women of individual							
Pre	parer's name (including firm n	ame, if applicable) and address; in	clude more or suite number	nter name of individua							
	-	,			Preparer's teleph	one number					
			_	1		2017年2月1日 1月1日 1月1日 1月1日 1日 1					

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	Form 5500-SF 2015		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	e appeted	(Poo instructions)						
b	Are you daiming a waiver of the annual examination and report of	an indanan	dent qualified public occ				· · · · · · · · · · · · · · · · · · ·	. X Y	esNo
	under 29 CFR 2520 104-462 (See instructions on waters attailed	1					*************	. X Ye	es 🗆 No
	" you answered No to enther line ba or line 6b, the plan cannot	ot use For	m 5500-SE and must be	netes	d uso	En.	EEOO	_	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA sect	tion 4	021)?	*****	Yes]No □Nc	t determin
1 44 · · ·	Financial Information								<u> </u>
7	Plan Assets and Liabilities		(a) Beginning	of Y	——— еаг	Τ.	(b) E	nd of Year	
a	Total plan assets	. 7a			355	\top			0,358
Ь	Total plan liabilities	. 7b				_			0,338
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		820	355	\top		77	0,358
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	nt			(b) Total	
_	(1) Employers	. 8a(1)				48	Annie drawe de		Jan Jan
	(2) Participants	8a(2)		3	085		ALTAL ALTON	672.36960°26434	
	(3) Others (including rollovers)	8a(3)				inie Mari	67/44.99183* ************		
b	Other income (loss)	. 8b	(1	13,6	46)				Control of the Contro
त	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		T to b	W. SY4			(10	,561)
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			20	000				,501)
е	Certain deerned and/or corrective distributions (see instructions)	8d 8e	<u> </u>	30,	000				10 E 3 T 17 T
f	Administrative service providers (salaries, fees, commissions)	8f			436	t it is			
g	Other expenses	8g		Э,	430		Mariania (Mariania)		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Kalangan dan kalang	WY S. S. S.	. 18 10. 13			3/	426
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	B)	Andrew Control of the		SNOT	** <u>. </u>			9,436
j	Transfers to (from) the plan (see instructions)	8j	entrem men selt i etter til ble bledet i til ste til s		143000	Pylik	Vinence (Tomb)	Marie is a second	SKALINIKA
	Plan Characteristics		 -		_	\$ 40 (A)			
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan C	hara	cteristi	c Cod	es in the instr		
\rightarrow									
p	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Ch	arac	eristic	Code	s in the instruc	tions:	
ing Parada	Whiteher, and							20170.	
40	Compliance Questions			_					
<u>10</u> a	During the plan year:				Yes	No		Amount	
a	The state of the plant ally participant contribution	ons within i	the time period] -	-	Γ.			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol. Program)	untary Fidu	clary Correction	l			**************************************		
b	Were there any nonexampt transactions with any party in inter- 40	/Do not inc	lude transactions	10a	╬	X			
	reported on line 10a.)			10t	ļ	ж			
<u></u>	was the plan covered by a tidelity bond?			10c	x				75,000
d	Did the plan have a loss, whether or not reimbursed by the plan's five by fraud or dishonesty?	delity bond	, that was caused				a. Mako sa		
е	Were any fees or commissions paid to any brokers, agents, or other	r nomana k		10d		_ X		<u></u>	
	carrier, insurance service, or other organization that provides some	or all of the	benefits under		.		₁		
	wie platif (See MSUGCUORS.)	************		10e		x			•
f	Has the plan failed to provide any benefit when due under the plan?			10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	l.)	10g	х		, 360, 361, 101		88,553
h —	If this is an individual account plan, was there a blackout period? (S. 2520.101-3.)	aa inotereti	200 CED	10h			50 / 12 (File) 1	egot ilm, =	88,553
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	required o	otion of one of the			X			
j	Did the plan trust incur unrelated business taxable incorne?	***************************************		10i					
	Pension Funding Compliance			10j			х		<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	its? (If "Yes	s," see instructions and o	comp	lete Sc	hedu	le SB (Form		
11a	Enter the unpaid minimum required contribution for current year from	Schedula	SB /Form SEOO! II 40		*********		44-	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding rec	uiremest-	of postion 440 million			1000	11a		
		June (1811(S	or section 412 of the Co	o epo	rsection	n 302	z of ERISA? 💄	- L Yes	X No

From: 6313210039 From: United Benefit Pensions, Inc.

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	Form 5500-SF 2015 Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		\neg			
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver.	and en Dav	ter th		of the lette	r ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<u>b</u>			 12b			
c			12c		_	
d			12d			
_ e			\Box	Yes	□ No	□ N/A
	Plan Terminations and Transfers of Assets		1	103		LJ N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?	— T F	7 76	s X	N-	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			S A	NO	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the		l3a ol			
С	of the PBGC?	i) to			∐ Yes	X No
	13c(1) Name of plan(s):	13c(2)	FIN/		13c/3) PN(s)
		100(2)	21141	'/	130(7 - 14(2)
	Trust Information					
14a	Name of trust	14	lb Tr	usťs Ell	N	
140	Name of trustee or custodian	14	14d Trustee or custodian's telephone number			
	IRS Compliance Questions					
15a	Is the plan a 401(k) plan:	TI				
			Yes		☐ No	
	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)?		Des base hart met	ed safe or	ADF test	P/ACP
15c	If ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		Yes		□ No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Ratio Perc	entage	Aver	age efit Test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes		☐ No	
17a	Has the Plan been timely amended for all required law changes?	. _	Yes		□No	□ N/A
				le code		
	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject advisory letter, enter the date of that favorable letter / / and the letter's serial number.					
	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the determination letter / / /	ate of p	lan's	last fav	orable	
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guarn, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		Yes		☐ No	_
	Were in-service distributions made during the plan year?	. 🗆	Yes		☐ No	
	f Yes, enter amount	- 19				
20 '	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired) as required under section 401(a)(9)?		Yes		☐ No	□ N/A