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).

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit SCOTT R. CAPUSTIN, MD, PLLC 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2006 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 20-2539581 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number SCOTT R. CAPUSTIN, MD, PLLC 631-361-7444 2d Business code (see instructions) 269 EAST MAIN STREET, BUILDING E 621111 SMITHTOWN, NY 11787 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5 5a Total number of participants at the beginning of the plan year 5 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 3 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

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.

<u>belief, it is t</u>	rue, correct, and complete.					
31314	Filed with authorized/valid electronic signature.	04/24/2017	SCOTT R. CAPUSTIN	, MD		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number		

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C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes No
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of a Total plan assets 7a 383062 b Total plan liabilities 7b from line 7a) 7c 383062 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) To a Contributions received or receivable from: (1) Employers 8a(1) 11395 (2) Participants 8a(2) 28345 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 26941	Not determined
a Total plan assets 7a 383062 b Total plan liabilities 7b Total plan liabilities 7b Total plan liabilities 7c Net plan assets (subtract line 7b from line 7a) 7c 383062 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total plan Propers 8a(1) 11395 (2) Participants 8a(2) 28345 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 26941	
b Total plan liabilities	449423
C Net plan assets (subtract line 7b from line 7a)	0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	449423
a Contributions received or receivable from: 8a(1) 11395 (1) Employers 8a(2) 28345 (2) Participants 8a(2) 28345 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 26941	tal
(2) Participants	
(3) Others (including rollovers)	
b Other income (loss)	
D Citie income (ioss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00004
	66681
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
Certain deemed and/or corrective distributions (see instructions).	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	320
i Net income (loss) (subtract line 8h from line 8c)	66361
j Transfers to (from) the plan (see instructions)	
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 instru 2E 2F 2G 2J 3B 3D	ctions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruc	tions:
Part V Compliance Questions	
10 During the plan year: Yes No N/A	Amount
Was there a failure to transmit to the plan any participant contributions within the time period	Amount
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-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	-
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.)	
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I	· · · · · · · · · · · · · · · · · · ·	rt Identification Information				
For calenda	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/20	
A		🛚 a single-employer plan	L	lan (not multiemployer)		
A This ret	urn/report is for:	a one-participant plan	list of participating er	mployer information in a	ccordance with the fo	orm instructions.)
			a loreign plan			
B This retu	ırn/report is					
_ (0)	an a port to	the first return/report an amended return/report	the final return/report	rn/report (less than 12 n	nonths)	
.				minoport (1000 triair 12 fi		
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	cription)			
Part II	Basic Plan In	formation—enter all requested ir	nformation			
1a Name	•				1b Three-digit	
SCOTT R	. CAPUSTIN,	MD, PLLC 401(K) PLAN			plan number	0.01
					(PN) 1c Effective date	001
					01/01/20	
2a Plan sp	onsor's name (emp	loyer, if for a single-employer plan)			2b Employer Ide	
Mailing	address (include ro	om, apt., suite no. and street, or P.0			(EIN) 20-2	
	town, state or provi . CAPUSTIN,	nce, country, and ZIP or foreign pos	tai code (if foreign, see inst	tructions)	2c Sponsor's tel	ephone number
SCOIL K.	. CAPUSIIN,	MD, PLEC			(631) 36	
					1	e (see instructions)
269 EAST	MAIN STREE	T, BUILDING E			621111	
	٩N		NY	11787		
SMITHTOV						's EIN
3a Plan ac	dministrator's name	and address K Same as Plan Spo	nsor.		I 3b Administrator	SEIN
	dministrator's name	and address 🛚 Same as Plan Spo	nsor.		3b Administrator	S EIN
	dministrator's name	and address 🏿 Same as Plan Spo	nsor.			's telephone number
	dministrator's name	and address 🛭 Same as Plan Spo	nsor.			
	dministrator's name	and address 🛚 Same as Plan Spo	nsor.			
	dministrator's name	and address ⊠ Same as Plan Spo	nsor.			
3a Plan ac	ame and/or EIN of t	he plan sponsor has changed since		for this plan, enter the		
3a Plan ac 4 If the n name,	ame and/or EIN of t EIN, and the plan n	Tanal .		for this plan, enter the	3c Administrator	
4 If the n name, a Sponso	ame and/or EIN of t EIN, and the plan n r's name	he plan sponsor has changed since umber from the last return/report.	the last return/report filed t		3c Administrator 4b EIN 4c PN	's telephone number
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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 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 second or line 6b.	an indepe and condi not use Fo	ndent qualified public tions.) prm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500.		X Yes X Yes	No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	021)?		Yes	∐ No [Not determine	ned
Pa	rt III Financial Information		1							
1	Plan Assets and Liabilities		(a) Beginning					(b) End c		400
a		7a		383,	0 62				449,	<u>4∠3</u>
<u>b</u>		7b		202	\dashv				440	~
	Net plan assets (subtract line 7b from line 7a)	7c		383,	062				449,	423
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour)t				(b) To	tal	
a	(1) Employers	8a(1)		11,	395					
	(2) Participants	8a(2)		28,	345					
	(3) Others (including rollovers)	8a(3)_			0					
b	Other income (loss)	8b		26,	941					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							66,	681
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			,		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			320					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								320
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							66,	361
j_	Transfers to (from) the plan (see instructions)	8j			0			•		
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D									
b 	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	ctions:	
Par	t V Compliance Questions								=	
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	Fiduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х				
с	Was the plan covered by a fidelity bond?			10c	Х				500,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				

10g

10h

10i

Х

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

h 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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Part VI Pension Funding Compliance			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar (Form 5500) and line 11a below)			Yes X No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		T	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.		d enter the d	ate of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			
b 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 negative amount)	ne left of a	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	s 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?			Yes 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 br control of the PBGC?			Yes X No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to	
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 EIN
14c Name of trustee or custodian	***************************************		ee's or custodian's hone number
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan? If "No," skip b	Yes	·	No No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	U safe i	n-based narbor ent year"	"Prior year" ADP test
	∐ ADP		∐ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plar year? Check all that apply:		entage	Average N/A benefit test
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?.			☐ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable If	RS opinion lette	r or advisory	letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes

∏ No

☐ No

the letter

letter

and the serial number

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Defined Benefit Plan or Money Purchase Pension Plan Only: