## 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

Part I		Identification Information			•	
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	017	and ending 12	2/31/2017	
A This ret	urn/report is for:	X a single-employer plan		olan (not multiemployer) (I mployer information in ac		
D. Trib		a one-participant plan	a foreign plan			
<b>b</b> This retu	urn/report is	the first return/report	the final return/report			
•		an amended return/report	a short plan year retu	rn/report (less than 12 mo	<u> </u>	
C Check t	oox if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC progra	am
Dowt II	Dania Dlan Infe					
Part II		ormation—enter all requested inf	ormation		1b Thurs die	:.
1a Name SCOTT R. C	or pian APUSTIN, MD, PLLC	2 401(K) PLAN			<b>1b</b> Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 01/01/2006
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			<b>2b</b> Employer (EIN)	Identification Number 20-2539581
	APUSTIN, MD, PLLC	ce, country, and ZIP or foreign post	ai code (if foreign, see ins	tructions)		s telephone number 31-361-7444
					2d Business	code (see instructions)
269 EAST M. SMITHTOWN	AIN STREET, BUILD N, NY 11787	ING E				621111
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN
					3c Administra	ator's telephone number
this pl	an, enter the plan spo	e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
<b>a</b> Spons <b>c</b> Plan N	or's name lame				4d PN	
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	5
	•	s at the end of the plan year			5b	4
		account balances as of the end of			5c	4
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	3
d(2) Total number of active participants at the end of the plan year			The state of the s	5d(2)	3	
than '	100% vested	o terminated employment during the			5e	0
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a aplete.	ctions, I declare that I have	e examined this return/rep	oort, including, if	applicable, a Schedule
SIGN		d/valid electronic signature.	04/18/2018	SCOTT R. CAPUSTIN	, MD	
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pl	an administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor

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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	and must instea ERISA section 4	ad use 021)?	Form 55	00.	
	ERISA section 4	021)?			
, , ,				es No Not determined	
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing					
Part III Financial Information					
_	eginning of Year			(b) End of Year	
a Total plan assets	449423			476409	
b Total plan liabilities	0			0	
C Net plan assets (subtract line 7b from line 7a)	449423			476409	
	a) Amount			(b) Total	
a Contributions received or receivable from:	,			(i)	
(1) Employers	10150				
(2) Participants	26318				
(3) Others (including rollovers)	0				
b Other income (loss)	68818				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				105286	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	77906				
Certain deemed and/or corrective distributions (see instructions) 8e	0				
f Administrative service providers (salaries, fees, commissions) 8f	0				
g Other expenses	394	394			
h Total expenses (add lines 8d, 8e, 8f, and 8g)			78300		
i Net income (loss) (subtract line 8h from line 8c)				26986	
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 2E 2F 2G 2J 3B 3D	List of Plan Cha	racteris	stic Codes	s in the instructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the L	List of Plan Chara	acterist	ic Codes	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 pe described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr Program)	rection		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)	actions		X		
C Was the plan covered by a fidelity bond?	10c	X		500000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was by fraud or dishonesty?	caused 10d		X		
Were any fees or commissions paid to any brokers, agents, or other persons by an insur- carrier, insurance service, or other organization that provides some or all of the benefits the plan? (See instructions.)	under		Х		
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.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 2: 2520.101-3.)	9 CFR		Х		
If 10h was answered "Yes," check the box if you either provided the required notice or on 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 and complete Schedule SB (Form 5500) and line 11a below)							
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 ERISA?			Yes X No			
	(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 ruling Year			
lf y	you 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 '	VII Plan Terminations and Transfers of Assets						
13a	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	13a		(			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[	Yes X 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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> PN(s)			

Form 5500-SF Short Form Annual Return/Report of Small Emple					yee	OMB Nos. 1210-0110 1210-0089		
	of the Transury svenue Service		Benefit Plan  This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					
Deparim	ent of Labor Security Administration	Income Security Act of 1974						
11 - 1 - 1 - 1 - 1 - 1	Suarenty Corporation		accordance with the instru	ctions to the Form 55	00-SF.	Public Inspection		
Part   A	nnual Report k	dentification Information	01 /01 /0017	and ending	127	31/2017		
For calendar pl		al plan year beginning	01/01/2017  a multiple-employer plan					
A This return/	report is for:	a single-employer plan  a one-participant plan	list of participating emp	loyer information in acc	oordance wi	th the form instructions.)		
B This return/r	annet Is	<b>—</b>	_		•			
D THS Telelin	oport is	the first return/report	the final return/report a short plan year return/	ranort /less than 19 mg	nihs)			
	İ	an amended return/report	a stidit pieti yazi remini	-	_			
C Check box	if filing und <del>er:</del>	Form 5558	autometic extension	Į.	DFVC pr	ogram		
		special extension (enter desc						
Part    B	asic Plan Infor	mation—enter all requested in	formation		1b Three	a cliak		
1a Name of p SCOTT R.	ian CAPUSTIN, M	D, PLLC 401(K) PLAN	,			number		
						tive date of plan 01/2006		
2a Plan apon	sor's name (employ	rer, if for a single-employer plan) n, apt., suite no. and street, or P.:	O Bori		2b Empl	oyer Identification Number 20-2539581		
City or tow	m, stale or provinc¢	a, country, and ZIP or foreign pos	tal code (if foreign, see instr	ictions)	2c Sponsor's telephone number			
SCOTT R.	CAPUSTIN, M	in, time			(631) 361-7444  2d Business code (see Instructions)			
					Zu Dusii	1959 COOR (200 HISTORIANIA)		
269 EAST	MAIN STREET	, BUILDING E						
SMITHTOW	NN			11787		111 Infatrator's EIN		
3a Plan admi	nistrator's name an	d address 🛛 Same as Plan Spo	onsor.					
					3c Admi	inistrator's telephone number		
					46 500			
4 If the nan	ne and/or EIN of the	plan sponsor or the plan name in the plan name in the plan name. Ell, the plan name	has changed since the last re and the plan number from th	Hurn/report filed for te last return/report.	4b EIN			
this plan, a Sponsor's		1807 S Hattle, Env., die plattimine	refine rates become a salar paras.	-	4d PN			
c Plan Nam						•-		
					5a	T 5		
5a Total nur	nber of participants	at the beginning of the plan year		************************	FL.	4		
b Total nur	nber o⁴ participants	at the end of the plan year account balances as of the end o	of the plan year (only defined	contribution plans	5c			
c Number	of participants with	BCCOTIVI DSIBUCES SE OF the edic of	trate herr Ageir (only goungs	***************************************		4		
d(1) Total i	sumber of active ba	rticipants at the beginning of the	plan year	. , *****	5d(1)	3		
4 191	number of reflect to	dicinants at the end of the plan V	'88F		5d(2)			
e Number	of participants who	iterminated employment during t	he plan year with accruso oc	Highir that Male 1999	50			
than 10	0% vested	or incomplete filing of this retu	rm/report will be assessed	uniess reasonable ca	iuse is esti	ablished.		
Under ponalti	es of perjury and of ite MB completed a	her penalties set formin the insti- nd signed by an enjoyed actuary	ucilons, i declare that I have , as well as the electronic ve	examined this return/reports reformed this return/reports	epon, includent, and to the	ne best of my knowledge and		
belief, it is tru	e, confect, and com	pleto Math	4/18/16	SCOTT R. CAPU	STIN, N	AD .		
SIGN HERE	11/1/1/11		Date	Enter name of Indivi	dual algning	s es plan edministrator		
<del>'</del>	Signature of plan a	(dum) is trator			,, » + · · · - <del>· ·</del>			
SIGN HERE			Date	Enter name of indivi	dual algning	as employer or plan sponsor		
For Paperwor	Signature of emplo Reduction Act Notice	oyer/plan sponsor ce, see the Instructions for Form 5				Form 5500-9F (2017) v.170203		

HERE Signature of employer/plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on walver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a continued to the plan cannot be under the plan's assets during the plan year invested in eligible and the plan cannot be under the plan cannot be under the plan year invested in eligible and year invested in eligible and year invested in eligible and year invested in the plan year invested in eligible and year invested in eligible and year invested in the plan year invested in eligible and year invested in the plan year invested in eligible and year invested in the plan year invested in the year invested in the plan year invested in the plan year invested in the plan year invested in the year investe	an indepe and condi not use Fo	ndent qualified public attons.)orm 5500-SF and mus	accoun t inste	iant (IC	QPA) Form	
C	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		- •			_	, 1 11
Pa	rt III Financial Information						
_7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
a	Total plan assets	7a		449,	423		476,409
b	Total plan liabilities	7b			0		0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		449,	423		476,409
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a 	Contributions received or receivable from: (1) Employers	8a(1)	,	10,	150		
	(2) Participants	8a(2)		26,	318		
	(3) Others (including rollovers)	8a(3)			0	<del></del>	
b	Other income (loss)	8b		68,	818		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					105,286
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		77,	906		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0		
g	Other expenses	8g			394		•.
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	·····				78,300
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					26,986
	Transfers to (from) the plan (see instructions)	8j	<u>j</u>				
9a b	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D  If the plan provides welfare benefits, enter the applicable welfare form						
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	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	iduclary Correction	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	X		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 pald to any brokers, agents, or off carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		Х	195
g	Did the plan have any participant loans? (if "Yes," enter amount a	s of year-e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
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			

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Part	VI Pension Funding Compliance				٠.	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
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 ERISA?	302 of	f 	Yes	X No	
a	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	enter t Day		f the letter rul Year	ing	
<u>If</u>	you 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 [	V/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	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	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes 🛛 N	٠ .	
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) PN	l(s)	