-	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
	tment of the Treasury nal Revenue Service	This form is required to be filed	d under sections 104 and 4			2017				
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection				
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	r ubile inspection				
Part I		dentification Information			10 1 10 0 1 0					
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/2			5/31/2018	the difference of the standard				
A This ret	urn/report is for:	a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)				
<b>B</b> This retu	ırn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report port X a short plan year return/report (less than 12 months)							
•		an amended return/report	X a short plan year return	n/report (less than 12 mo	onths)					
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	orogram				
		special extension (enter descr								
Part II	Basic Plan Info	rmation—enter all requested inf	ormation		_	I				
1a Name	•				1b Thre	e-digit number				
SCOTT R. C.	APUSTIN, MD, PLLC	401(K) PLAN			(PN)					
					1c Effect	ctive date of plan 01/01/2006				
		ver, if for a single-employer plan)				loyer Identification Number				
City or	town, state or province	n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		ructions)	(EIN) 2c Spor	) 20-2539581 nsor's telephone number				
SCOTT R. CAPUSTIN, MD, PLLC						<u>631-361-7444</u>				
					2d Busir	ness code (see instructions)				
SMITHTOWN	AIN STREET, BUILDIN N, NY 11787					621111				
3a Plan ad	dministrator's name an	d address X Same as Plan Spon	sor.		<b>3b</b> Admi	inistrator's EIN				
					3c Admi	inistrator's telephone number				
		plan sponsor or the plan name ha			4b EIN					
this pla <b>a</b> Sponso		sor's name, EIN, the plan name a	nd the plan number from th	ne last return/report.	<b>4d</b> PN					
C Plan N	ame									
5a Total number of participants at the beginning of the plan year						4				
		at the end of the plan year			5b	0				
		account balances as of the end of t			5c					
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	3				
• •		ticipants at the end of the plan yea			5d(2)	0				
than 1	100% vested	terminated employment during the			5e	0				
		or incomplete filing of this return								
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a								
SIGN		valid electronic signature.	05/22/2018	SCOTT R. CAPUSTIN	, MD					
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	ual signing	as plan administrator				
SIGN										
HERE Signature of employ		ver/plan sponsor	Date	Enter name of individu	vidual signing as employer or plan sponsor					

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

Form 5500-SF (2017) v.170203

								<u> </u>
	Were all of the plan's assets during the plan year invested in eligib							. X Yes No
b	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				``	,		. X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Er	d of Year
a	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	76409			(*/ =:	0
-	Total plan liabilities	7b		0				0
	Net plan assets (subtract line 7b from line 7a)	7c	4	76409				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total
а	Contributions received or receivable from:							
	(1) Employers	8a(1)		3329				
	(2) Participants	8a(2)	2	24743	-			
	(3) Others (including rollovers)	8a(3)		0				
_	Other income (loss)	8b		4024				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			32096
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	50	08100				
e	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0	_			
g	Other expenses	8g		405				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						508505
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-476409
j	Transfers to (from) the plan (see instructions)	8j		0				
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J 3B 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the ir	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	les from the List of Pla	n Chara	acterist	tic Coc	les in the ins	tructions:
Pa	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x		
k	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	х			500000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		

e 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.)

Has the plan failed to provide any benefit when due under the plan? .....

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

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

Part	VI Pen	sion Funding Compliance				
11		fined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche D) and line 11a below)	edule S	ŝВ	י 🗌	res 🗙 No
11a	Enter the	Inpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	efined contribution plan subject to the minimum funding requirements of section 412 of the Code or section complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 o	f	י []	∕es Ⅹ No
a		of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e waiver			f the lette _ Year _	r ruling
lf y	ou comple	ted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the m	inimum required contribution for this plan year	12b			
С	Enter the a	nount contributed by the employer to the plan for this plan year	12c			
d		e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a mount)	12d			
е	Will the mi	nimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plai	Terminations and Transfers of Assets				
13a	Has a reso	ution to terminate the plan been adopted in any plan year?		X Yes	N	0
	lf "Yes," e	ter the amount of any plan assets that reverted to the employer this year	13a			C
b		e plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the he PBGC?			Yes	No
С	, 0	his plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ats or liabilities were transferred. (See instructions.)	to			
1	3c(1) Nam	e of plan(s): 13c(2)	EIN(s)		13c(3	<b>)</b> PN(s)

p.2

Form 5500-SF	Short Form Ann	Short Form Annual Return/Report of Small Emp Benefit Plan					
Department of Labor	This form is required to be fi	This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Revenue Code (the Code).					
Employee Benelits Security Administration	1						
Pension Benefit Guaranty Corporation	Complete all entries in		structions to the Form 5500-SF.	This Form is Open to Public Inspection			
Part   Annual Repor	t Identification Information	n	and to his roth dobror.				
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2018	and ending 0	5/31/2018			
A This return/report is for:	🗙 a single-employer plan	a multiple-employer list of participating	plan (not multiemployer) (Filers che employer information in accordance	ecking this box must attach a with the form instructions.)			
10 mil	a one-participant plan	a foreign plan		·····,			
B This return/report is	the first return/report	X the final return/report	4.				
	an amended return/report		um/report (less than 12 months)				
C Check box if filing under:	 Form 5558	(~~ <b>-</b>	· ·				
	Lug ,	automatic extension		program			
Part II Basic Plan Info	special extension (enter desc						
1a Name of plan	ormationenter all requested in	formation					
	MD, PLLC 401(K) PLAN			ree-digit In number			
				v) ▶ 001			
	•			ective date of plan			
2a Plan sponsor's name (ame)	oyer, if for a single-employer plan)			/01/2006			
Mailing address (include roo	om, apt., suite no, and street, or P.(	D, Box)		2b Employer Identification Number			
City or lown, state or proving SCOTT R. CAPUSTIN,	ce, country, and ZIP or foreign nos	tal code (if foreign, see in:		(EIN)20-2539581			
JUDII N. CAPUBILO,	MD, FLLC		20 Sp	2c Sponsor's telephone number (631) 361-7444			
			2d Bu	siness cade (see instructions			
269 EAST MAIN STREE	T, BUILDING E						
SMITHTOWN			V 11707				
the second	nd address 🔀 Same as Plan Spo	nsor		21111			
			Sta Adi	ministrator's EIN			
			3c Adr	ninistrator's telephone numb			
4 If the name and/or EIN of the	e plan sponsor or the plan name h	as changed since the last	relurn/repart filed for 4b Elh	1			
this plan, enter the plan spo a Sponsor's name	nsor's name, EIN, the plan name a	and the plan number from	· · · · · · · · · · · · · · · · · · ·				
C Plan Name			4d PN				
5a Total number of participants	at the beginning of the plan year						
	at the end of the plan year			+			
C Number of participants with a	account balances as of the end of	the plan year (only define	d contribution place				
	rticipants at the beginning of the pl						
	ricipants at the end of the plan yes						
e Number of participants who	terminated employment during the	plan year with accrued b	enefits that were less				
than 100% vested	or incomplete filing of this return						
Under penalties of perjury and oth	her penalties set forth in the instruct nd signed by an earlylied actuary a	tions. I declare that I have	a examined this return/report inclu	ding if poplicable a Cabad			
SIGN	-Untre Mo	1722/14	SCOTT R. CAPUSTIN, A	1D			
HERE Signature of plan a	dministrator	Date					
			Enter name of individual signing	as plan administrator			
SIGN							
SIGN HERE Signature of employ		Date	Enter name of individual signing				

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	Form 5500-SF 2017		Page <b>2</b>		<u> </u>			
с 	Were all of the plan's assets during the plan year invested in eligi Are you claiming a walver 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 if the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from t	f an indepe / and cond not use F/ insurance	endent qualified public itlons.) orm 5500-SF and mu program (see ERISA	section	ntant () aad us 4021)1	QPA) e Fori	m 5500, ] Yes [] No [	X Yes No X Yes No Not determined See instructions.)
_Pa	rt III Financial Information					·		
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ır		(b) End of	l Year
	Total plan assets	. 7a		476,	409			0
b	Total plan llabilities	75			0			Q
	Net plan assets (subtract line 7b from line 7a)	7c		476,	409			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int			(b) Tot	al
a	Contributions received or receivable from: (1) Employers	8a(1)	{	2	220			······································
	(2) Participants				329		······································	
	(3) Others (including rollovers)	8a(3)		24,		~	······································	· _ · · · · · · · · · · · · · · · · · ·
Ь	Other income (loss)	85		A	024			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			024			
d	Benefits paid (including direct rollovers and insurance premiums					<u> </u>		32,096
	to provide benefits)	8d		508,	100			
	Certain deemed and/or corrective distributions (see instructions)	8e			0			······································
	Administrative service providers (salaries, fees, commissions)	Bf			0			
	Other expanses	8g		405				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						508,505
	Net income (loss) (subtract line 8h from line 8c)	81						-476,409
	Transfers to (from) the plan (see Instructions)	8j			0			
	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D							
Par	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	in Chan	acteris	lic Co	des in the instructi	ons:
10					<b></b>			
10	During the plan year:			·	Yes	No	Am	ount
2	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DDL's V Program)	oluntary Fi	iduciary Correction	10a				
þ	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not li	nclude transactions	106		x x		
C	Was the plan covered by a fidelity bond?			10c	x			<b>FO</b> <i>G</i> <b>OOOOO</b>
đ		fidelity bor	rd, that was caused	10d	<u></u>	x		500,000
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.).	er persons	by an insurance	10 <del>0</del>		x	• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
Ť	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-e	nd.)	10a		x		·····
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See Instru	ctions and 29 CFR	10g 10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	a required	police or one of the	101		<u>~</u>		

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p.4

Form 5500-SF 2017	Page 3-					
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum func (Form 5500) and line 11a below)				SB		Yes X
enter the unpaid minimum required contributions for	all years from Schedule SB (Form 5500) line 40			1		
IZ Is this a defined contribution plan subject to the minir ERISA?	num funding requirements of section 412 of the	Code or sectio	л 302 о			Yes 🔀
a If a waiver of the minimum funding standard for a prio granting the waiver.	r year is being amonized in this plan year, see in	Month	d enter Dav	the date	of the let Yea	
If you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to line	e 13.		(		
b Enter the minimum required contribution for this plan y	ear		12b	1		
C Enter the amount contributed by the employer to the pl	an for this plan year		12c		••••••	
d Subtract the amount in line 12c from the amount in lin negative amount)	e 12b. Enter the result (enter a minut pion to the	loff pf a	12d	[		
e Will the minimum funding amount reported on line 12c	be met by the funding deadline?		Π	Yes	1 No	T N/A
Part VII Plan Terminations and Transfers of	Assets		<u>المسار مسا</u>		<u></u>	
13a Has a resolution to terminate the plan been adopted in an	y plan year? ,			X Yes	П	No
If "Yes," enter the amount of any plan assets that reve	rted to the employer this year		13a			
b Were all the plan assets distributed to participants or the control of the PBGC?	eneficiaries transferred to another plan as here	ran had a sure allow as All .		[	X Yes	∏ No
c If, during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See instru-	ansietted from this plan to another plan/o). Idea	tify the plan(s)	to			Lu, /
13c(1) Name of plan(s):		19-(1)	EINIGA			
		13c(2)	EH4(S)		730	3) PN(s)
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