Form 5500-SF	Short Form Annu	al Return/Repo Benefit Pla		oyee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file	etirement	2015						
Department of Labor Employee Benefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5	500-SF.	Public Inspection				
Part IAnnual ReportFor calendar plan year 2015 or fis	Identification Information cal plan year beginning 01/01/2	015	and ending 12	2/31/2015					
A This return/report is for:	a single-employer plan       a one-participant plan	a multiple-employe	er plan (not multiemployer) employer information in ac	(Filers checki	-				
<b>B</b> This return/report is	the first return/report	the final return/repo	ort sturn/report (less than 12 m	onths)					
<b>C</b> Check box if filing under:	Form 5558	automatic extensio	on	DF	VC program				
Part II Basic Plan Info	mation—enter all requested inf								
<b>1a</b> Name of plan EVANGELISTA RETIREMENT PL	AN			1b Three-c plan nu (PN)	mber 001				
				IC Effectiv	e date of plan 01/01/2004				
	n, apt., suite no. and street, or P.O			2b Employ (EIN)	er Identification Number 11-3220352				
DR. VINCENT EVANGELISTA, DP	e, country, and ZIP or foreign posta M, PC	al code (il foreign, see i	istructions)	2c Sponso	or's telephone number 718-848-5700				
97-15 101 AVENUE				2d Busines	ss code (see instructions)				
DZONE PARK, NY 11416					621111				
3a Plan administrator's name and	d address XSame as Plan Spons	sor.		3b Adminis	strator's EIN				
					strator's telephone number				
name, EIN, and the plan num	plan sponsor has changed since the plan sponsor has changed since the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN					
a Sponsor's name				4C PN	2				
5a Total number of participants				5a 5b	3				
<b>C</b> Number of participants with a	at the end of the plan year	the plan year (defined b	enefit plans do not	50 5c	3				
1 ,	ticipants at the beginning of the pla			5d(1)	3				
•••	ticipants at the end of the plan yea	-		5d(2)	2				
e Number of participants that t than 100% vested	erminated employment during the	plan year with accrued	benefits that were less	5e	0				
Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I ha	ave examined this return/re	oort, including	, if applicable, a Schedule				
	alid electronic signature.	10/07/2016	VINCENT EVANGELI	STA					
HERE Signature of plan ad		Date	Enter name of individ	ual signing as	plan administrator				
SIGN HERE Signature of employ	ver/nlan sponsor	Date	Enter name of individ	ual signing op	employer or plan sponsor				
Preparer's name (including firm na					lephone number				
For Paperwork Reduction Act Notice					Form 5500-SF (2015)				

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b	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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b>	an indeper and condit <b>tot use Fo</b>	ndent qualified public account ions.)	ant (IQ ad use	PA) Form	5500.	X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA section 4	021)?		Yes	No Not determined
Par	t III Financial Information	1			1		
	Plan Assets and Liabilities		(a) Beginning of Ye				(b) End of Year
	Total plan assets	. 7a	1009				1077566
-	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c	1009	555			1077566
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	35	520			
	(2) Participants	8a(2)	31	077			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	1	414			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					68011
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	. 8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					68011
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	odes from the List of Plan Cha	racteri	stic Co	odes in t	he instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plan Chara	acterist	tic Coc	les in th	e instructions:
Part	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)				х		
С	Was the plan covered by a fidelity bond?		10c	X			108000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?				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)				x		

		100							
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
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 29 CFR 2520.101-3.)	10h		x					
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	10i							
j	Did the plan trust incur unrelated business taxable income?	10j		х					
Part	VI Pension Funding Compliance								
11	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 contribution for all years from Schedule SB (Form 5500) line 4								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								

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					1					
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
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?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h 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	Trusťs E	IN				
14c	Nam	e 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?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer 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		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF	Short Form Annual	Return/Report o Benefit Plan	f Small Employee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be	2015				
Department of Labor Employee Benefits Security Administration	of This Form is Open to Public inspection					
Ponsion Benefit Guaranty Corporation	<ul> <li>Complete all entries in act</li> </ul>	cordance with the instruc	tions to the Form 5500-SF.			
Annual Report I	dentification Information			a /at /oot f		
For calendar plan year 2015 or fisc		01/01/2015		.2/31/2015		
A This return/report is for: B This return/report is:	a single-employer plan     a one-participant plan     the first return/report     an amended return/report	a list of participating e a foreign plan the final return/report	an (not multiemployer) (Files mployer information in accord n/report (less than 12 months	lance with the fo	ox must attach im instructions)	
<b></b>	🖵 😧 Form 5558	automatic extension			ສກ	
C Check box if filing under:	X Form 5558 special extension (enter descri	L.				
	<u>ليا</u>					
	mation enter all requested i	information	16	Three-digit		
1a Name of plan Evangelista Retirem	ent Blan			plan number	001	
Evangelista retiren	OUC FIGH		10	(PN) > Effective date	001	
				01/01/2004	•	
2a Plan sponsor's name (employ Mailing Address (include room	m. ant sulte no. and street or P.C	). Box)		Employer Iden (EIN) 11-32	tification Number 220352	
Dr. Vincent Evangel	e, country, and ZIP or foreign post	tal code (il loieigh, see insi	2c	Sponsor's tele	phone number	
DI. VINCENC SVANGEL	2000, 2211, 20			(718) 848-	Water of the second	
97-15 101 Avenue			20	Business code 621111	(see instructions)	
US Ozone Park NY 11416						
3a Plan administrator's name ar	d address 🗶 Same as Plan Spo	onsor Name	30	Administrator's	EIN	
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report filed		Administrator's	s telephone number	
	ber from the last return/report.	-			مرجوع می ورد و رو ر	
a Sponsor's name		، معرف المراجع ا		PN		
	at the beginning of the plan year			a	3	
	at the end of the plan year account balances as of the end of		efit plane de set	D	3	
				¢	3	
d(1) Total number of active part	icipants at the beginning of the pla	an year	50	1(1)	3	
d(2) Total number of active part	icipants at the end of the plan yea		50	(2)	2	
Number of participants that to	arminated employment during the	plan year with accrued ber	efits that were	59	0	
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l uniess reasonable cause i	s established.		
Under penalties of perjury and oth	her penalties set forth in the instru nd signed by an enrolled actuary,	ctions, I declare that I have	examined this return/report,	including, if app		
1/va-	1 lis		Vincent Evangelists			
Signature of plan adm	Enter name of individual sig		ninistrator			
Signature of employer	/plan sponsor ame, if applicable) and address; i	Date nclude room or suite numb	Enter name of individual sig er Pre	ning as employe parer's telephon	A DESCRIPTION OF THE REAL PROPERTY OF THE PARTY OF THE PARTY.	
				-		

For Peperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)						X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public accoun	tant	(IQP	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	nd condition Int use For	m 5500-SF and must inste	ad u	ise F	orm	 5500.		X Yes	]No
с	If the plan is a defined benefit plan, is it covered under the PBGC in							□ No [	Not dete	rmined
P	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Y	'ear			(	b) End of	Year	······
a	Total plan assets	7a	1,009		5				1,077,50	56
b	Total plan liabilities	7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,009	,55	5				1,077,50	56
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			1		(b) Tot		
а	Contributions received or receivable from:				^					
	(1) Employers	8a(1)		,52						
	(2) Participants	8a(2)	31	,07						
<u> </u>	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b	1	,41	4					
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					4.1516.0		68,01	11
a	to provide benefits)	8d			0		*****			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		e trans			
f	Administrative service providers (salaries, fees, commissions)	8f			0					
q	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i					-		68,01	11
i	Transfers to (from) the plan (see instructions)	8j			0			(* <sup>1</sup>		
Pa	Int IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Cha	aracte	eristi	c Co	des in the	e instructio	ins:	
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Char	acter	ristic	Code	es in the	instruction	s:	
Pa	art V Compliance Questions	-	a							
10	During the plan year:			<u>'</u>	Yes	No	N/A	A	mount	
а										
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	-								
	Program)			0a		X	-			
b	reported on line 10a.)			0ь		x				
C				0c	X		1.1.1.1		108	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			0d		x				
e	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.)	e or all of	the benefits under	0e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		Of		x				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									
				0g		X		- HI - HI		-
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					x				
i	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							the second second	and an a dealer.	
j	Did the plan trust incur unrelated business taxable income?			Oj		x				
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requiren	nents? (If '	'Yes," see instructions and o	comp	olete	Sche	dule SB	(Form		_

-	5500) and line 11a below)			•	·····		******	-		 Yes X No	С
11:	Enter the unpaid minimum	required contribution for a	urren	t vea	ar from Sche	dule S	B (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 302 of ERISA?...

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	·				
a If a waiver of the minimum funding standard for a prior year is being amortized in t granting the waiver.			l enter th av	ne date of the Year	letter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500					
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 negative amount)	-		12d		
e Will the minimum funding amount reported on line 12d be met by the funding dead	ine?		🖂	Yes 🗌 N	0 🗌 N/A
Part VII Plan Terminations and Transfers of Assets		•			
13a Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	es 🗴 No	
If "Yes," enter the amount of any plan assets that reverted to the employer this yea	۰۰۰۰۰۰۰		13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?		-	ontrol	<u>ر ا</u>	res 🗴 No
C If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	ntify the plan(s) to	) 		
13c(1) Name of plan(s):		13c	(2) EIN(	s) 1:	3c(3) PN(s)
Part VIII Trust Information		I			
	· · · · · · · · · · · · · · · · · · ·	I	441 -		
14a Name of trust			140 Tr	rust's EIN	
14c Name of trustee or custodian				rustee or custo	
			telep	phone number	• •
Part IX IRS Compliance Questions	· · · · · · · · · · · · · · · · · · ·				<u> </u>
<b>15a</b> Is the plan a 401(k) plan:	*****		☐ Yes	s □	No
	· · .			sign-	
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			harl		ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usir			☐ Yes	алан П.	No
testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k					
2(a)(2)(ii))?		•••••	Rat	io	
16a Check the box to indicate the method used by the plan to satisfy the coverage requi				centage	Average Benefit Test
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by co		🗌 Yes	• 🗌 I	No
17a Has the Plan been timely amended for all required law changes?			🗌 Yes	, 🔲	No 🗌 N/A
17b Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).	·			ble code	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volu advisory letter, enter the date of that favorable letter / / / and the date of the da	me submitter plar ne letter's serial ni		a favor	able IRS opini	ion or
<b>17d</b> If the plan is an individually-designed plan and recieved a favorable determination le determination letter / /	tter from IRS, plea	ase enter the date	e of plan	's last favorab	le
<b>18</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island			🗌 Yes	· []	No
<b>19</b> Were in-service distributions made during the plan year?			🗌 Yes		No
If Yes, enter amount	•		19		
<b>20</b> Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?	• •		Yes		No 🗌 N/A