Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information				
For calenda	ar plan year 2016 or fis	cal plan year beginning 01/01/2	2016 	and ending 12	2/31/2016	
A This ret	urn/report is for:	a single-employer plan		olan (not multiemployer) (employer information in ac		
		a one-participant plan	a foreign plan	, ,		,
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	
	T =	special extension (enter desc	1 /			
Part II		rmation—enter all requested in	formation		T	
1a Name EVANGELIS	of plan TA RETIREMENT PLA	NN .			1b Three-digit plan numbe (PN) ▶	r 001
					1c Effective da	te of plan 1/01/2004
Mailing	address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C				entification Number 1-3220352
	town, state or province T EVANGELISTA, DPN	e, country, and ZIP or foreign post M, PC	al code (if foreign, see ins	structions)	2c Sponsor's te	elephone number -848-5700
					2d Business co	de (see instructions)
97-15 101 A\					6	21111
OZONE PAR	K, NY 11416					
3a Plan a	dministrator's name an	d address X Same as Plan Spo	neor		3b Administrato	nr'e FIN
Ju Halla	arministrator s riame arr	d address A carrie as riair ope	11301.		OD Administrate	13 111
					3c Administrate	r's telephone number
		plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
	or's name	iber from the last return/report.			4c PN	
		at the beginning of the plan year.			5a	3
_		at the end of the plan year			5b	
		account balances as of the end of				
					5c	
d(1) Tota	al number of active par	ticipants at the beginning of the p	lan year		5d(1)	2
d(2) Tota	al number of active par	ticipants at the end of the plan ye	ar		5d(2)	2
		erminated employment during the			5e	(
Caution: A	penalty for the late of	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca	use is established	i.
SB or Sche		ner penalties set forth in the instru d signed by an enrolled actuary, a lete				
SIGN		valid electronic signature.	10/10/2017	VINCENT EVANGELIS	STA	
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN					are engineering and premi	
HERE	Cianatura of ample	/or/plan ananas	Data	Enter name of individ	lual aigning on amn	laver or plan ananor
Preparer's	Signature of employ name (including firm na	yer/pian sponsor ame, if applicable) and address (ii	Date Clude room or suite numl	Enter name of individue ber)	Preparer's teleph	
	, (/	1 = 2.0.0 tolopii	

Form 5500-SF 2016 Page **2**

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	an indepe	ndent qualified public a	account	ant (IC	PA)			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	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a	1	077566	6				1033639	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	077566	5				1033639	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from:	0-(4)		49327	,					
	(1) Employers	8a(1)		28000	_					
	(2) Participants	8a(2)		20000						
	(3) Others (including rollovers)	8a(3)		73782	,					
	Other income (loss)	8b							151109	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							101100	
	to provide benefits)	8d		194986	5					
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		50)					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							195036	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-43927	
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	uctions:	
Part	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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					107757
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i						

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Page 3-	1	
Page 3 -	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information		1			
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			s	No	

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OMB Nos. 1210-0110 1210-0089

2016

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Part I	Annual Repo					
For calend	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/	
A		X a single-employer plan	a multiple-employer plan			
A This ret	turn/report is for:	a one-participant plan	list of participating emploration	yer information in ac	ccordance with the	e form instructions.)
		П стото разладата разла	a loreigh plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return/re	port (less than 12 m	onths)	
C Charlet	han if filling and an				_	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	n
	7	special extension (enter desc	. ,			
Part II		formation—enter all requested in	nformation			
1a Name	•				1b Three-digit	
Evangel	ista Retirem	ent Plan			plan numb (PN) ▶	001
					1c Effective da	
					01/01/	
		ployer, if for a single-employer plan)	A B .			dentification Number
		oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ions)		-3220352
		ista, DPM, PC	(g.,,	,		telephone number
						48-5700 ode (see instructions)
07 15 1	01 7		*		621111	ode (see instrucțions)
97-15 1	01 Avenue					
Ozone P				1416		
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	onsor.		3b Administrat	or's EIN
					3c Administrat	or's telephone number
					3c Administrat	or's telephone number
					3c Administrat	or's telephone number
					3c Administrat	or's telephone number
4 If the r	name and/or EIN of	the plan sponsor has changed since	e the last return/report filed for t	his plan, enter the		or's telephone number
name	, EIN, and the plan r	the plan sponsor has changed since number from the last return/report.	e the last return/report filed for t	his plan, enter the	4b EIN	or's telephone number
a Spons	, EIN, and the plan r or's name	number from the last return/report.			4b EIN 4c PN	
a Spons	, EIN, and the plan r or's name				4b EIN 4c PN 5a	3
a Spons 5a Total i b Total i	, EIN, and the plan r or's name number of participan number of participan	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year			4b EIN 4c PN	3
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6a Were all of the plan's assets during the plan year invested in eligib	ole assets? ((See instructions.)						X Y	es No
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Y	es \square No
If you answered "No" to either line 6a or line 6b, the plan cann									C3 140
c If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	No	☐ Not de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year	.		(b) End	of Year	
a Total plan assets	7a		077,					1,	033,639
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	1,	077,	566				1,	033,639
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) T	otal	
a Contributions received or receivable from:			4.0	207					
(1) Employers	8a(1)		49,						
(2) Participants	8a(2)		28,	000					
(3) Others (including rollovers)	8a(3)			= 0.0					
b Other income (loss)	8b		73,	782					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								151,109
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	/ 8d		194,	986					
e Certain deemed and/or corrective distributions (see instructions)	8e								1
f Administrative service providers (salaries, fees, commissions)	8f			50					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)					-				195,036
i Net income (loss) (subtract line 8h from line 8c)	8i								-43,927
Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	9 1								
9a If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of PI	an Cha	racteri	stic C	odes in	the inst	ructions:	
2A 2E 2G 2J 2K 3D									
b If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Char	acteris	tic Co	des in tl	he instru	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	
Was there a failure to transmit to the plan any participant contribution.	itions within	the time period		103	140	IWA		Allioui	IL .
described in 29 CFR 2510.3-102? (See instructions and DOL's \									
Program)			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	٩.				107 , 757
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
Were any fees or commissions paid to any brokers, agents, or otler carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	he benefits under	10e		Х				
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-er	nd.)	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 t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						

Form	5500.	SF	201	F

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Page 3-	

Part	VI F	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes	No
11a	Enter	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the C A?			302 of			Yes	No
	(If "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		ns, and	enter t Day			letter rulin ear	g
lf :	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
b	Enter t	the minimum required contribution for this plan year			12b				
С	Enter t	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 tive amount)		a	12d				
е	Will th	he minimum funding amount reported on line 12d be met by the funding deadline?			Ш	Yes	N	0 N	Ά
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Ye	s [No	
	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 brou	-				Ye	s 🛛 No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident h assets or liabilities were transferred. (See instructions.)	tify the	plan(s)	to				
•	120/41	Name of plan(s):		13c(2)	EIN(s)		1	3c(3) PN(s)
	130(1)	raine of plantoj.							
Part		Trust Information							
Part	: VIII				14b 1	Frust's	EIN		
Part 14a	VIII Name	Trust Information			14d 1	rustee		stodian's aber	
Part 14a	VIII Name	Trust Information of trust			14d 1	rustee	's or cu		
Part 14a 14c	VIII Name Name	Trust Information of trust of trustee or custodian		Yes	14d 1	rustee	's or cu		
Part 14a 14c Par 15a 15b	Name Name t IX Is the	Trust Information of trust of trustee or custodian IRS Compliance Questions		Desigr safe h	14d 1	rustee	's or cu	or year" A	DP
Part 14a 14c Par 15a 15b	Name Name t IX Is the How d 401(k)	Trust Information of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		Design safe h	14d 1	rustee elepho	S's or cubine num	or year" A	DP N/A
Part 14a 14c Par 15a 15b	Name Name Name How d 401(k) What year?	Trust Information of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		Design safe h "Curre ADP to Ratio perce	14d 1	rustee elepho	No "Pr tes N/A	or year" A	
Part 14a 14c 15a 15b	Name Name Name Name What year?	Trust Information of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		Design safe h "Curre ADP to Ratio perce test	n-based arbor nt year est	rustee delepho	No "Pr tes N/Average benefit t	or year" A	N/A
Part 14a 14c Par 15a 15b 16a 16b	Name Name Name Name Name Name Name Name Output Name	Trust Information of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b	G opinio	Desigr safe h. "Curre ADP to Ratio perce test Yes	n-based arbor nt year est	rustee elepho	No "Pr tes N/Average benefit to No tter, en	or year" A	N/A e of
Part 14a 14c Part 15a 15b 16a 17a 17b	Name Name	Trust Information of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b	S opinio	Design safe har "Curre ADP to Ratio perce test Yes n letter	n-based arbor nt year est	rustee elepho	No "Pr tes N/Average benefit to No tter, en	or year" A	N/A e of