For	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee Re	tirement	2017				
	epartment of Labor enefits Security Administration	7(b) and 6058(a) of the I).		This Form is Open to Public Inspection						
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		dentification Information								
For calenda	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan									
A This ret	urn/report is for:	X a single-employer plan	list of participating em			vith the form instructions.)				
P This rate	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mc	onths)					
C Check b	box if filing under:	× Form 5558	automatic extension	[DFVC p	rogram				
		special extension (enter descrip	otion)							
Part II	Basic Plan Infor	mation—enter all requested info	rmation							
1a Name	•				1b Thre					
EVANGELIS	TA RETIREMENT PLA	N			pian (PN)	number 001				
					()	ctive date of plan				
					01	01/01/2004				
Mailing	address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.O.			2D Empl (EIN)	Employer Identification Number EIN) 11-3220352				
-	town, state or province	, country, and ZIP or foreign postal //, PC	code (if foreign, see instr	ructions)	, ,	Sponsor's telephone number 718-848-5700				
				-	2d Business code (see instructions)					
97-15 101 A					621111					
OZONE PAR	RK, NY 11416									
3a Plan a	dministrator's name and	d address X Same as Plan Spons	or.		3b Admi	3b Administrator's EIN				
				-	3c Admi	Administrator's telephone number				
4 If the r	ame and/or FIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN					
this pl	an, enter the plan spon	sor's name, EIN, the plan name an								
a Spons C Plan N	or's name				4d PN					
	laine									
5a Total r	number of participants a	at the beginning of the plan year			5a	2				
		at the end of the plan year			5b	2				
		ccount balances as of the end of th			5c	2				
d(1) Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	2				
d(2) Tota	al number of active part	ticipants at the end of the plan year			5d(2)	2				
		erminated employment during the			5e	0				
Caution: A	penalty for the late o	r incomplete filing of this return/	report will be assessed	unless reasonable cau	se is esta	blished.				
Under pena	alties of perjury and oth	er penalties set forth in the instruct d signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, includi	ing, if applicable, a Schedule				
	true, correct, and completed and					soor of my knowledge and				
SIGN	Filed with authorized/	alid electronic signature.	10/12/2018	VINCENT EVANGELIS	STA					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	al signing	as plan administrator				
SIGN										
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor				

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Form 5500-SF (2017) v.170203

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year (b) End	of Year					
а	Total plan assets	7a	1033639	1189592					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1033639	1189592					
0	Income Functions and Transform for this Plan Maan			F = 4 = 1					

8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:	0=(4)		17500			
	(1) Employers	8a(1)		17500 34500	-		
	(2) Participants	8a(2)		54300	-		
	(3) Others (including rollovers)	8a(3)		04.450	-		
	Other income (loss)	8b	12	21453	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					173453
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	1	17500			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17500
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					155953
j	Transfers to (from) the plan (see instructions)	8j					
Pa	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 Pla	an Cha	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	cterist	ic Cod	es in the instructions:
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	iduciary 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	Х		107757
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.).	ne or all of	the benefits under	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		x	

х

Х

10g

10h

10i

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

i,

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	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

Form 5500-S	SF Short Form Annu	al Return/Report o	of Small Employee		DMB Nos. 1210-0110 1210-0089			
Department of the Treasu				2017				
Internal Revenue Service Department of Labor Employee Benefits Security Admit	This form is required to be file Income Security Act of 1974		Pub	orm is Open to lic inspection				
Pension Benefit Guaranty Corp	oration Complete all entries in	accordance with the instru	tions to the Form 5500-SF					
Part Annual R	eport Identification Information	N	and ending	12/31/201	7			
or calendar plan year 20	17 or fiscal plan year beginning		(not coultiermolover) (Filets (checking this bo	x must attach a			
This return/report is fo	r:	list of participating emp	loyer Information in accorder	ice with the for	n Instructions.)			
	🔲 a one-participant plan	a foreign plan						
This return/report is	the first return/report	the final return/report	rt					
	an amended return/report		report (less than 12 months)					
Check box if filing und		automatic extension		VC program				
	special extension (enter des							
Part II Basic Pla	in Information-enter all requested I	nformation	11	Three-digit				
a Name of plan				plan number	0.01			
lvangelista Ret	irement Fian		10	(PN) Effective date	001 of plan			
			10	01/01/20				
Plan sponsor's name	e (employer, if for a single-employer plan)	2b	Employer Ider	tification Number			
A R. M. Addaman Co.A.	lude room, apt., suite no. and street, or P r province, country, and ZIP or foreign po		uctions)	(EIN)11-3220352				
City or town, state o Dr. Vincent EV	angelista, DPM, PC		20	2c Sponsor's telephone number (718)848-5700				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2d	and the second se	e (see instructions			
97-15 101 Aven	.1e	NV	11416	621111				
Ozone Park.	name and address 🔀 Same as Plan Sp		3b	Administrator	\$ EIN			
			30	Administrator	s telephone numb			
4 If the name and/or I	EIN of the plan sponsor or the plan name	has changed since the last re		EIN	-11			
this plan, enter the a Sponsor's name C Plan Name	plan sponsor's name, EIN, the plan name	e and the plan number from ti	le last letonnebour	PN				
Pa Talata sharafar	rticipants at the beginning of the plan yea	аг.		Sa 2				
	nicipants at the end of the plan year			ib 2				
 Number of particip; 	ants with account balances as of the end	of the plan year (only defined	contribution plans	5c 2				
complete this item)	active participants at the beginning of the	***************************************		1(1) 2				
a(1) Total number of	active participants at the beginning of the active participants at the end of the plan	VAI		1(2) 2				
Number of particip	ants who terminated employment during	the plan year with accrued be	enerits that were less	50 0				
than 100% vested	the state of the set	hum/report will be assessed	unless reasonable cause l	s established.				
Under penalties of perju SB or Schedule MB con	iry and other penalties set forth in the ins opleted and signed by an enrolled actuar	tructions dociors that (hove	eveninen ww.muinn/ienon	u_{0}	plicable, a Schedu my knowledge an			
belief, it is true, correct.	and complete	70 12-18	Vincent Evangeli					
SIGN HERE	of store administrator	Date	Enter name of individual s	igning as plan	administrator			
Signature	of plan administrator	Uale		May	and the second			
SIGN HERE		Date	Enter name of individual s	igning as empl	over or plan spons			
Signature	of employer/plan sponsor		T must traine or monorable a	and the second	Form 6600-SF (20			

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6a								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (
Do	Part III Financial Information							
га	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			

	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year
а	Total plan assets	7a	1,	033,	639		1,189,592
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	033,	639		1,189,592
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:			4.5			
	(1) Employers	8a(1)		17,			
	(2) Participants	8a(2)		34,	500		
<u> </u>	(3) Others (including rollovers)	8a(3)		1 0 1	450		
-	Other income (loss)	8b		121,	453		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					173,453
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f					
q	Other expenses	8g		17,	500		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		,			17,500
i	Net income (loss) (subtract line 8h from line 8c)	8i					155,953
-i-	Transfers to (from) the plan (see instructions)	8j					
Ba	rt IV Plan Characteristics	၀၂					
b	2A 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acteris	tic Coc	les in the instructions:
Par	rt V Compliance Questions					-	
10	During the plan year:				Yes	No	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						
<u> </u>	Program)			10a		Х	
bb	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		107,757
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son 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	ın?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	106			

10h

10i

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 and complete Sch (Form 5500) and line 11a below)	nedule S	B	Yes	X No
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?		f	🗌 Yes	X No
	(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 this plan year, see instructions, an granting the waiver			of the letter ru Year	ling
lf	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?		Yes	s 🗙 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 🔀 N	lo
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	I3c(1) Name of plan(s): 13c(2)) EIN(s)		13c(3) PI	N(s)