For	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee R	etirement	2017
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in		tructions to the Form 5	500-SF.	Public Inspection
Part I		Identification Information				
For calend	ar plan year 2017 or fis	cal plan year beginning 09/01/2			8/31/2018	the state is a second attack a
A This ret	turn/report is for:	X a single-employer plan	list of participating e	employer information in ac		king this box must attach a vith the form instructions.)
<b>B</b> This retu	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 retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter desc	ription)			
Part II	Basic Plan Info	rmation—enter all requested in	formation			1
1a Name	•				1b Three	e-digit number
SOUTHERN	I NEW YORK NEUROS	SURGICAL GROUP, PC PENSIO	N PLAN		(PN)	
					( )	tive date of plan
					0	09/01/1979
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)		20 Empl (EIN)	oyer Identification Number 16-1001948
-		e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	, ,	nsor's telephone number 607-729-4942
					2d Busir	ness code (see instructions)
46 HARRISC						621111
JOHNSON	CITY, NY 13790					
3a Plan a	dministrator's name an	d address X Same as Plan Spo	nsor.		<b>3b</b> Admi	nistrator's EIN
					2	
					3C Admi	nistrator's telephone number
		plan sponsor or the plan name ha			4b EIN	
•	lan, enter the plan spor or's name	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	<b>4d</b> PN	
C Plan N						
<b>.</b>					50	40
		at the beginning of the plan year			5a 5b	13
		at the end of the plan year				I
	· ·			•	5c	
<b>d(1)</b> Tot	al number of active par	ticipants at the beginning of the pl	an year		5d(1)	0
• •		ticipants at the end of the plan ye			5d(2)	0
		terminated employment during the			5e	0
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca		
SB or Sche		ner penalties set forth in the instruct Id signed by an enrolled actuary, a volete.				
SIGN		valid electronic signature.	01/07/2019	DANIEL GALYON		
HERE	Signature of plan ad		Date	Enter name of individ	ual signing	as plan administrator
SIGN		valid electronic signature.	01/07/2019	DANIEL GALYON	aa orgining i	ao plan daminiotrator
HERE	Signature of employ	Ŭ	Date		ual signing	as employer or plan sponsor
For Paperw		e, see the Instructions for Form 550			aar signing i	Form 5500-SF (2017)

Pape

v.170203

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>									
	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 ir							Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		4110665	(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Paginning				(b) End		
<u> </u>			(a) Beginning (	88607			(b) End	195664	
	Total plan assets	7a	400	0					
-	Total plan liabilities	7b	10	-				0	
	Net plan assets (subtract line 7b from line 7a)	7c		88607				195664	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)	28	84057					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		18157					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						302214	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	479	95157					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
					_				
 	Other expenses	8g			-			4795157	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-4492943	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A $$ 1I $$ 3D $$	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the insti	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instru	ctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	ŀ	mount	
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	Fiduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x			
C				10c	Х			500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		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.)	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		X			
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					
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				
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scl rm 5500) and line 11a below)	nedule	SB		Yes 🗌 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 (	of		Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar nting the waiver.	d enter Da		of the lette Year	
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?		X Yes	, <u></u> р	lo
	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	K 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.)	s) to			
1	3c(1	) Name of plan(s): 13c(2	<b>)</b> EIN(s	)	13c(3	<b>3)</b> PN(s)

	SCH	EDULE S	B	Sinal	o Employ		d Bor	ofit Plan			OMB	No. 1210-0110
	-	orm 5500)		Siliyi		yer Define rial Inform						
	Depart	ment of the Treasu	ry		, 10100							2017
		al Revenue Service	)	This schedu Retirement li	le is required to	b be filed under se Act of 1974 (ERI	ection 10	4 of the Employe	e the			la Orașa da Daskila
		nefits Security Admi nefit Guaranty Corp		Retirement i		Revenue Code (th				Ir		is Open to Public spection
						chment to Form	5500 or					
				n year beginning	09/01/201	17		and endin	g 08/	31/201	8	
		amounts to n			filing of this rep	oort unless reasor	nable cau	ise is establishe	ч			
-	Name of pla		,000 Will DC 2					<b>B</b> Three-dig				
	•		NEUROSUF	RGICAL GROUP	, PC PENSION	PLAN		plan num	5	<b>I</b> )	•	004
С	Plan sponse	n's name as s	hown on line	2a of Form 550	) or 5500-SE			<b>D</b> Employer	Identific	ation	Number (F	=1NI)
Ŭ				RGICAL GROUP				E Employer		01948		)
Е	Type of plan	: 🗙 Single	Multiple-A	A Multiple-B		F Prior year pla	an size: 🕽	X 100 or fewer	101	-500	More th	nan 500
	Part I	Basic Infor	mation									
1	Enter the	valuation date	):	Month 09	Day <u>01</u>	Year 20	)17					
2	Assets:											
	-								. 2a			4688607
2							(1)	Number of	. <b>2b</b>	etod F	unding	4688607 (3) Total Funding
3	Funding	arget/participa	int count brea	akdown			· · ·	rticipants	(2) VE	Targe	-	Target
	<b>a</b> For ret	red participant	s and benefi	ciaries receiving	payment			1			89274	89274
	<b>b</b> For ter	minated vested	d participants	\$				12			3630866	3630866
	C For act	ive participants	S					0			0	C
	<b>d</b> Total							13			3720140	3720140
4	If the plai	n is in at-risk st	atus, check	the box and com	plete lines (a) a	and (b)						
		0 0 0	0.		•				4a			
						nsition rule for pla ng loading factor .			4b			
5					-				5			5.95%
6	Target no	ormal cost							6			0
Sta	-	Enrolled Actu	-	liad in this caleadula a				nto if any is somelat			ah aya ayiha	d convertion was applied in
	accordance with	h applicable law an	d regulations. In		er assumption is reas							d assumption was applied in d such other assumptions, in
	SIGN	,										
	HERE										12/13/201	8
			Sig	gnature of actuar	у						Date	-
(	CARL SHAL	IT									17-02414	4
			Туре о	r print name of a	ctuary				Most	recent	t enrollme	nt number
(	CARL SHAL	IT & ASSOCIA	TES							9	78-745-99	)39
	35 CONGRE SALEM, MA	SS STREET, 01970	STE 212	Firm name				Te	lephone	e numl	oer (includ	ling area code)
			A	ddress of the firr	n							
	e actuary ha ructions	is not fully refle	ected any reg	gulation or ruling	promulgated ur	nder the statute in	complet	ting this schedule	e, check	the b	ox and se	e
Fo	r Paperwor	k Reduction A	Act Notice, s	see the Instructi	ons for Form 5	5500 or 5500-SF.				S	chedule S	B (Form 5500) 2017 v. 170203

P	art II	Degin	ining of rear	Carryov	er and Prefunding Bal	lances								
_							<b>(a)</b> Ca	arryover balance		<b>(b)</b> P	refundir	ng balance	e	
7		0	0 1 2		ble adjustments (line 13 from	•		0				(	0	
8			•	•	nding requirement (line 35 from			0				(	D	
9	Amount	remaining	g (line 7 minus line	8)				0				(	D	
10	Interest	on line 9 u	using prior year's a	actual retur	n of <u>3.84</u> %			0				(	0	
11	Prior yea	ar's exces	s contributions to	be added t	o prefunding balance:									
	a Preser	nt value o	f excess contributi	ons (line 3	8a from prior year)							306164	4	
					over line 38b from prior year interest rate of $6.19\%$							18952	2	
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return													
					r to add to prefunding balance					0 325116				
	<b>d</b> Portio	n of (c) to	be added to prefu	Inding bala	ince									
12					or deemed elections			0					0 0	
13					ine 10 + line 11d – line 12)			0					0 0	
1	Part III		- ·					0					0	
			ding Percenta	-							14	126.0	13%	
											15	126.0		
<ul> <li>15 Adjusted funding target attainment percentage</li> <li>16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current</li> </ul>														
	year's fu	nding req	uirement				-	-			16	127.4	<mark>43</mark> %	
17	If the cur	rrent value	e of the assets of t	he plan is	less than 70 percent of the fu	inding target,	enter suc	h percentage			17		%	
P	Part IV	Con	tributions and	d Liquid	ity Shortfalls									
18		tions mad	le to the plan for the	ne plan yea	ar by omployor(c) and omploy	000								
1)	<b>(a)</b> Dat MM-DD-Y													
1		е	(b) Amount pa employer(		(c) Amount paid by employees	<u>(a)</u> Da (MM-DD-)		(b) Amount pa employer(s		(c	) Amoui emplo	nt paid by byees		
	10/23/2017	e YYY)			(c) Amount paid by	( <b>a</b> ) Da				(c	,			
1		e YYY) 7		s)	(c) Amount paid by employees	( <b>a</b> ) Da				(c	,			
	10/23/2017	e YYY) 7 7		s) 41000	(c) Amount paid by employees 0	( <b>a</b> ) Da				(C	,			
0	10/23/2017 11/01/2017	e YYY) 7 7 8		s) 41000 208000	(c) Amount paid by employees 0 0	( <b>a</b> ) Da				) (c	,			
(	10/23/2017 11/01/2017 03/13/2018	e YYY) 7 7 8 8		s) 41000 208000 22850	(c) Amount paid by employees 0 0 0	( <b>a</b> ) Da				(c	,			
(	10/23/2017 11/01/2017 03/13/2018 07/20/2018	e YYY) 7 7 8 8		s) 41000 208000 22850 12207	(c) Amount paid by employees 0 0 0 0 0 0	( <b>a)</b> Da (MM-DD-\	(YYY)				,			
(	10/23/2017 11/01/2017 03/13/2018 07/20/2018	e YYY) 7 7 8 8		s) 41000 208000 22850 12207	(c) Amount paid by employees 0 0 0 0 0 0	( <b>a</b> ) Da		employer(s			,		0	
(	10/23/2017 11/01/2017 03/13/2018 07/20/2018 10/30/2018 Discount	e YYY) 7 7 8 8 8 8 8 8 8 9 8 1 1 1 1 1 1 1 1 1 1 1	employer(	s) 41000 208000 22850 12207 1810 - see instru	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\ Totals ► raluation date	18(b)	beginning of the ye	) 285867 ear:		,		0	
	10/23/2017 11/01/2017 03/13/2018 07/20/2018 10/30/2018 Discount a Contri	e YYY) 7 7 8 8 8 8 8 9 ted emplo butions al	employer(	s) 41000 208000 22850 12207 1810 - see instru paid minim	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\ Totals ► raluation date om prior year	(YYY) 18(b) e after the I s	beginning of the ye	285867 ear: 9a		,	byees	0	
	10/23/2017 11/01/2017 03/13/2018 07/20/2018 10/30/2018 Discount a Contri b Contri	e YYY) 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9 1 1 1 1	employer(	s) 41000 208000 22850 12207 1810 - see instru paid minimininininininininininininininininin	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\ Totals ► raluation date om prior year	(YYY) 18(b) e after the I s	beginning of the ye	285867 ear: 9a 9b		,	byees	Ŭ	
	10/23/2017 11/01/2017 03/13/2018 07/20/2018 10/30/2018 Discount a Contri b Contri	e YYY) 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9 1 1 1 1	employer(	s) 41000 208000 22850 12207 1810 - see instru paid minimininininininininininininininininin	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\ Totals ► raluation date om prior year	(YYY) 18(b) e after the I s	beginning of the ye	285867 ear: 9a		,	byees	0	
	10/23/2017 11/01/2017 03/13/2018 07/20/2018 10/30/2018 Discount a Contri b Contri c Contril Quarterly	e YYY) 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	employer(	s) 41000 208000 22850 12207 1810 - see instru paid minimi ictions adju mum requii shortfalls:	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\ Totals ► raluation date om prior year r adjusted to v	18(b) a after the l s	beginning of the year 1 ate	285867 ear: 9a 9b 9c	18(c)	,	byees	0	
19	10/23/2017 11/01/2017 03/13/2018 07/20/2018 10/30/2018 Discount a Contri b Contri C Contril Quarterly a Did th	e YYY) 7 7 8 8 8 3 8 3 1 ted emplo butions all butions all butions all y contribu e plan ha	employer(	s) 41000 208000 22850 12207 1810 - see instru- paid minimi ictions adju mum requili shortfalls: tfall" for the	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\ Totals ► raluation date om prior year	18(b) after the l s	beginning of the ye	285867 ear: 9a 9b 9c	18(c)		28211	0	
19	10/23/2017 11/01/2017 03/13/2018 07/20/2018 10/30/2018 Discount a Contri b Contri C Contril Quarterly a Did th	e YYY) 7 7 8 8 8 3 8 3 1 ted emplo butions all butions all butions all y contribu e plan ha	employer(	s) 41000 208000 22850 12207 1810 - see instru- paid minimi ictions adju mum requili shortfalls: tfall" for the	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\ Totals ► raluation date om prior year	18(b) after the l s	beginning of the ye	285867 ear: 9a 9b 9c	18(c)		28211 Yes X	0 0 9	
19	Discount a Contri C Contri Quarterly b If line	e YYY) 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	employer(	s) 41000 208000 22850 12207 1810 - see instru- paid minimi ictions adjumum requili shortfalls: tfall" for the quarterly i	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\) Totals ► raluation date om prior year r adjusted to v ear made in a applicable:	18(b) a after the l s	beginning of the year of the y	285867 ear: 9a 9b 9c	18(c)		28211 Yes X	0 0 9 No	
19	Discount a Contri C Contri Quarterly b If line	e YYY) 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	employer( employer( enversion of the second secon	s) 41000 208000 22850 12207 1810 - see instru- paid minimi ictions adjumum requili shortfalls: tfall" for the quarterly i	(c) Amount paid by employees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a) Da (MM-DD-\) Totals ► raluation date om prior year r adjusted to v ear made in a applicable:	18(b) after the l s valuation da timely ma this plan y	beginning of the year of the y	285867 ear: 9a 9b 9c	18(c)		28211 Yes X Yes D	0 0 9 No	

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P	art V	Assumpti	ons Used to Determine	e Funding Target and Tar	get Normal Cost						
21	Discount	rate:									
	<b>a</b> Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %	1		N/A, ful	yield	curve	used
	<b>b</b> Applica	able month (en	nter code)			21b			0		
22	Weighted	d average retire	ement age			22			65		
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined	cribed - separate	Substi	tute				
Pa	art VI	Miscellane	ous Items								
24	Has a ch	ange been ma	de in the non-prescribed actua	arial assumptions for the current	olan year? If "Yes," see i	nstructio	ns reg	arding re	quired		
	attachme	ent								Yes	X No
25	Has a me	ethod change b	peen made for the current plar	year? If "Yes," see instructions	regarding required attach	nment				Yes	X No
26	Is the pla	in required to p	provide a Schedule of Active P	articipants? If "Yes," see instruct	ions regarding required a	attachme	nt			Yes	X No
27		•	•	r applicable code and see instruc	0 0	27					
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contributio	ns For Prior Years						
28	Unpaid m	ninimum requir	ed contributions for all prior ye	ears		28					0
29				Inpaid minimum required contribu		29					0
30	Remainir	ng amount of u	npaid minimum required contr	ibutions (line 28 minus line 29)		30					0
Pa	art VIII	Minimum	Required Contribution	For Current Year							
			excess assets (see instructio								
	•					31a					0
				ne 31a		31b	-				0
32		tion installmen	-		Outstanding Bala			In	stallm	ent	
-						0					0
	-					0					0
33	If a waive	er has been ap	proved for this plan year, ente	r the date of the ruling letter gran) and the waived amount	ting the approval	33					
34	•			/prefunding balances (lines 31a -		34	4				0
				Carryover balance	Prefunding balar	nce		Tot	al bala	ance	
35			e to offset funding			~					<u> </u>
				0		0					0
36			, ,			36					0
37				tribution for current year adjusted		37				282	2119
38	Present v	value of excess	s contributions for current year	r (see instructions)							
	a Total (e	excess, if any,	of line 37 over line 36)			38a				282	2119
	<b>b</b> Portion	n included in lin	ne 38a attributable to use of pr	efunding and funding standard ca	arryover balances	38b					0
39	Unpaid m	ninimum requir	ed contribution for current yea	r (excess, if any, of line 36 over l	ne 37)	39					0
40	Unpaid m	ninimum requir	ed contributions for all years			40					0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 201	0 (See Instructions	;)					
41	If an elec	tion was made	to use PRA 2010 funding reli	ef for this plan:							
	a Schedu	ule elected				·····	2 pl	lus 7 year	s	15 y	vears
	<b>b</b> Eligible	e plan year(s) f	or which the election in line 41	a was made		2	2008	2009	201	נ   נ	2011
42	Amount c	of acceleration	adjustment			42					
				over to future plan years		43					

Department of the Treasury Internal Revenue Service       Benefit Plan         Department of Labor toyee Benefits Security Administration       This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058( the Internal Revenue Code (the Code).         ension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500 art I Annual Report Identification Information         calendar plan year 2017 or fiscal plan year beginning       09/01/2017 and ending         calendar plan year 2017 or fiscal plan year beginning       09/01/2017 and ending         calendar plan year 2017 or fiscal plan year beginning       09/01/2017 and ending         calendar plan year 2017 or fiscal plan year beginning       09/01/2017 and ending         calendar plan year 2017 or fiscal plan year beginning       09/01/2017 and ending         calendar plan year 2017 or fiscal plan year beginning       a single-employer plan         check box if filing under:       a one-participant plan the first return/report       a short plan year return/report (less than 12 montheter the form 5558 automatic extension         check box if filing under:       Form 5558       automatic extension         check box if filing under:       Form 5558       automatic extension         check box if plan       Name of plan       Securit Plan	(a) of This I D-SF. 08/31/20 Filers checking the coordance with the theorem on the second sec	his box must attach	
Department of Ladou       the Internal Revenue Code (the Code).         ension Benefit Guaranty Corporation <ul> <li>Complete all entries in accordance with the instructions to the Form 5500</li> <li>Complete all entries in accordance with the instructions to the Form 5500</li> </ul> art 1       Annual Report Identification Information         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         a single-employer plan       a multiple-employer plan (not multiemployer) (formation in accordance with the final return/report is for:         a one-participant plan       a foreign plan         This return/report is:       the first return/report       a short plan year return/report (less than 12 more cale the final return/report (less than 12 more cale the short plan year return/report (less than 12 more cale the short plan year extension (enter description)         tr	08/31/20 Filers checking ti ccordance with ti	Inspection 18 his box must attach he form instructions.)	
Annual Report Identification Information         calendar plan year 2017 or fiscal plan year beginning       09/01/2017         a single-employer plan       a multiple-employer plan (not multiemployer) (far a list of participating employer information in ad a foreign plan         This return/report is for:       a one-participant plan       a foreign plan         This return/report is:       the first return/report       a short plan year return/report         Image: Check box if filing under:       Form 5558       automatic extension         Image: Special extension (enter description)       special extension (enter description)         Image: Special extension (and formation         Name of plan       formation formation formation formation formation	08/31/20 Filers checking t ccordance with t onths)	his box must attach he form instructions.)	
calendar plan year 2017 or fiscal plan year beginning       09/01/2017       and ending         iscalendar plan year 2017 or fiscal plan year beginning       09/01/2017       and ending         iscalendar plan year 2017 or fiscal plan year beginning       09/01/2017       and ending         iscalendar plan year 2017 or fiscal plan year beginning       09/01/2017       and ending         iscalendar plan year 2017 or fiscal plan year beginning       a multiple-employer plan (not multiemployer) (iscale plan for participating employer information in according plan is a one-participant plan is a foreign plan is a mended return/report is is in the first return/report is an amended return/report is a short plan year return/report (less than 12 monoport form 5558 is a short plan year return/report (less than 12 monoport form 5558 is a short plan year return/report (less than 12 monoport form 5558 is a short plan year return/report (less than 12 monoport form 5558 is a short plan year return/report (less than 12 monoport form 5558 is a short plan year return/report form 5558 is a short plan year return/report (less than 12 monoport form 5558 is a short plan year return/report form 5558 is a short plan year return/report form 5558 is a short plan year	Filers checking ti ccordance with ti onths)	his box must attach he form instructions.)	
Image: Second state sta	Filers checking ti ccordance with ti onths)	his box must attach he form instructions.)	
This return/report is for:       a one-participant plan       a list of participating employer information in addition in a foreign plan         This return/report is:       a one-participant plan       a foreign plan         This return/report is:       the first return/report       the final return/report         Image: Check box if filing under:       Form 5558       automatic extension         Image: Special extension (enter description)       special extension (enter description)         Image: Special extension       Name of plan	ccordance with t	he form instructions.)	
Image: Special extension (enter description)		program	
Image: Second state state         Image: Second state <th image:="" second="" state<="" td=""><td></td><td></td></th>	<td></td> <td></td>		
Name of plan			
Name of plan			
Southern New York Neurosurgical Group, PC Pension Plan	1b Three-dig plan num (PN) ►		
	1c Effective		
Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		Identification Number 6-1001948	
Southern New York Neurosurgical Group, PC		s telephone number 729–4942	
46 Harrison Street	2d Business 621111	code (see instructions)	
US Johnson City NY 13790	2b Adaptatistist		
Plan administrator's name and address X Same as Plan Sponsor	3b Administr	ator's Ein	
	3c Administr	ator's telephone number	
If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	4b EIN		
Sponsor's name Plan Name	<b>4d</b> PN		
Total number of participants at the beginning of the plan year	5a	13	
Total number of participants at the end of the plan year	5b	1	
Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c		
1) Total number of active participants at the beginning of the plan year	5d(1)	0	
2) Total number of active participants at the end of the plan year	5d(2)	0	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0	
ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	use is establish	ed.	

SIGN FI COM	117119	Daniel Galyon
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN COM	11700	Daniel Galyon
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2017) v.170203 b

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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.)

Page 2

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	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forr	n 5500-SF and must inste	ad u	se Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	4021	)?		X Yes	No.	o 🗌 Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year $\frac{4}{2}$	110	665		•		(See inst	ructions.)
P	art III Financial Information								1999 - 1999 - 2018 - 2018 - 2019 - 2019 - 2019 - 2019 - 2019 - 2019 - 2019 - 2019 - 2019 - 2019 - 2019 - 2019 -	
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End	l of Year	
а	Total plan assets	7a	4,688	3,60	)7				19	5,664
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	4,688	3,60	)7				19	5,664
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:		0.07							
	(1) Employers	8a(1)	285	5,86	57					
	(2) Participants	8a(2)				_				
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	16	5,34	17					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				<b>_</b>			302	2,214
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4,795	5,15	57					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·							
g	Other expenses	8g				-				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4.79	5,157
i	Net income (loss) (subtract line 8h from line 8c)	8i							(4,492	
i	Transfers to (from) the plan (see instructions)	8i				+			<u> </u>	, ,
, D	art IV Plan Characteristics		1							
	If the plan provides pension benefits, enter the applicable pension fe	aturo ood	a from the List of Dian Cha	roote	riatio	Code		instruct	tionor	
Ja	1A 1I 3D		es from the List of Plan Cha	racte	insuc	Coue	es in the	Instruct	uons.	
		· · · ·								
D	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes	s from the List of Plan Chara	acter	istic (	Codes	s in the i	nstructio	ons:	
D	art V Compliance Questions						1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	<b></b>		
10	······································			T	Vee	Nia			A	
	During the plan year: Was there a failure to transmit to the plan any participant contribut	ione within	the time period		Yes	No	N/A		Amount	
c	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)			10a		x				
k										
	reported on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			10c	х					500,000
C	Did the plan have a loss, whether or not reimbursed by the plan's	•		10d		x				
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.)	e or all of t	he benefits under	10e		x				
f				10f		x				
ç	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х				

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

X Yes No

X Yes No

10h

10i

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Form 5500-SF 2017

Page 3 -

Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500 and line 11a below)	omplete Sch	nedule S	SB	X Yes		No
11a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a				0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?				🗌 Yes	X	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver	nth	d enter Da		of the letter Year	ruling	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.					
b	Enter the minimum required contribution for this plan year.		12b				
с	Enter the amount contributed by the employer to the plan for the 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 le negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🗌	No 🗌	N/A	
Par	t VII Plan Terminations and Transfers of Assets				978 FLAND IN AUGUS MARKAN		
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 brough control of the PBGC?			<u> </u>	′es X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s	) to				
1	3c(1) Name of plan(s):	13c(2) EI	N(s)		13c(3)	PN(s)	

# Schedule SB - Part V - Summary of Plan Provisions

Employer and Plan Data	
Initial effective date	09/01/1979
Plan year begins	09/01/2017
Plan year ends	08/31/2018
Valuation date	09/01/2017
Eligibility Requirements	
Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0
Normal Retirement	
Minimum age	65
Minimum years of service	0
Minimum years of participation	5
Retirement date	Plan valuation date nearest

#### Benefits

DU	icitts				
	Pension Formula:	Benefit formula			
	Type of Formula:	Unit benefit integrated			
	Effective Date:	08/31/2010			
				Simplified	
		<u>% per Unit</u>	Maximum Total %	table limit	Adjust %
	Base:	0.00%	0.00%		No
	Excess:	0.00%	0.00%	No	No
Max	imum Credits	Past years	Future years	Total years	3
	Base:	39	99	25	-
	Excess:	39	99	25	
	Units based on:	Participation			
	Integration level				
	Covered compensation ta	ible:	Dynamic		
	Rounding:		Exact		
	Uniform dollar amount:		None		

### Vesting

Primary <u>Vesting Schedule</u> 2/20 Secondary <u>Vesting Schedule</u> N/A

Name of Plan:	Southern New York Neurosurgical Group, P.C. Pension Plan
Plan Sponsor's EIN:	16-1001948
Plan Number:	004
Plan Sponsor's Name:	Southern New York Neurosurgical Group, PC

### Schedule SB - line 22 - Description of Weighted Average Retirement Age

The weighted average retirement age has been determined by averaging the normal retirement ages for active participants according to the normal retirement age provision of the plan document. Participants who are active past normal retirement age are assumed to retire at the end of the plan year.

Name of Plan: Plan Sponsor's EIN: Plan Number: Plan Sponsor's Name: Southern New York Neurosurgical Group, P.C. Pension Plan 16-1001948 004 Southern New York Neurosurgical Group, PC

SCHEDULE SB	Single-Employer	Defined Bene	fit Plan		OMB N	o. 1210-0110	
(Form 5500)							
Department of the Treasury Internal Revenue Service	This schedule is required to be	filed under section 104 (	of the Employee		•		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act		4 (ERISA) and section 6059 of the This Form is Open to Public				
Pension Benefit Guaranty Corporation	2	nent to Form 5500 or 55	00-SF.	1	Ins	pection	
For calendar plan year 2017 or fiscal pla			and ending		08/31/20	18	
Round off amounts to nearest doll							
Caution: A penalty of \$1,000 will be	assessed for late filing of this report i				· · · ·		
A Name of plan SOUTHERN NEW YORK NEUROSURGICAL GROUP, PC PENSION PLAN					004		
		-	plan numbe	r (PN)		004	
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500-SF	r	D Employer Ide	ontificati	n Number (E	(INI)	
-				mincan			
SOUTHERN NEW YORK NEUL			.6-1001948				
E Type of plan: X Single Multiple-	A Multiple-B	Prior year plan size:	100 or fewer	101-50	D More th	an 500	
Part I Basic Information	Month 09 Day 01	Year 2017		ta			
Enter the valuation date:     Assets:	Month 09 Day 01	Year1		ľ			
				2a		4,688,607	
b Actuarial value				2b		4,688,607	
3 Funding target/participant count bre		(1) Nu	imber of (	10.000 A	d Funding rget	(3) Total Funding	
a For retired participants and bene	ficiaries receiving payment	· · · · ·	1	la	89,274	Target 89,274	
1 1	 ts		12	3,	630,866	3,630,866	
			0		0	C	
d Total			13	З,	720,140	3,720,140	
4 If the plan is in at-risk status, check	the box and complete lines (a) and (	(b)					
a Funding target disregarding pres	cribed at-risk assumptions			4a		<i>p</i> = 5	
	ssumptions, but disregarding transition utive years and disregarding loading			4b			
			1	5		5.95%	
6 Target normal cost				6		C	
Statement by Enrolled Actuary To the best of my knowledge, the information sup accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	n my opinion, each other assumption is reasonab	ies, statements and attachments, le (taking into account the experi	, if any, is complete ar ience of the plan and r	id accurate reasonable	. Each prescribed expectations) and	assumption was applied in I such other assumptions, in	
SIGN HERE	an Shah	A		:	12/13/20	18	
s	ignature of actuary			0	Date		
CARL SHALIT	ar neint name of actuacy			Mont ros	1702414 ent enrollmer		
CARL SHALIT & ASSOCIATES	or print name of actuary				78-745-9		
	Firm name		Telep	phone nu	umber (includ	ing area code)	
35 CONGRESS STREET, STE 2	202						
	1970 Address of the firm						
If the actuary has not fully reflected any re	gulation or ruling promulgated under	the statute in completing	g this schedule, a	check th	e box and see	•	
Instructions For Paperwork Reduction Act Notice,	and the laster of an far farm FRA	ar 5500 85			Schodulo S	B (Form 5500) 2017	

Schedule SB (Form 5500) 2017

Page	2	1

		<u></u>						- 55					
P	art II	Begin	ning of Year C	arryove	r and Prefunding Bal	ances		(a) Ca	rryover balance		(b) P	refundi	ng balance
7	Balance year)	at beginni	ng of prior year afte	er applicab	e adjustments (line 13 from	prior		<u>(-/</u>		0	_		0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							o			0		
9	Amount remaining (line 7 minus line 8)0							0			0		
10										0			
11			and the second sec	and the second s	prefunding balance:								11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
				1.000	a from prior year)	-							306,164
	Sc	hedule SE	3, using prior year's	effective i	over line 38b from prior year nterest rate of <u>6.19</u> %				a a se <sup>2</sup> a		77		18,952
					lule SB, using prior year's ac					~	0		
	re C Total a	turn available a	beginning of curren	t plan year	to add to prefunding balance								325,116
					nce	ŀ		13- 13-16		-			0
40	1000			1997	· · · · · · · · · · · · · · · · · · ·	<u> </u>				0			0
_					r deemed elections ne 10 + line 11d – line 12)	1950		-		0			0
								2	<u> </u>				
	Part III		ding Percentag				-					14	126.03%
						50						15	126.03%
	Prior ve	ar's fundir	nd percentage for p	urposes of	determining whether carryo	ver/prefun	nding b	alance	s may be used t	o reduce	current	16	127.43%
17	If the cu	rrent valu	e of the assets of th	e plan is l	ess than 70 percent of the fu	unding targ	get, er	iter suc	h percentage			17	%
	Part IV	Cor	tributions and	Liquidi	ty Shortfalls				100				
			and the second		r by employer(s) and emplo	yees:						_	
	(a) Da		(b) Amount pa		(c) Amount paid by	(a) (MM-DI	Date	$\sim$	(b) Amount   employe		y (c) Amount paid by employees		
-	( <u>MM-DD-)</u> L0/23/:		employer(s	1,000	employees				onproje				
-	11/01/			8,000					24.2				
	03/13/		2	2,850									
(	07/20/	2018	1	2,207		2.000 14.000							
-	10/30/	2018		1,810						_	_		
		•								haid.			<u> </u>
								1		3	_		
	<u></u>						~	-					
-	-					200 2013			n	-		5	<u>.</u>
										3.	-	52	
	<u> </u>		a and a second										
		2 E				1		10%					
		conv.				Totals 🕨		18(b)		285,86	7 18(c)		(
- 19	Discou	nted empl	over contributions -	- see instri	uctions for small plan with a	valuation o	date a	fter the	beginning of the	year:		2	
					num required contributions f					19a		2 <u>8 -</u>	(
					usted to valuation date					19b		201	
					red contribution for current ye					19c			282,11
20	Quarte	rly contrib	utions and liquidity	shortfalls:									
	a Did	the plan h	ave a "funding shor	tfall" for th	e prior year?							[	Yes 🛛 No
	b If lin	e 20a is "	Yes," were required	quarterly	installments for the current y	ear made	in a ti	mely m	anner?	r		[	Yes No
	C If lin	e 20a is "	Yes," see instruction	ns and con	nplete the following table as								
					Liquidity shortfall as of end	i of quarte	er of th					(4) 4	lith
	(1) 1st (2) 2nd (3) 3rd						<u>\</u> 7						

Page 3

P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	et Normal Cost				
21	Discount	rate:							
	a Segment rates:1st segment:2nd segment:3rd segment4,16%5,72%6,48%						N/A, full yield curve used		
	<b>b</b> Applica	able month (er	nter code)			21b	0		
22	Weighted	average retire	ement age			22	65		
23	Mortality	table(s) (see i	instructions) X Presi	cribed - combined Prese	cribed - separate	] Substitu	ite		
Pa	art Vi	Miscellane	ous Items						
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.								
25	Has a me	thod change l	been made for the current plan	year? If "Yes," see instructions r	egarding required attach	ment	Yes 🛛 No		
26	is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instruction	ons regarding required a	ttachment	t Yes 🔀 No		
27			-	applicable code and see instructi	2028 20	27			
P	art VII	r		m Required Contribution	and the second second		55 k		
28	Unpaid m			ars		28	0		
29		for an and show a strength of the strength of		npaid minimum required contribut	192 111	29	0		
30	Remainir	ng amount of u	unpaid minimum required contr	ibutions (line 28 minus line 29)		30	0		
Pa	art VIII	Minimum	<b>Required Contribution</b>	For Current Year	14	9 A.Y. (A	- 25.20.00.00 (2		
31	Target n	ormal cost and	d excess assets (see instructio	ns):					
	a Target	normal cost (li	ine 6)			31a	0		
-			a server in the server	e 31a		31b	0		
32		tion installmer			Outstanding Bala		Installment		
				*****		0	0		
22				r the date of the ruling letter grant					
		D	Day Year	) and the waived amount		33	0		
_34	Total fun	ding requirem	ent before reflecting carryover/	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0		
			·	Carryover balance	Prefunding balar	nce	Total balance		
35	Balances requirem		se to offset funding	c		o	0		
36	Addition	al cash require	ement (line 34 minus line 35)			36	0		
37						37	282,119		
38	Present	value of exces	s contributions for current year	(see instructions)					
	a Total (excess, if any, of line 37 over line 36)					38a	282,119		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					38b	0		
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					39	0		
40	Unpaid n					40	0		
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41	41 If an election was made to use PRA 2010 funding relief for this plan:								
	a Schedule elected								
	<b>b</b> Eligible	e plan year(s)	for which the election in line 47	la was made			008 2009 2010 2011		
2.						. 42	· · · · · · · · · · · · · · · · · · ·		
43	Excess in	nstallment acc	eleration amount to be carried	over to future plan years		43			

# Schedule SB, Part V - Statement of Actuarial Assumptions

Actuarial Asset Valuation Method:	Market
Pre-retirement mortality:	None
Pre-retirement turnover:	None
Expected increase in compensation:	0.00%
Lump sum Election Percentage:	100.00%

Name of Plan:Southern New York Neurosurgical GrPlan Sponsor's EIN:16-1001948Plan Number:004Plan Sponsor's Name:Southern New York Neurosurgical Group, PC