Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calend	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 12	/31/2018		
A This re	turn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (F ployer information in acc		=	
D This		a one-participant plan	a foreign plan				
B This ret	urn/report is	X the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension	[DFVC prog	yram	
	T =	special extension (enter descr	•				
Part II	Basic Plan Info	ormation—enter all requested inf	formation	1			
1a Name DR. ALEXIO	of plan OS APAZIDIS DEFINE	D BENEFIT PLAN			1b Three-coplan nu (PN) ▶	mber	
					1c Effectiv	e date of plan 01/01/2018	
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employ (EIN)	er Identification Number 47-4881218	
-	r town, state or province PAZIDIS, M.D., PC	ce, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)		r's telephone number 718-971-9300	
200 04 LIND	NEN BLVD				2d Busines	s code (see instructions)	
200-01 LIND SAINT ALB <i>A</i>	ANS, NY 11412					621111	
3a Plan a	administrator's name a	nd address X Same as Plan Spor	nsor.		3b Adminis	trator's EIN	
				_	3c Adminis	strator's telephone number	
						·	
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN		
a Spons C Plan N	sor's name				4d PN		
	vario						
5a Total	number of participants	s at the beginning of the plan year		<u>.</u>	5a	4	
	·	s at the end of the plan year		-	5b	4	
		account balances as of the end of		•	5c	0	
		articipants at the beginning of the pl	•		5d(1)	4	
		articipants at the end of the plan yea o terminated employment during the			5d(2)	4	
than	100% vested				5e	0	
		or incomplete filing of this return ther penalties set forth in the instruc-					
SB or Sche		and signed by an enrolled actuary, a					
SIGN	Filed with authorized	d/valid electronic signature.	06/24/2019	ALEXIOS APAZIDIS			
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as	plan administrator	
SIGN							
HERE	Signature of emplo		Date	Enter name of individu	ual signing as	employer or plan sponsor	

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6a b	 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 condit	ions.)					X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cann					_				
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not dete		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			. (See instru	ıctions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	of Year			(b) End	of Year		
а	Total plan assets	7a		0				143043		
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c		0				143043		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal		
а	Contributions received or receivable from:	90/1)	21	51390						
	(1) Employers	8a(1) 8a(2)	2.	0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	=-	11828						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						239562		
d	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	Ç	96519						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						96519		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						143043		
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $1A 3D$	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Cod	les in the instr	uctions:		
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)			10a		X			0	
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	·····		10b		X			0	
				10c		X			0	
d	by fraud or dishonesty?			10d		X			0	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)								0	
f				10f		X	<u> </u>		0	
g	, , , , , , , , , , , , , , , , , , , ,			10g		X			0	
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No				
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(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, and enter the date of the letter ruling granting the waiver									
lf y	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	X 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 X	No				
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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	r calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and	l ending	12/3	31/2018	
•	Round off amounts to nearest dollar.					
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	e cause is estal	blished.			
	Name of plan	B Th	ree-digi	t		
	DR. ALEXIOS APAZIDIS DEFINED BENEFIT PLAN	pla	an numb	er (PN) •	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Emp	ployer le	dentifica	ation Number (E	IN)
	ALEXIOS APAZIDIS, M.D., PC		. ,	47-488		,
E	Type of plan: X Single Multiple-A Multiple-B F Prior year plan si	ize: X 100 or fe	ewer	101-	500 More th	an 500
F	Part I Basic Information					
1	Enter the valuation date: Month 01 Day 01 Year 2018					
2	Assets:		-			
	a Market value			2a		0
	b Actuarial value			2b		0
3	Funding target/participant count breakdown	(1) Number of participants	f		sted Funding Target	(3) Total Funding Target
	For retired participants and beneficiaries receiving payment	participarits	0		o o	raiget 0
	b For terminated vested participants		0		0	0
	C For active participants		4		0	294719
	d Total		4		0	294719
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		1			
	a Funding target disregarding prescribed at-risk assumptions			. 4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans t			4b		
_	at-risk status for fewer than five consecutive years and disregarding loading factor					
5	Effective interest rate			. 5		5.66 %
6	Target normal cost			. 6		34246
Sta	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta	achments, if any, is	complete :	and accur	ate. Each prescribed	assumption was applied in
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account combination, offer my best estimate of anticipated experience under the plan.	the experience of the	ne plan and	d reasona	ble expectations) and	I such other assumptions, in
	SIGN					
	HERE				06/24/201	9
	Signature of actuary				Date	
E	RIC BRANDON				17-05955	i
	Type or print name of actuary			Most r	ecent enrollmer	nt number
	GUARDIAN LIFE INS CO OF AMERICA				413-499-43	21
_	Firm name		Tele	ephone	number (includ	ing area code)
	00 SOUTH STREET PITTSFIELD, MA 01201					
	Address of the firm					
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in cor	mpleting this sc	chedule,	check	the box and see	·
inetr	uctions	-				

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P	art II	Beginning of Year	Carrvov	er and Prefunding Ba	lances						
			<u> </u>	<u> </u>		(a) Ca	arryover balance		(b) P	refundir	g balance
7		0 0 ,		able adjustments (line 13 fror	•		0				0
8				nding requirement (line 35 fro			0				0
9	Amount re	maining (line 7 minus line	: 8)				0				0
10	Interest or	line 9 using prior year's	actual retu	rn of%			0				0
11	Prior year'	s excess contributions to	be added	to prefunding balance:							
	a Present	value of excess contribut	ions (line 3	88a from prior year)							0
	b(1) Inter	rest on the excess, if any, edule SB, using prior year	of line 38a 's effective	over line 38b from prior year interest rate of%	ŗ S						0
	b(2) Inter	est on line 38b from prior	year Sche	edule SB, using prior year's a	ctual						
				ar to add to prefunding balance							
	_	0 0	. ,								0
	d Portion	of (c) to be added to prefu	unding bala	ance							
12	Other redu	uctions in balances due to	elections	or deemed elections			0				0
13	Balance a	t beginning of current yea	r (line 9 +	ine 10 + line 11d – line 12)			0				0
P	art III	Funding Percenta	ages								
14	Funding ta	arget attainment percenta	ge							14	0.00%
15	Adjusted f	unding target attainment p	percentage)						15	0.00%
16				of determining whether carryc						16	0.00%
17	If the curre	ent value of the assets of	the plan is	less than 70 percent of the fu	unding target	, enter such	n percentage			17	0.00%
Р	art IV	Contributions and	d Liquid	ity Shortfalls							
18	Contribution	ons made to the plan for t	he plan ye	ar by employer(s) and employ	yees:						
(1)	(a) Date MM-DD-YY	(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount paid employer(s)	by	(c)	Amour emplo	nt paid by yees
C	8/30/2018		19359	0	10/18/201	8		34871			0
C	8/30/2018		11894	0	10/29/201	8		8044			0
C	08/30/2018		920	0	11/28/201	8		8043			0
C	8/31/2018		20000	0	12/27/201	8		8043			0
	9/13/2018		50000	0	01/29/201	9		8043			0
С	9/26/2018		8043	0	02/26/201	1		8044	40()	1	0
40					Totals ▶	18(b)		51390	18(c)		0
19		, ,		uctions for small plan with a			,				
	_			num required contributions fr							0
			-	usted to valuation date							0
20				red contribution for current yea	i aujusteu to	valuation ua	le 19	C			240463
20	-	contributions and liquidity plan have a "funding sho		e prior year?							Yes X No
	b If line 2	Da is "Yes," were required	quarterly	installments for the current ye	ear made in	a timely ma	nner?				Yes No
	C If line 20	Da is "Yes," see instruction	ns and con	nplete the following table as a	applicable:						
				Liquidity shortfall as of end		this plan y	ear				
		(1) 1st		(2) 2nd		(3) 3	rd		(4) 4th	
		0		0			0				0

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Schedule SB (Form 5500) 2018

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances						
					<u> </u>		(a) C	arryover balance		(b) F	Prefundin	g balance
7		•	. ,		able adjustments (line 13 fro							
8			•	•	nding requirement (line 35 fr							
9	Amount	remaining	g (line 7 minus line	8)								
10	Interest	on line 9 เ	using prior year's	actual retu	rn of%							
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:							
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							
	b(1) Inte	erest on t nedule SE	the excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior yea interest rate of9	r 6						
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ctual						
			•		ar to add to prefunding balance							
	d Portion	n of (c) to	be added to prefu	unding bala	ance							
12	Other red	ductions i	n balances due to	elections	or deemed elections							
13	Balance	at beginn	ning of current yea	r (line 9 + l	line 10 + line 11d – line 12)							
Р	art III	Fun	ding Percenta	ages								
14	Funding target attainment percentage								14	%		
15	5 Adjusted funding target attainment percentage									15	%	
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	%			
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and emplo	yees:						
/ N	(a) Date		(b) Amount p	-	(c) Amount paid by (a) Date (b) Amount paid by employees (MM-DD-YYYY) employer(s)			-	y (c) Amount paid by employees			
,)3/27/2019	,	employer	8043	employees 0	(וווווו	-1111)	employer	(5)		empio	yees
)4/26/2019			8043	0							
	14/20/2013	,		0040	Ŭ							
						Totals ▶	18(b)			18(c)		
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation da	te after the	beginning of the	year:			
	a Contri	butions a	llocated toward ur	paid minin	num required contributions for	om prior yea	ars		19a			
b Contributions made to avoid restrictions adjusted to valuation date												
	C Contrib	outions all	ocated toward min	mum requi	red contribution for current year	ar adjusted to	valuation d	ate	19c			
20	Quarterly	/ contribu	tions and liquidity	shortfalls:					<u>_</u>			
	a Did th	e plan ha	ve a "funding sho	tfall" for th	e prior year?							Yes No
	b If line	20a is "Y	es," were required	quarterly	installments for the current y	ear made in	a timely ma	anner?		······		Yes No
	C If line	20a is "Ye	es," see instruction	ns and con	nplete the following table as	applicable:						
		(1) 4::	•		Liquidity shortfall as of end	of quarter of					(A) 4±1-	
		(1) 1st	l		(2) 2nd		(3)	3rd			(4) 4th	

	art V	Accumpti	one Head to	Dotormino	Funding Targ	not and Tare	ot Norma	nl Cost			
21	Discount		ons oseu u	Determine	runding raig	ger and rang	jet NOTITI	ii COSt			
21	a Segm		1st se	gment:	2nd seg	ıment:	3r	d segment:			
	a oogin	one rates.		3.92%		5.52%		6.29 %		N/A, full yield curve used	
	b Applica	able month (er	nter code)						21b	0	
22	Weighted	l average retire	ement age						22	62	
23	Mortality	table(s) (see	instructions)	Prior regulation	n: Pre	escribed - comb	ined	Prescribed	l - separat	e Substitute	
				Current regulat	tion: X Pre	escribed - comb	ined	Prescribed	l - separat	e Substitute	
Pa	art VI	Miscellane	ous Items					<u> </u>			
				rescribed actua	rial assumntions f	or the current n	an vear? If	"Yes " see ir	nstructions	s regarding required	
		-					-			Yes X No	
25	Has a me	ethod change I	been made for	the current plan	year? If "Yes," se	ee instructions re	egarding req	uired attach	ment	Yes X No	
26	Is the pla	n required to p	orovide a Sched	dule of Active Pa	articipants? If "Ye	s," see instruction	ons regardin	g required a	ttachmen	t	
27		•		ling rules, enter	applicable code a	nd see instructi	ons regardin	g	27		
P	art VII	Reconcilia	ation of Un	oaid Minimu	m Required C	Contribution	s For Pri	or Years			
28	Unpaid m	ninimum requir	red contribution	s for all prior ye	ars				28	0	
29	9 Discounted employer contributions allocated toward unpaid minimum required contributions from prior year (line 19a)							,	29	0	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								30	0	
Pa	art VIII	Minimum	Required C	ontribution	For Current Y	'ear					
31	Target n	ormal cost and	d excess assets	(see instruction	ns):						
	a Target	normal cost (li	ne 6)						31a	34246	
	b Excess	assets, if app	olicable, but not	greater than line	e 31a				31b	0	
32	Amortiza	tion installmen	nts:				Outsta	anding Bala	nce	Installment	
	a Net she	ortfall amortiza	ation installment	t				2	94719	48113	
									0	0	
33	If a waive (Month _				the date of the ru) and the wai				33		
34	Total fun	ding requireme	ent before refle	cting carryover/p	orefunding balance	es (lines 31a - 3	1b + 32a + 3	32b - 33)	34	82359	
					Carryover	balance	Prefu	ınding balan	ce	Total balance	
35			se to offset fund	-		0			0	0	
36	Additiona	l cash require	ment (line 34 m	ninus line 35)					36	82359	
37				•	ribution for curren			`	37	240463	
38	Present v	alue of excess	s contributions	for current year	(see instructions)				I		
	a Total (e	excess, if any,	of line 37 over	line 36)					38a	158104	
	b Portion	included in lir	ne 38a attributa	ble to use of pre	efunding and fundi	ng standard car	ryover balar	ices	38b	0	
39	Unpaid m	ninimum requir	red contribution	for current year	(excess, if any, o	f line 36 over lir	ne 37)		39	0	
40	Unpaid m	ninimum requir	red contribution	s for all years					40	0	
Pa	rt IX	Pension	Funding Re	lief Under P	ension Relief	Act of 2010	(See Ins	tructions)		
41	If an elec	tion was made	to use PRA 20	010 funding relie	of for this plan:					-	
	a Schedu	ıle elected								2 plus 7 years 15 years	
	b Eligible	plan year(s) f	for which the ele	ection in line 41a	a was made				20	08	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 1/1/2018	and endi	ng 1 <mark>2</mark> /3	31/2018			
▶ Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable cause is established	ed.				
A Name of plan	B Three-dig					
Dr. Alexios Apazidis Defined Benefit Plan	plan num	ber (PN))	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identificat	ion Number (E	in)		
Alexios Apazidis, M.D., PC		47-488	•	,		
/ Noxioo / Pazidio, Imbi, 1 o			-			
E Type of plan: ☑ Single ☐ Multiple-A ☐ Multiple-B F Prior year pl	an size: 🔽 100 or fewer	101-50	00 More th	an 500		
Part I Basic Information						
1 Enter the valuation date: 1/1/2018						
2 Assets:						
a Market value		2a		0		
b Actuarial value		2b		0		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding (3) Total Funding Target				
a For retired participants and beneficiaries receiving payment	0		0	0		
b For terminated vested participants	0		0			
C For active participants	4	4 0				
d Total	4	4 0 2				
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	Π					
a Funding target disregarding prescribed at-risk assumptions	—	4a				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for p						
at-risk status for fewer than five consecutive years and disregarding loading fa		4b				
5 Effective interest rate						
6 Target normal cost		6		34246		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.						
SIGN Euc Mond			6/24/2019)		
Signature of actuary			Date			
Eric Brandon			1705955			
Type or print name of actuary		Most re	ecent enrollme	nt number		
Guardian Life Ins Co of America			413-499-43	21		
Firm name	Te	elephone	number (includ	ling area code)		
700 South Street						
Pittsfield MA 01201						
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated under the statute	in completing this schedu	ıle, check	the box and s	ee \square		
instructions						

	_			_
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Schedule SB (Form 5500) 2018	ige
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Pa	rt II	Begin	ning of Year (Carryov	er and Prefunding B	alances							
							(a) C	arryover balance		(b) F	refund	ing balanc	<u>e</u>
		-			cable adjustments (line 13 f				0				0
8			•	-	unding requirement (line 35				0				0
9	9 Amount remaining (line 7 minus line 8)									0			
10	Interest	on line 9	using prior year's	actual ret	urn of%				0				0
11	Prior yea	ar's exce	ess contributions to	be added	d to prefunding balance:								
	a Prese	nt value	of excess contribu	ıtions (line	38a from prior year)								0
					Ba over line 38b from prior yve interest rate of%								0
	` '		·	•	nedule SB, using prior year's								
					ear to add to prefunding balar								0
	d Portio	n of (c)	to be added to pre	funding ba	alance								
12	Other re	ductions	in balances due t	o election:	s or deemed elections				0				0
13	Balance	at begir	nning of current yea	ar (line 9 +	+ line 10 + line 11d – line 12	:)			0				0
Pa	art III	Fun	ding Percenta	ges									
14	Funding	target a	ttainment percenta	age							14		0 %
15	Adjusted	d funding	g target attainment	percentag	ge						15		0 %
16					of determining whether car						16		0 %
47					s less than 70 percent of the						17		0 %
17	ii tiic cui	iiciit vai	ac or the assets of	the plant	s less than 70 percent of the	e runding targ	get, enter st	ich percentage			17		0 %
	art IV		tributions and		<u>.</u>	e funding targ	get, eriter st	ich percentage			17		0 %
Pa	art IV Contribu	Con	tributions and ade to the plan for	d Liquid the plan y	ity Shortfalls ear by employer(s) and emp	ployees:							
18 (M	Contribu (a) Date	Con	tributions and	d Liquid the plan y	ity Shortfalls	ployees: (a) Di (MM-DD-	ate YYYY)	(b) Amount pa employer(s	id by		:) Amoı	unt paid by loyees	
18 (M	Contribu (a) Date M-DD-YY	Con tions ma	tributions and ade to the plan for (b) Amount pa employer(s	the plan y aid by s)	ity Shortfalls rear by employer(s) and employer(c) Amount paid by	ployees: (a) Di (MM-DD- 10/18/2	ate YYYY)	(b) Amount pa	id by s) 84871		:) Amoı		0
18 (M 8/	Contribut (a) Date M-DD-YY (30/2018	Con tions ma (YYY) 8	tributions and ade to the plan for (b) Amount pa employer(s	the plan y aid by s) 19359	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0	ployees: (a) D: (MM-DD- 10/18/2 10/29/2	ate YYYY) 2018 2018	(b) Amount pa	id by s) 84871 8044		:) Amoı		0
18 (M 8/ 8/	Contribu (a) Date M-DD-YY (30/2018	Con tions ma (YYY) 8 8	tributions and ade to the plan for (b) Amount pa employer(s	the plan y aid by s) 19359 11894 920	rear by employer(s) and employees (c) Amount paid by employees 0 0 0	ployees: (a) Da (MM-DD- 10/18/2 10/29/2 11/28/2	ate YYYYY) 2018 2018	(b) Amount pa	id by (8) 84871 8044 8043		:) Amoı		0 0
Pa 18 (M 8/ 8/ 8/ 8/	Contribut (a) Date (b) Date (c) Date (d) Date (d	Con YYY) 8 8 8	tributions and ade to the plan for (b) Amount pa employer(s	the plan y aid by s) 19359 11894 920 20000	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0	ployees: (a) D: (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2	ate YYYYY) 2018 2018 2018 2018	(b) Amount pa	id by 8) 84871 8044 8043 8043		:) Amoı		, 0 0 0
Pa 18 (M 8/ 8/ 8/ 9/	Contribut (a) Date (M-DD-YY) (30/2018 (30/2018 (30/2018 (31/2018 (13/2018	Con titions ma (YYY) 8 8 8 8 8	tributions and ade to the plan for (b) Amount pa employer(s	the plan y aid by s) 19359 11894 920 20000	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 11/29/20	ate YYYYY) 2018 2018 2018 2018 2018	(b) Amount pa	id by 8) 84871 8044 8043 8043		:) Amoı		0 0 0 0
Pa 18 (M 8/ 8/ 8/ 9/	Contribut (a) Date (b) Date (c) Date (d) Date (d	Con titions ma (YYY) 8 8 8 8 8	tributions and ade to the plan for (b) Amount pa employer(s	the plan y aid by s) 19359 11894 920 20000	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0	ployees: (a) D: (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20	ate YYYYY) 2018 2018 2018 2018 2018 2019	(b) Amount pa employer(s	id by 81 84871 8044 8043 8043 8044	(0	:) Amoı		0 0 0 0 0
18 (M 8/ 8/ 8/ 9/ 9/	Contribut (a) Date (b) Date (c) Date (d) Date (d	Constitions made (YYY) 88 88 88 88 88 88 88 88 88 88 88 88 88	tributions and ade to the plan for (b) Amount pa employer(s	the plan y and by s) 19359 11894 920 20000 50000 8043	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 0	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ▶	ate YYYY) 2018 2018 2018 2018 119 119 18(b)	(b) Amount pa employer(s	id by 84871 8044 8043 8043 8044 51390		:) Amoı		0 0 0 0
Pa 18 (M 8/ 8/ 8/ 9/	Contribution (a) Date M-DD-YY (30/2018) (30/2018) (30/2018) (31/2018) (26/2018) Discount	Con titions ma e YYY) 8 8 8 8 8 8 ted emp	tributions and ade to the plan for (b) Amount pa employer(s	d Liquid the plan y sid by s) 19359 11894 920 20000 50000 8043	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 tructions for small plan with	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ▶ a valuation of	ate YYYY) 2018 2018 2018 2018 2018 019 019 18(b)	(b) Amount pa employer(s	id by 84871 8044 8043 8043 8044 51390 year:	(0	:) Amoı		0 0 0 0 0 0
18 (M 8/ 8/ 8/ 9/ 9/	Contribut (a) Date (M-DD-YY) (30/2018 (30/2018 (30/2018 (31/2018 (31/2018 (26/2018 (30/2018 (Con titions ma (YYY) 8 8 8 8 8 8 butted emp	tributions and ade to the plan for (b) Amount pa employer(s	the plan y aid by s) 19359 11894 920 20000 50000 8043	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 tructions for small plan with imum required contributions	oloyees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ► a valuation of sfrom prior years.	ate YYYY) 2018 2018 2018 2018 2018 019 119 18(b) late after the ears	(b) Amount pa employer(s	id by 84871 8044 8043 8043 8044 51390	(0	:) Amoı		0 0 0 0 0
18 (M 8/ 8/ 8/ 9/ 9/	Contribut (a) Date (b) Contribut (a) Date (c) Contribut (d) Date (d) Contribut (d) Contribut (d) Contribut (e) Con	Con titions may YYY) 8 8 8 8 8 butted emp butions butions	loyer contributions allocated to avoid rest	the plan y said by s) 19359 11894 920 20000 50000 8043	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 tructions for small plan with	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ▶ a valuation design of the prior years.	ate YYYY) 2018 2018 2018 2018 2018 019 019 18(b) late after the ears	(b) Amount pa employer(s	id by s) 84871 8044 8043 8043 8044 51390 year: 19a	(0	:) Amoı		0 0 0 0 0 0
18 (M 8/ 8/ 8/ 9/ 9/	Contribution (a) Date M-DD-YY (30/2018) (30/2018) (30/2018) (30/2018) (31/2018) (26/2018) Discount a Contrib Contrib Contrib	Con titions ma e YYY) 8 8 8 8 8 buttons buttons buttons	loyer contributions allocated to avoid rest	the plan y sid by s) 19359 11894 920 20000 50000 8043	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 tructions for small plan with imum required contributions dijusted to valuation date	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ▶ a valuation design of the prior years.	ate YYYY) 2018 2018 2018 2018 2018 019 019 18(b) late after the ears	(b) Amount pa employer(s	id by 8)84871 8044 8043 8043 8044 51390 year: 19a 19b	(0	:) Amoı	loyees	0 0 0 0 0 0
Pa 18 (M 8/4 8/4 8/4 8/4 8/4 8/4 9/4 9/4 19 19	Contribut (a) Date (b) Date (c) Date (d) Date (e) Date (e) Date (e) Date (f) D	Con titions may expressed as a second control of the control of th	loyer contributions allocated toward umade to avoid restallocated toward minutions and liquidity	the plan y and by s) 19359 11894 920 20000 50000 8043	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 tructions for small plan with imum required contributions dijusted to valuation date	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ► a valuation of s from prior y	ate YYYY) 2018 2018 2018 2018 2018 019 019 18(b) late after the ears	(b) Amount pa employer(s	id by s) 84871 8044 8043 8043 8044 51390 year: 19a 19b 19c	18(c)	:) Amoı	loyees	0 0 0 0 0 0
Pa 18 (M 8/4 8/4 8/4 8/4 8/4 8/4 9/4 9/4 19 19	Contribution (a) Date M-DD-YY (30/2018) (30/2018) (30/2018) (31/2018) (31/2018) (26/2018) Discount a Contribution Contribution Contribution (a) Did the contribution (b) Contribution (c) Contrib	Con titions materials (YYY) 8 8 8 8 8 butted emp buttions	loyer contributions allocated toward umade to avoid rest allocated toward mire outions and liquidity have a "funding show	the plan y aid by s) 19359 11894 920 20000 50000 8043 - see instructions accommum requy shortfalls	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 tructions for small plan with imum required contributions dijusted to valuation dateuired contribution for current years.	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ► a valuation of sefrom prior year adjusted	ate YYYYY) 2018 2018 2018 2018 2018 2019 119 18(b) late after the ears	(b) Amount pa employer(s	id by s) 84871 8044 8043 8043 8044 51390 year: 19a 19b 19c	18(c)	emp	2404	0 0 0 0 0 0 0
Pa 18 (M 8/4 8/4 8/4 8/4 8/4 8/4 9/4 9/4 19 19	Contribut (a) Date (b) Date (c) Date (d) Date (d	Con titions may (YYY) 8 8 8 8 8 buttons buttons buttons buttons buttons buttons a y contrib e plan h 20a is "	loyer contributions allocated toward umade to avoid restallocated toward mirroutions and liquidity ave a "funding shower required."	the plan y paid by s) 19359 11894 920 20000 50000 8043 a – see instructions acomimum requy shortfalls ortfalls ortfalls ortfalls.	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 tructions for small plan with imum required contributions djusted to valuation dateuired contribution for current yes:	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ► a valuation of s from prior y year adjusted	ate YYYY) 2018 2018 2018 2018 2018 019 019 18(b) late after the ears	(b) Amount pa employer(s	id by s) 84871 8044 8043 8043 8044 51390 year: 19a 19b 19c	18(c)	emp	2404	0 0 0 0 0 0 0 0
Pa 18 (M 8/2 8/2 8/2 8/2 9/2 19 19	Contribut (a) Date (b) Date (c) Date (d) Date (d	Con titions mate (YYY) 8 8 8 8 8 8 butted emp buttions buttions buttions buttions buttions 20 contribute 20 is ""	loyer contributions allocated toward umade to avoid rest allocated toward mirroutions and liquidity ave a "funding shotyes," were required Yes," see instruction	the plan y paid by s) 19359 11894 920 20000 50000 8043 a – see instructions acomimum requy shortfalls ortfalls ortfalls ortfalls.	ity Shortfalls ear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 tructions for small plan with imum required contributions dijusted to valuation dateuired contribution for current yes: the prior year?	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ► a valuation of s from prior your year adjusted t year made it as applicable:	ate YYYY) 2018 2018 2018 2018 2018 019 019 18(b) late after the ears	(b) Amount pa employer(s	id by s) 84871 8044 8043 8043 8044 51390 year: 19a 19b 19c	18(c)	emp	2404 Yes Yes	0 0 0 0 0 0 0 0
Pa 18 (M 8/4 8/4 8/4 8/4 8/4 8/4 9/4 9/4 19 19	Contribut (a) Date (b) Date (c) Date (d) Date (d	Con titions may (YYY) 8 8 8 8 8 buttons buttons buttons buttons buttons buttons a y contrib e plan h 20a is "	loyer contributions allocated toward umade to avoid rest allocated toward mirroutions and liquidity ave a "funding shotyes," were required Yes," see instruction	the plan y paid by s) 19359 11894 920 20000 50000 8043 a – see instructions acomimum requy shortfalls ortfalls ortfalls ortfalls.	ity Shortfalls rear by employer(s) and employees (c) Amount paid by employees 0 0 0 0 tructions for small plan with imum required contributions dijusted to valuation dateuired contribution for current yes: the prior year?	ployees: (a) Di (MM-DD- 10/18/2 10/29/2 11/28/2 12/27/2 1/29/20 2/26/20 Totals ► a valuation of s from prior your year adjusted t year made it as applicable:	ate YYYY) 2018 2018 2018 2018 2018 2019 19 18(b) Iate after the ears	(b) Amount pa employer(s	id by s) 84871 8044 8043 8043 8044 51390 year: 19a 19b 19c	18(c)	emp	2404l Yes Yes	0 0 0 0 0 0 0 0

Schedule SB ((Form 5500)	2018

Page	2	-	2

	S	Schedule SB (Form 5500	2018		Page 2	- 2					
Pa	art II	Beginning of Ye	ar Carryov	er and Prefunding Ba	ances						
				<u> </u>		(a) (Carryover balance		(b)	Prefund	ing balance
7		0 0		cable adjustments (line 13 fro							
8			•	unding requirement (line 35 f							
9											
10	Interes	st on line 9 using prior ye	ar's actual ret	urn of%							
11		ear's excess contribution									
	a Pres	sent value of excess con	ributions (line	38a from prior year)							
				3a over line 38b from prior ye							
	٠,		•	nedule SB, using prior year's	actual						
				ear to add to prefunding balanc	e						
	d Port	tion of (c) to be added to	prefundina ba	alance							
12											
-				s or deemed elections In line 10 + line 11d – line 12)							
			,	rillie 10 + iille 11d – iille 12)							
	art III	Funding Perce								4.4	0,1
										14	%
		ed funding target attainn								15	%
16				of determining whether carry						16	%
17				s less than 70 percent of the						17	%
P	art IV	Contributions	nd Liquid	ity Shortfalls							
			·	ear by employer(s) and empl	ovees:						
	(a) Da	ite (b) Amour		(c) Amount paid by	(a) Da		(b) Amount pai	d by	(c) Amo	unt paid by
	1M-DD-\	· ·	` '	employees	(MM-DD-)	(YYY)	employer(s)		emp	loyees
	/27/20		8043	0							
4,	/26/20	19	8043	0							
						1				1	
					Totals ►	18(b)			18(c)		
19		· -		tructions for small plan with a							
			•	imum required contributions	-			19a			
	b Con	tributions made to avoid	restrictions ad	djusted to valuation date			—	19b			
	C Con	tributions allocated toward	minimum req	uired contribution for current ye	ar adjusted to	o valuatior	n date	19c			
20	Quarte	erly contributions and liqu	idity shortfalls	3:						_	
				the prior year?							Yes No
	b If lin	e 20a is "Yes," were req	uired quarterly	y installments for the current	year made ir	n a timely	manner?			[Yes No
	C If lin	e 20a is "Yes," see instr	ictions and co	omplete the following table as							
		(1) 1-1	1	Liquidity shortfall as of en	d of quarter	•	•			(4) 4:	h
		(1) 1st		(2) 2nd	1	(3)	3rd	1		(4) 4t	Ш
					1						

P	Part V Assumptions Used to Determine	e Funding Target and Targ	et Normal Cost		
21	Discount rate:				
	a Segment rates: 1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29%		N/A, full yield curve used
	b Applicable month (enter code)			21b	0
22	Weighted average retirement age			22	62
23	Mortality table(s) (see instructions) Prior regulation	on: Prescribed - comb	ined Prescribed	l - separat	te Substitute
	Current regula	ation: Prescribed - comb	ined Prescribed	l - separat	te Substitute
Pa	art VI Miscellaneous Items		Ц положения		
	Has a change been made in the non-prescribed actu	arial assumptions for the current pl	an vear? If "Yes " see ii	nstruction	s regarding required
	attachment		-		
25	Has a method change been made for the current pla	n year? If "Yes," see instructions re	egarding required attach	ment	Yes Vo
26	Is the plan required to provide a Schedule of Active F	Participants? If "Yes," see instruction	ons regarding required a	ittachmen	tYes V No
27	If the plan is subject to alternative funding rules, ente		ons regarding	27	
P	art VII Reconciliation of Unpaid Minim		s For Prior Years	I	
28	Unpaid minimum required contributions for all prior y	ears		28	0
29	Discounted employer contributions allocated toward (line 19a)	•		29	0
30	Remaining amount of unpaid minimum required cont	ributions (line 28 minus line 29)		30	0
Pa	art VIII Minimum Required Contribution	n For Current Year			
31	Target normal cost and excess assets (see instruction	ons):			
	a Target normal cost (line 6)			31a	34246
	b Excess assets, if applicable, but not greater than li	ne 31a		31b	0
32	Amortization installments:		Outstanding Bala	nce	Installment
	a Net shortfall amortization installment		294	719	48113
	b Waiver amortization installment			0	0
33	If a waiver has been approved for this plan year, enter	er the date of the ruling letter granti and the waived amount		33	
34	Total funding requirement before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	82359
		Carryover balance	Prefunding balan	ice	Total balance
35	Balances elected for use to offset funding requirement	0		0	0
36	Additional cash requirement (line 34 minus line 35)			36	82359
37	·	ntribution for current year adjusted	to valuation date (line	37	240463
38	Present value of excess contributions for current year	r (see instructions)		I	
	a Total (excess, if any, of line 37 over line 36)	,		38a	158104
	b Portion included in line 38a attributable to use of pa	refunding and funding standard car	ryover balances	38b	0
39	Unpaid minimum required contribution for current year	ar (excess, if any, of line 36 over lin	e 37)	39	0
40	Unpaid minimum required contributions for all years .			40	0
Pa	rt IX Pension Funding Relief Under	Pension Relief Act of 2010	(See Instructions	.)	
41	If an election was made to use PRA 2010 funding reli	ief for this plan:			
	a Schedule elected			Г	2 plus 7 years 15 years
	b Eligible plan year(s) for which the election in line 4				

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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information	า		•	
For calend	ar plan year 2018 or	fiscal plan year beginning	1/1/2018	and ending	12/31/2018	
A This ref	turn/report is for:	a single-employer plan		er plan (not multiemployer) ig employer information in a		
		a one-participant plan	a foreign plan			
B This reti	urn/report is	the first return/report	the final return/re			
		an amended return/report	a short plan year	return/report (less than 12 n	nonths)	
C Check	box if filing under:	Form 5558	automatic extens	ion	DFVC program	
		special extension (enter desc	' '			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		T	•
1a Name Dr. Alexio	of plan os Apazidis Defined E	Benefit Plan			1b Three-digit plan number (PN) ▶	. 001
					1c Effective dat	•
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Ide (EIN) 47-48	entification Number
•	town, state or provir pazidis, M.D., PC	nce, country, and ZIP or foreign pos	stal code (if foreign, see	instructions)	2c Sponsor's te	elephone number 3-971-9300
200-01 Lir	nden Blvd					de (see instructions)
Saint Alba	ns	NY			6211	11
3a Plan a	dministrator's name	and address 🖊 Same as Plan Spo	onsor.		3b Administrato	r's EIN
		he plan sponsor or the plan name h			3c Administrato 4b EIN	r's telephone number
	or's name	onsor's name, EIN, the plan name	and the plan number fr	om the last return/report.	4d PN	
5a Total	number of participant	s at the beginning of the plan year			5a	4
b Total	number of participant	s at the end of the plan year			. 5b	4
	· · ·	n account balances as of the end o		· · · · · · · · · · · · · · · · · · ·	5c	0
d(1) Tot	al number of active p	articipants at the beginning of the p	olan year			4
		earticipants at the end of the plan ye o terminated employment during the			5d(2)	4
than	100% vested				5e	0
Under pen	alties of perjury and	e or incomplete filing of this retuing of the retuing the penalties set forth in the instruand signed by an enrolled actuary, inplete.	uctions, I declare that I	have examined this return/re	eport, including, if ap	plicable, a Schedule
SIGN		Gerais Up In		Alexios Apaz	zidis	
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN HERE						
IILKE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	dual signing as emp	oyer or plan sponsor

Form 5500-SF 2018 Page **2**

_	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepei and condit	ndent qualified public a	account	ant (IC	PA)			
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes 🔽 No	☐ Not dete (See instru	
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
а	Total plan assets	7a			0			143	043
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7с			0			143	8043
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		25	1390				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
<u>b</u>	Other income (loss)	8b		-1	1828				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						239	562
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g		9	6519				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						96	519
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						143	043
j	Transfers to (from) the plan (see instructions)	8j			0				
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		~			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		/			
С	Was the plan covered by a fidelity bond?			10c		V			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		<i>V</i>			
е		ner person ne or all of	s by an insurance the benefits under	10e		V			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		/			
g		-		10g		✓			
h	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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (Form 5500) and line 11a below)				Y	es No
11a	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 Code of ERISA?				Y	es 🔽 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver		d enter to Day		of the letter Year	ruling
lf y	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 o negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '	/II 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 u control of the PBGC?				Yes 🗸	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ne plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: Dr. Alexios Apazidis Defined Benefit Plan

Plan EIN: 47-4881218 Plan Number: 001

VALUATION AS OF 01/01/2018

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 3.92%
Second Segment: 5.52%
Third Segment: 6.29%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.81%
Second Segment: 3.68%
Third Segment: 4.53%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2018 430 Optional Combined TD9826

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table NONE

IRC417(e)(3) Retirement Mortality

Mortality Table 2018 417 Applicable Mortality Table N2017-60

Optional Forms Assumption

5% of participants will elect the Plan Normal Form

95% of participants will elect a Lump Sum (single payment)

Pre-Retirement Death Benefit

Liability funded on a reserve basis with Normal Retirement Benefit

Mortality Table 2018 430 Optional Combined TD9826

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: Dr. Alexios Apazidis Defined Benefit Plan

Plan EIN: 47-4881218
Plan Number: 001
VALUATION AS OF 01/01/2018

Investment Earnings 5.5% Effective annual rate

Mortality Table 2018 417 Applicable Mortality Table N2017-60

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2018 417 Applicable Mortality Table N2017-60

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5.5% Effective annual rate

Dr. Alexios Apazidis Defined Benefit Plan Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: Dr. Alexios Apazidis Defined Benefit Plan

Plan EIN: 47-4881218

Plan Number: 001

VALUATION AS OF 01/01/2018

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	294,719	01/01/2018	7	48,113

Schedule SB, Part V - Summary of Plan Provisions Plan Name: Dr. Alexios Apazidis Defined Benefit Plan

Plan EIN: 47-4881218
Plan Number: 001
VALUATION AS OF 01/01/2018

Plan Effective Date January 1, 2018

Plan Anniversary Date January 1, 2018

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date Plan anniversary nearest the satisfaction of the participation requirements

Normal Retirement Date Plan anniversary nearest age 62 and the completion of 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Retirement Benefit Optional Forms Lump Sum (single payment)

Normal Retirement Benefit 123% of compensation

Total retirement benefit reduced by 1/25 for each year of accrual service less

than 25

IRC415 maximum annual benefit: \$220,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Plan maximum annual benefit: \$217,488 Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan service up to

10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$275,000 considered

Pre-Retirement Death Benefit Lump sum payable on death of participant

Benefit Amount Benefit supported by 50% theoretical ILP cost of retirement benefit (RR74-

307)

Premium mode for increases: Annual

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Exclude service before age 18
Exclude service before effective date
Computation Period: Plan Years
Based on Hours Worked Records

Accrued Retirement Benefit Pro-rated on service

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

Plan Name: Dr. Alexios Apazidis Defined Benefit Plan

Plan EIN: 47-4881218
Plan Number: 001

VALUATION AS OF 01/01/2018

The weighted average retirement age of 62 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% as of the participant's assumed retirement age.