Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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

2015

This Form is Open to Public Inspection

Part I		Identification Information				
For calenda	ır plan year 2015 or fis	scal plan year beginning 01/01/201		and ending 12/31/		
A This retu	urn/report is for:	a single-employer plan		lan (not multiemployer) (Filen ployer information in accord	_	
B This retu	rn/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 month	us)	
C Check b	oox if filing under:	Form 5558 special extension (enter descripti	automatic extension ion)		DFVC progr	ram
Part II	Basic Plan Info	ormation—enter all requested inform	mation			
1a Name o		·		1k	Three-digit plan number (PN) ▶	002
				10	Effective date of 01/0	f plan 1/2001
Mailing	address (include roor	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. B			Employer Identif (EIN) 05-7	fication Number 428604
	town, state or provinc LOWAY, M.D.	e, country, and ZIP or foreign postal c	ode (if foreign, see instru	uctions) 20	Sponsor's telephone 212-75	hone number 58-3838
218E PARK <i>F</i>	AVENUE, #102			20	Business code (see instructions)
PO BOX 749					6211	111
3a Plan ad	dministrator's name ar	nd address Same as Plan Sponsor.		3k	• Administrator's E	EIN
				30	Administrator's t	elephone number
		e plan sponsor has changed since the mber from the last return/report.	last return/report filed fo	or this plan, enter the	D EIN	
a Sponso	•	TIDEL HOTH the last retain propert.			PN	
5a Total n	number of participants	at the beginning of the plan year		<u> </u>	5a	1
		at the end of the plan year			5b	1
	er of participants with a ete this item)	account balances as of the end of the	plan year (defined bene		5c	
d(1) Tota	al number of active pa	articipants at the beginning of the plan	year		d(1)	1
		articipants at the end of the plan year			d(2)	1
than 1	100% vested	terminated employment during the pla			5e	0
		or incomplete filing of this return/re				sabla a Cabadula
SB or Schee		ther penalties set forth in the instruction nd signed by an enrolled actuary, as w plete.				
	Filed with authorized/	/valid electronic signature.	07/12/2016	BARRIE SOLOWAY		
HERE	Signature of plan a	ıdministrator	Date	Enter name of individual s	signing as plan adn	ninistrator
SIGN	1					

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ ad use	PA) Form	5500.			X Ye	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	∐ No	ot dete	rmined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning					(b) Er	ıd of		
	Fotal plan assets	. 7a		2178						2352	
	Fotal plan liabilities	. 7b		0470	0					0050	0
	Net plan assets (subtract line 7b from line 7a)	. 7c	(5) A	2178	5109			41-		2352	104
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				a)) Tota	11	
	1) Employers	. 8a(1)		175	5000						
(2) Participants	. 8a(2)			0						
	3) Others (including rollovers)	. 8a(3)			0						
<u>b</u>	Other income (loss)	. 8b			-945						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								174	055
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d			0						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
f	Administrative service providers (salaries, fees, commissions)	. 8f			0						
g	Other expenses	. 8g			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i								174	055
j ·	Transfers to (from) the plan (see instructions)	· 8j			0						
Par	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the inst	ructio	ns:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	uction	s:	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		A	mount	l .
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her persor ne or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla					Х					
-	Did the plan have any participant loans? (If "Yes," enter amount a			10f							
<u>g</u> h	If this is an individual account plan, was there a blackout period?			10g		X					
	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							
j	Did the plan trust incur unrelated business taxable income?			10j						_	
Part	VI Pension Funding Compliance			•	-	-	-	-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									X Ye	s No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				(
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?]	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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).

This Form is Open to Public

OMB No. 1210-0110

2015

Inspection

			File as	an attachment to Form	5500 or 5	5500-SF.			
For	calenda	r plan year 2015 or fiscal p	olan year beginning 0	1/01/2015		and end	ding 12/3	1/2015	
		off amounts to nearest does A penalty of \$1,000 will be		of this report unless reaso	onable ca	use is establisl	hed.		
	Name of p	olan DLOWAY, M.D. DEFINED	BENEFIT PLAN			B Three-d plan nui	igit mber (PN)	•	002
		nsor's name as shown on I	ine 2a of Form 5500 or 55	00-SF		D Employe	r Identificat 05-7428	ion Number (E 3604	EIN)
Εī	ype of pla	an: X Single Multipl	e-A Multiple-B	F Prior year pla	an size: X	100 or fewer	101-50	00 More th	nan 500
Pá	art I	Basic Information							
1		ne valuation date:	Month <u>01</u> [Day 01 Year 2	2015				
2	Assets:								
		et value					2a		2174188
	b Actua	arial value					2b		2174188
3	Funding	g target/participant count b	preakdown		` '	lumber of ticipants		ted Funding arget	(3) Total Funding Target
	a For r	etired participants and ber	neficiaries receiving payme	ent		0		0	0
	b For t	erminated vested participa	ints			0		0	0
	C For a	ctive participants				1		1682233	1682233
	d Total	 				1		1682233	1682233
4		lan is in at-risk status, che				П			
		ling target disregarding pre				_	4a		
	b Fund	ling target reflecting at-risk risk status for fewer than	assumptions, but disrega	ording transition rule for p	lans that	have been in	4h		
5	Effectiv	re interest rate					5		6.04%
6	Target	normal cost					6		0
	To the best accordance	y Enrolled Actuary of my knowledge, the information s with applicable law and regulations , offer my best estimate of anticipa	s. In my opinion, each other assum						
	ERE							06/27/20	016
			Signature of actuary					Date	
MA	RK VIDA	L						14-050	69
		Туре	or print name of actuary			-	Most re	ecent enrollme	ent number
CO	RNERST	ONE GENCORP						800-678	3-1700
SUI	TE 3001	SON BLVD. RI 02886	Firm name			٦	Telephone	number (includ	ding area code)
			Address of the firm			_			
f the	actuary	has not fully reflected any	regulation or ruling promu	lgated under the statute	in comple	ting this sched	dule, check	the box and s	ее

Page 2	-	
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Schedule SB (Form 5500) 2015

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding Ba	alances								
						_	(a) (Carryover balance		(b) F	Prefundi	ng balance		
7		_	. ,		cable adjustments (line 13 f				0			0		
8					unding requirement (line 35									
				-					0			0		
9									0			0		
10					urn of%				0					
11					I to prefunding balance:									
				`	38a from prior year)	-						0		
					Ba over line 38b from prior ye interest rate of <u>6.20</u> %							0		
	b(2) Ir	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year's	actual								
					ear to add to prefunding balar							0		
						-						0		
	u Porti	on of (c)	to be added to pre	erunding ba	ılance							0		
					s or deemed elections				0			0		
					- line 10 + line 11d – line 12)			0			0		
	art III		ding Percenta	_							1			
											14	129.24 %		
			g target attainmen								15	129.24 %		
16					of determining whether car						16	100.73 %		
17	If the c	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%		
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18			•		ear by employer(s) and emp									
(M	(a) Dat IM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount pa employer(s		(0		nt paid by ovees		
•	5/13/201			175000	0	,	,		,			-,		
					_									
						Totals ►	18(b)		175000	18(c)		0		
19	Discou	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of the						
	_				imum required contributions			<u> </u>	19a			0		
					ljusted to valuation date			<u> </u>	19b			0		
					uired contribution for current y	ear adjusted	to valuation	n date	19c			160740		
20		•	outions and liquidit	•							Г	l van V N		
	_		_		he prior year?						 _	Yes X No		
				-	installments for the current	-	-	manner?				Yes No		
	C If line	e 20a is "	Yes," see instructi	ons and co	emplete the following table a Liquidity shortfall as of e			n vear						
		(1) 19	st		(2) 2nd	na or quarte	(3)	3rd			(4) 4th	າ		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	t Normal Cost				
21	Discou	ınt rate:							
	a Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	used
	b App	licable month (enter code)			21b			0
22	Weigh	ted average ret	tirement age			22			62
23		ity table(s) (se			scribed - separate	Substitut	te		
Da	rt VI	Miscellane	oue Itome	Ш	·				
				tuarial assumptions for the current	plan year? If "Vaa " aaa	inatruationa	rogarding require	4	
24		-						Yes	X No
25				an year? If "Yes," see instructions			<u></u>	Yes	X No
26			•	Participants? If "Yes," see instruc	· · ·		<u> </u>	Yes	X No
27				ter applicable code and see instruc				103	A NO
21		•	•			27			
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years	•			
28				years		28			0
29				d unpaid minimum required contrib					
				a dripaid minimum required contribu		29			0
30	Remai	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Targe		nd excess assets (see instruc						
			,	,		31a			0
	_			line 31a		31b			0
32		zation installme	-		Outstanding Bala	1	Installn	nent	
	a Net	shortfall amorti	zation installment			0			0
						0			0
33				iter the date of the ruling letter gran	ting the approval				
) and the waived amount		33			
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35	Baland	res elected for	use to offset funding	-	-				
				0		0			0
36	Additio	onal cash requi	rement (line 34 minus line 35)			36			0
37	Contril	butions allocate	ed toward minimum required c	ontribution for current year adjusted	d to valuation date	37			
						. 37			160740
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)		1			
	a Tota	I (excess, if any	y, of line 37 over line 36)			. 38a			160740
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard ca	arryover balances	. 38b			0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over l	ine 37)	. 39			0
40	Unpaid	d minimum requ	uired contributions for all years	3		40			0
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions))			
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:					
	a Sche	edule elected					2 plus 7 years	15 y	/ears
	b Eligi	ble plan year(s) for which the election in line	41a was made		2008	8 2009 201	0	2011
42	Amoun	nt of acceleration	on adjustment			42	<u> </u>		
			replacation amount to be carrie			43			

BARRIE SOLOWAY, M.D. DEFINED BENEFIT PLAN

Statement of Actuarial Assumptions and Method Plan Year January 1, 2015 through December 31, 2015

Valuation Date: January 1, 2015

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Interest Rates	For PPA Fundin	na	For 417(e)		For Actuaria	l Equiv.	
		4.72%	Segment 1	1.82%	Pre-Ret	5.50%	
	Segment 2 6	6.11%	Segment 2 4.12% Po		Post-Ret	5.50%	
	Segment 3 6	6.81%	Segment 3	5.01%			
Pre-Retirement Turnover Mortality	None None		None None		None None		
Assumed Ret Age	Age Normal Retirement Date is age 62 with 5 years of participation Normal Retirement Date is age 62 with 5 years of participation			Normal Retirement Date age 62 with 5 years of participation			
Post-Retirement Mortality	2015 Applicable Mortality Table f Rev Ruling 2006	from	2016 Applica Mortality Tab Rev Ruling 2	le from	GA2002U Mortality Tab	ble	
Assumed Benefit Form For Funding	The plan's norm	nal form of ber	nefit which is a	benefit payable	for the life of t	he participant	
Calculated Effective Interest Rate	6.04%						
Actuarial Valuation Assets	100.0% of the fa	air market valı	ue of assets ad	ljusted for contri	butions under	IRC 430(g)(4)	

(FAX)1800 457 6242

P.003/021

Fo	rm 5500-SF	Short Form Annu	al Return/Report	of Small Emp	oyee		OMB Nos, 1210-0110 1210-0089
Dep Inte	eriment of the Treeslay email Revenue Service	This form is required to be filed	Benefit Plan	inas of the Employee F	lekement		2015
	Department of Lebor Generals Security Administration	Income Security Act of 1974	(ERISA), and sections 60: Revenue Code (the Code	57(b) and 6056(a) of UK	Internal		Form is Open to ilic inspection
Persion I	Servetil Gueranty Corporation	Complete all entries in a	sccordance with the instr	ructions to the Form 5	500-SF.		
Part	Annual Report	dentification information		and Andless	7 7	/31/201	E
For calend	lar plan year 2015 or lis	Manual Control of the	01/01/2015	and ending			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		X a single-employer plan	liet of periologica en	ian (not multiemployer) nployer information in a	enu etent) V sonebroco	vith the for	n instructions)
A This re	elum/report is for:	a one-participant plan	e foreign plan		***		·
R This ref	win/rep ort le	T the first return/report	the final return/report				
#2 1110 101	Maritin de butura per	an amended return/report	a short plan year retur	n/report (less than 12 n	onths)		
A about	have if fillian complete	ш П	☐ automatic extension		n	DFVC prog	mm
C Check	box if filing under:	Form 8558	1)		u ·	J	
parent and the second		special extension (enter descri		- Control of the cont			·
Part II	The state of the s	mation—enter all requested info	ormation		16 Thre	ardinit	l
1a Name	of plan	Defined Benefit Plan	n				002
Derrry	BOTOMON' WIR.	DOLINE SOMETH NO.	·•		(PN)		
						tive date o	
28 Piens	consor's name (employ	er, if for a single-employer plan)	SECTION CONTRACTOR CON			01/200 loyer Identi	fication Number
Mallin	n wildraws lincuids that	ant suite no and street or P.O.	. Box)	- inflores	(EIN	05-742	28604
	rtown. state or province e Soloway, M.D	country, and ZIP or foreign posts	и соое (я тогоют, все изм	ocacas)	1	•	hone number
BHLLT	e potowal, win	<u>}</u>			ARABINET STREET, STREE	-758-3	
4168 (Park Avenue, #1	02			20 Bush 621		(see instructions)
PO BOX	•				022		
Long 1	- ,	NY 11561					
		address XSame as Plan Sponso	òf.		3b Admi	nistrator's	EIN
		-					
					ac Admi	ingrators i	lelephoné numbét
				while along polar tha	Ale cini		- 01 L. 01 00 K 11 M - 11 M - 1 M -
4 If the	name and/or EIN of the p	olan sponsor has changed sinos to per from the lest return/esport.	ne taat raturreraport iiwid id	r ind pian, einei ure	4b EIN		
	or's name	the indication is the same successful and			4c PN		
		the beginning of the plan year		***********************	58		I
h Tatel	numbers of medicinessis of	the and of the rish year			5b		1
t Numb	er of nacticinants with ac	count balances as of the end of th	e plan year (defined bana	fit plans do not	őç	A	***************************************
compr	ARA 7.49 (ASII)	FPEEFWARF446FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF					
d(1) Tota	al number of active parti	ield ent to galantiged ent te street	U Agat ''''''	*****************	5d(1)		
d(2) Total	al number of active parti-	dpants at the end of the plan year	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********	5d(2)		
e Numb	er of perticipants that te	minated employment during the p	olen year with accrued ben	elits that were less	58		. 0
than 1	100% vested	incomplete filing of this return	earrort will be establish i	inleas reasonable cau	ise is estab	lished.	
	Him at annual and atha	e manailine and facilis in the instructi	inne I dediete that I have e	examined this return/re	xort, includir	ta, it applic	able, a Schedule
SB or Sche	dule MB completed and	signed by an enrolled actuary, as	well as the electronic vers	ilon of this return/report	, and to the	past or my	knowledge and
	rue, correct, and comple		2/10/11	Barrie Solowa	<u></u>	****************	***************************************
BION HERE	\\\\		31.721.8363	Enter name of Individe		a nien eż-	Unletrator
	Signature of plan adr	omistrator)	Date	Enter name or molyton	AND DIVISION OF	a men oun	m neu 2101
SIGN	· · · · · · · · · · · · · · · · · · ·					 	
HERE	Signature of employe	r/plan etionep/	Date	Enter name of Individu	ui signing a Preparer's		
Preparer's r	teme (including firm nan	ne, if applicable) and address (inc	lyoe room of suite number	'	i_i&hteigi g	ester _i Pri Hillion	repri Ingapi
				Į			
		سم		1			ļ

Form 5500-SF 201	5		Page 2							
b Are you claiming a waiver under 29 CFR 2520.104-4	ets during the plan year invested in eligi of the annual examination and report of 6? (See instructions on waiver eligibility either line 6a or line 6b, the plan can	f an indepe and condi	endent qualified public itions.)	accoun	tant (IC	QPA)				Yes No
c If the plan is a defined ben	efit plan, is it covered under the PBGC i	insurance p	program (see ERISA s	ection 4	4021)?] Yes	⊠No [] Not de	etermined
Part III Financial Info	rmation					**********				
7 Plan Assets and Liabilities			(a) Beginnin	g of Ye	ar			(b) End	d of Year	,
a Total plan assets		7a		2,17	8,10	9			2,	352,164
b Total plan liabilities		7b				0				0
C Net plan assets (subtract I	ine 7b from line 7a)	7c		2,17	8,10	9			2,	352,164
8 Income, Expenses, and Tr a Contributions received or r (1) Employers		8a(1)	(a) Amo		5,00	10		(b)	Total	
(2) Participants		8a(2)				0				
(3) Others (including rollo	vers)	8a(3)				0				
b Other income (loss)		8b			-94	5				
C Total income (add lines 8a	(1), 8a(2), 8a(3), and 8b)	8c								174,055
	ect rollovers and insurance premiums	8d				0				
e Certain deemed and/or cor	rective distributions (see instructions)	. 8e				0				***************************************
f Administrative service prov	riders (salaries, fees, commissions)	. 8f				0				
g Other expenses		. 8g				0				
h Total expenses (add lines	8d, 8e, 8f, and 8g)	. 8h								0
i Net income (loss) (subtract	line 8h from line 8c)	. 8i							····	174,055
j Transfers to (from) the plan	(see instructions)	· 8j				0				
1A	e benefits, enter the applicable pension benefits, enter the applicable welfare f									
10 During the plan year:	estions				Yes	No	N/A	1	Amoui	
a Was there a failure to trar described in 29 CFR 251 Program)	nsmit to the plan any participant contribu 0.3-102? (See instructions and DOL's \ pt transactions with any party-in-interest	/oluntary F t? (Do not i	iduciary Correction include transactions	10a		х			Amoun	
				10b						
	a fidelity bond?			10c		Х				
d Did the plan have a loss, by fraud or dishonesty?	whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		Х				
carrier, insurance service,	sions paid to any brokers, agents, or oth or other organization that provides som s.)	ne or all of	the benefits under	10e		Х				
f Has the plan failed to prov	ride any benefit when due under the pla	n?		10f		Х				
g Did the plan have any par	ticipant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х				
h If this is an individual acco	ount plan, was there a blackout period?	(See instru	ctions and 29 CFR	10h					**************************************	
i If 10h was answered "Yes	," check the box if you either provided the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i						Manus
	related business taxable income?			10j						
Part VI Pension Fundin										
11 Is this a defined benefit pla	an subject to minimum funding requirem								X Y	es No
	required contribution for all years from						11a		0	
	on plan subject to the minimum funding						02 of E	RISA?	Y	es X No

	Form 5500-SF 2015 Page 3 -				
	(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 granting the waiver	enter th Day	ne date of	f the letter re Year	uling
li	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	· · · · · · · ·		nii 180 ili ka ili aasi maasi ka maanii k	
t	Enter the minimum required contribution for this plan year	. 12b			
	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			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	es 🛛 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 of the PBGC?	ontrol] [Yes 🛛	No
С		0			
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information				
14a	Name of trust	14b	Trust's El	IN	
		1			
14c	Name of trustee or custodian	14d		s or custodi ne number	ian's
14c Par		14d			ian's
Par		14d	telephon		ian's
Par 15a	t IX IRS Compliance Questions	D D ba	telephon	No	P/ACP
Par 15a 15b	IRS Compliance Questions Is the plan a 401(k) plan?	D D ba	es esign- ased safe arbor ethod	No	P/ACP
15a 15b 15c	Is the plan a 401(k) plan?	D baham M Ye	ess esign-ased safe arbor eethod es atio ercentage	No Ave	P/ACP
Par 15a 15b 15c	Is the plan a 401(k) plan?	D back had m	telephon es esign- ased safe arbor ethod es atio ercentage st	No Ave	P/ACP t erage
Par 15a 15b 15c 16a 16b	Is the plan a 401(k) plan?	D bisham M Yee	es esign-ased safe arbor ethod es atio ercentage st	No ADI tes Ave	P/ACP t erage
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	D bb ha m Ye l Ye l Ye applical	es esign-ased safe arbor ethod es atio ercentage st es sole code	No Ave ber No (See i	P/ACP t erage nefit test N/A nstructions
15a 15b 15c 16a 16b 17a 17b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Population of the population o	es esign-ased safe arbor ethod es atio ercentage st es ble code evorable I	No Ave ber No No No No No No No No RS opinion	P/ACP t erage nefit test N/A nstructions
15a 15b 15c 16a 16b 17a 17b 17c 17d	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Population of the population o	ess esign- ased safe arbor eethod es atio ercentage st es oble code avorable I	No Ave ber No No No No No No No No RS opinion	P/ACP t erage nefit test N/A nstructions
15a 15b 15c 16a 16b 17a 17b 17c 17d	Is the plan a 401(k) plan?	Ye Dobaha m Ye te	ess esign-ased safe arbor ethod es atio ercentage st es cole code evorable l	No ADI tes No AVe ber No (See i	P/ACP t erage nefit test N/A nstructions
Par 15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	Per Control of the plant the plant the plant control of the plant contro	ess esign-ased safe arbor ethod es atio ercentage st es cole code evorable l	No ADI tes No AVE NO NO See i No	P/ACP t erage nefit test N/A nstructions

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

2015

This Form is Open to Public Inspection

For	calendar plan year 2015 or fiscal plan year beginning 01/01/2015		and endin	ıg	12/31/2	015
•	Round off amounts to nearest dollar.					
_	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	able ca	use is establishe	d.		
	Name of plan		B Three-dig	it		
I	Barrie Soloway, M.D. Defined Benefit Plan		plan numb	oer (PN)	•	002
~	No. 200 05 5500 05		D =			
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer le	dentificat	ion Number (E	IN)
]	Barrie Soloway, M.D.		05-742860	4		
E 1	ype of plan: 🗓 Single 📗 Multiple-A 📗 Multiple-B 📗 🖡 Prior year plan	size: X	100 or fewer	101-5	00 More th	an 500
Pa	art I Basic Information					
1	Enter the valuation date: Month 01 Day 01 Year 2	2015	_			
2	Assets:					
	a Market value			2a		2,174,188
	b Actuarial value			. 2b		2,174,188
3	Funding target/participant count breakdown	٠,	Number of ticipants	. ,	ted Funding arget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	0
	b For terminated vested participants		0		0	0
	C For active participants		1	1	,682,233	1,682,233
	d Total		1		,682,233	1,682,233
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		П			
-	a Funding target disregarding prescribed at-risk assumptions			. 4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla					
	at-risk status for fewer than five consecutive years and disregarding loading factor			. 4b		
5	Effective interest rate			5		6.04%
6	Target normal cost			6		0
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements an accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	d attachmount the e	ents, if any, is complet xperience of the plan a	te and accur and reasons	rate. Each prescribe ible expectations) ar	d assumption was applied in a such other assumptions, in
	SIGN				06/05/00	1.6
	ERE				06/27/20	10
MAD	Signature of actuary K VIDAL				Date	
MAR					1405069	
COR	Type or print name of actuary NERSTONE GENCORP				ecent enrollme 300-678-1	
	Firm name		Te	lephone	number (includ	ing area code)
	JEFFERSON BLVD.					
	TE 3001 WICK RI 02886					
	Address of the firm		-			
If the	actuary has not fully reflected any regulation or ruling promulgated under the statute in	comple	ting this schedul	e, check	the box and se	ee П

Schedule SB (Form 5500) 2015 Page 2														
Pa	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances								
7	7 Balance at beginning of prior year					(a) Carryover balance			(b) Prefunding balance					
8	-			rior year's funding requirement (line 35 from					0					
_	prior year)							0			0			
9			-									0		
10 Interest on line 9 using prior year's actual return of0.00 %							0			0				
11	11 Prior year's excess contributions to be added to prefunding balance:													
	a Present value of excess contributions (line 38a from prior year)											0		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6 . 20%										0			
	` '		•	-	nedule SB, using prior year's							0		
					ear to add to prefunding balan									
	d Porti	on of (c)	to be added to pre	efunding ba	alance						0			
12	Other re	eductions	s in balances due	to elections or deemed elections			0				0			
13	Balance	e at begii	nning of current ye	ear (line 9 +	F line 10 + line 11d – line 12))		0			0			
Р	art III	Fun	ding Percenta	ages										
14	Funding										14	129.24%		
			g target attainmen	_							15	129.24%		
16					of determining whether carr					;	16	100.73%		
17			<u> </u>		s less than 70 percent of the						17			
	art IV		tributions an		· · · · · · · · · · · · · · · · · · ·		,	Faranagar m				75		
					ear by employer(s) and emp	lovoe:								
	(a) Dat		(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount pa	id bv	(c) Amou	nt paid by		
_ `	MM-DD-YYYY) employer((s) employees (MM-DD-YYYY)				employer(s) employees						
	6/13/2	2016	1	75,000	0									
-														
												_		
						Totals ►	18(b)	17	75,000	18(c)		0		
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan with	a valuation d	late after tl	he beginning of the	year:					
	a Cont	ributions	allocated toward	unpaid min	imum required contributions	from prior y	ears		19a			0		
	b Contributions made to avoid restrictions adjusted to valuation date							19b			0			
									160,740					
20	20 Quarterly contributions and liquidity shortfalls:													
	a Did the plan have a "funding shortfall" for the prior year?													
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?								Yes No					
	C If line 20a is "Yes," see instructions and complete the following table as applicable:													
	(1) 1st				Liquidity shortfall as of end of quar (2) 2nd						(4) 4th			
	(1) 181				\ - / 4110		(3) 3rd			(4) 4th				

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21												
	a Seg	Segment rates: 1st segment: 2nd segment: 3rd segment: 4.72% 6.11% 6.8			3rd segment: 6.81%	· ·	N/A, full yield curve use					
	b App	licable month (enter code)			21b		0				
22	Weight	ted average ret	tirement age			. 22				62		
23	Mortali	ity table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te					
Pa	Part VI Miscellaneous Items											
24												
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required att.							Y	es	X No		
26												
27												
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years							
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0		
29										0		
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30				0		
Pa	Part VIII Minimum Required Contribution For Current Year											
31	31 Target normal cost and excess assets (see instructions):											
-	a Target normal cost (line 6)								0			
	b Excess assets, if applicable, but not greater than line 31a						0					
32	Amorti	zation installme	Outstanding Bala	ance	Ins	Installment						
	a Net s	shortfall amortiz	zation installment			0				0		
	b Waiver amortization installment							0				
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount											
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0		
	Carryover balance Prefunding ba					nce	Tota	l balan	се			
35			use to offset funding	0		0				0		
36	Additional cash requirement (line 34 minus line 35)					36	0					
37							160,740					
38	38 Present value of excess contributions for current year (see instructions)											
	a Total (excess, if any, of line 37 over line 36)											
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							0				
39	9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0					
40	0 Unpaid minimum required contributions for all years							0				
Pa	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 Eligil	ble plan year(s				2010		011				
42	2 Amount of acceleration adjustment											
		installment ac	43									

BARRIE SOLOWAY, M.D. DEFINED BENEFIT PLAN

Summary of Plan Provisions
Plan Year January 1, 2015 through December 31, 2015

Plan Effective Date January 1, 2001

Plan Year From January 1 to December 31

Hours Requirements Eligibility - 1,000 Benefit accrual - 1,000 Vesting - 1,000

Eligibility All employees, except as noted below, are eligible to enter on the January 1 or July 1

coincident with or following the completion of the following requirements:

1 Year of service Minimum age 21

Employees covered by a collective bargaining unit under which pension benefits were a

subject of good faith bargaining are not eligible to participate

Normal Retirement Age All participants are eligible to retire with their full retirement benefit on the later of the

following:

Attainment of age 62

Completion of 5 years of participation

Average Compensation The 3 year average salary calculated using salary during the highest 3 consecutive

years of participation where the salary for each year is limited to that year's Sec 416

limit

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit payable in the

normal form equal to the following:

20.000% of average compensation per year of participation up to 25 years

Maximum yearly benefit is 100% of the 3 year average salary calculated using salary during the highest 3 consecutive years of employment, not to exceed 210,000 per year

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on the salary and/or

service to the date of calculation, but payable at normal retirement.

BARRIE SOLOWAY, M.D. DEFINED BENEFIT PLAN

Summary of Plan Provisions
Plan Year January 1, 2015 through December 31, 2015

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Crd Yrs	Vtd%
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before age 18

Years with less than 1,000 hours

Years before the effective date of the plan

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Top Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company

This plan is currently top heavy

Top Heavy Minimum Benefit

2.0% of 5 year average compensation multiplied by years of participation during which the plan is top heavy; not to exceed 10 years and not counting years beginning prior to January 1, 2001