Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation 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

2017

This Form is Open to Public Inspection

| Part I | | t Identification Information | 1 | | • | | | | |
|--|--------------------------------------|---|---|--|--|---------------------------------------|--|--|--|
| For calenda | ar plan year 2017 or | fiscal plan year beginning 01/01/2 | 2017 | and ending 12 | 2/31/2017 | | | | |
| A This ret | urn/report is for: | x a single-employer plan | a multiple-employer plist of participating er | lan (not multiemployer) (mployer information in ac | | | | | |
| | | a one-participant plan | a foreign plan | | | | | | |
| B This retu | ırn/report is | the first return/report | the final return/report | | | | | | |
| an amended return/report a short plan year return/report (less than 12 months) | | | | | | | | | |
| C Check t | oox if filing under: | Form 5558 special extension (enter desc | automatic extension | | DFVC prog | am | | | |
| Dort II | Doois Dlan Inf | <u> </u> | · · · | | | | | | |
| Part II | | ormation—enter all requested in | ntormation | | 4 b ======= | | | | |
| 1a Name | • | NED BENEFIT PLAN | | | 1b Three-di | _ | | | |
| DARRIE SUI | LOWAT, M.D. DEFIN | NED BENEFIT PLAN | | | (PN) ▶ | 002 | | | |
| | | | | | 1c Effective | date of plan | | | |
| | | | | | | 01/01/2001 | | | |
| Mailing | address (include ro | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 | , | | 2b Employe (EIN) | r Identification Number 05-7428604 | | | |
| - | town, state or provin _OWAY, M.D. | nce, country, and ZIP or foreign pos | tal code (if foreign, see inst | ructions) | 2c Sponsor | 's telephone number | | | |
| | | | | | 2d Business | s code (see instructions) | | | |
| 218 E PARK | AVE #102 | | | | | 621111 | | | |
| PO BOX 12 LONG BEAC | H, NY 11561 | | | | | | | | |
| 3a Plan a | dministrator's name a | and address X Same as Plan Spo | nsor. | | 3b Administ | rator's EIN | | | |
| | | | | | 3c Administ | rator's telephone number | | | |
| | | | | | 30 Administ | rator 3 telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | he plan sponsor or the plan name h | | | 4b EIN | | | | |
| | an, enter the plan sp or's name | onsor's name, EIN, the plan name | and the plan number from t | ne iast return/report. | 4d PN | | | | |
| C Plan N | | | | | 4 4 110 | | | | |
| • Hallin | amo | | | | | | | | |
| 5a Total r | number of participant | s at the beginning of the plan year. | | | 5a | 1 | | | |
| b Total r | number of participant | s at the end of the plan year | | | 5b | 1 | | | |
| | | n account balances as of the end of | | | 5c | | | | |
| d(1) Tota | al number of active p | articipants at the beginning of the p | lan year | | 5d(1) | 1 | | | |
| | | participants at the end of the plan ye | | | 5d(2) | 1 | | | |
| than ' | 100% vested | o terminated employment during th | | | 5e | 0 | | | |
| Caution: A | penalty for the late | or incomplete filing of this retur | n/report will be assessed | unless reasonable cau | | | | | |
| SB or Sche | | other penalties set forth in the instru and signed by an enrolled actuary, nolete | | | | | | | |
| SIGN | | d/valid electronic signature. | 07/17/2018 | BARRIE SOLOWAY | | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | ual signing as p | olan administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of empl | loyer/plan sponsor | Date | Enter name of individ | ndividual signing as employer or plan spor | | | | |

Form 5500-SF 2017 Page **2**

| | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | |
|----------|--|-------------|--------------------------|---------|----------|---------|--------------------------|-------|
| _ | | | | | | _ | | |
| C | If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th | | | | | | | |
| | Tes is checked, enter the My PAA communation number from the | е РВСС р | remium ming for this pi | ian yea | | | (See instruction | 115.) |
| Pa | t III Financial Information | 1 | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning o | of Year | | | (b) End of Year | |
| a | Total plan assets | 7a | 240 | 01847 | | | 2478504 | |
| b | Total plan liabilities | 7b | | 0 | | | 0 | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 240 | 01847 | | | 2478504 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b) Total | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | |
| b | Other income (loss) | 8b | 7 | 76657 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 76657 | |
| 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 | | 0 | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 0 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 76657 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | |
| Par | t IV Plan Characteristics | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 1A | feature co | des from the List of Pla | an Cha | racteris | stic Co | des in the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan | n Chara | acterist | ic Cod | es in the instructions: | |
| Par | t V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| a | Was there a failure to transmit to the plan any participant contribu | tions withi | n the time period | | | | | |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | | * | 10a | | X | | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | X | | |
| 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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | | | | | X | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | X | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year-e | end.) | 10g | | Х | | |
| h | If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | he require | d notice or one of the | 10i | | | | |
| | | | | | | | | |

| Form 5500-SF 2017 Page 3 | - | 1 | 1 | | |
|--------------------------|---|---|---|--|--|
|--------------------------|---|---|---|--|--|

| Part | VI Pension Funding Compliance | | | | | | | | |
|--|--|----------|-----|--------|-------|--|--|--|--|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below) | | В | X | es 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.) | | | | | | | | |
| а | 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 | | | | | | | |
| C Enter the amount contributed by the employer to the plan for this plan year | | | | | | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A | | | | |
| Part ' | VII Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | s 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) | PN(s) | | | | |
| | | | | | | | | | |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2017 or fiscal plan year beginning

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.

01/01/2017

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

12/31/2017

and ending

| | Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this re | eport unless reasor | nable cau | se is established | d. | | |
|----|--|----------------------|------------|----------------------|---------------------|--------------------------|-----------------------------|
| | Name of plan BARRIE SOLOWAY, M.D. DEFINED BENEFIT PLAN | | | B Three-dig plan num | • |) • | 002 |
| | Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BARRIE SOLOWAY, M.D. | | | D Employer | Identific 05-742 | ation Number (E 28604 | EIN) |
| Ε. | Type of plan: X Single Multiple-A Multiple-B | F Prior year pla | an size: 🔀 | 100 or fewer | 101- | 500 More th | nan 500 |
| P | art I Basic Information | | | | _ | | |
| 1 | Enter the valuation date: Month 01 Day 0 |)1 Year <u>20</u> |)17 | | | | |
| 2 | Assets: | | | | T- | | |
| | a Market value | | | | 2a | | 2401612 |
| | b Actuarial value | | | | 2b | | 2401612 |
| 3 | Funding target/participant count breakdown | | ` ' | Number of rticipants | . , | sted Funding Target | (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 | | 2247464 | 2247464 |
| | d Total | | | 1 | | 2247464 | 2247464 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) | and (b) | | | | | |
| | a Funding target disregarding prescribed at-risk assumptions | | | | 4a | | |
| | b Funding target reflecting at-risk assumptions, but disregarding trat-risk status for fewer than five consecutive years and disregard | | | | 4b | | |
| 5 | Effective interest rate | | | | 5 | | 5.75 % |
| 6 | Target normal cost | | | | 6 | | 0 |
| | ement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my opinion, each other assumption is recombination, offer my best estimate of anticipated experience under the plan. | | | | | | |
| | SIGN HERE | | | _ | | 07/12/201 | 8 |
| | Signature of actuary | | | | | Date | |
| N | ARK VIDAL | | | _ | | 17-05069 | 9 |
| | Type or print name of actuary | | | | Most | recent enrollme | nt number |
| Т | HE HILB GROUP OF NEW ENGLAND, LLC | | | | | 800-678-17 | 700 |
| S | Firm name B1 JEFFERSON BLVD. UITE 3001 'ARWICK, RI 02886 | | | Те | lephone | number (includ | ling area code) |
| | Address of the firm | | | _ | | | |
| | actuary has not fully reflected any regulation or ruling promulgated actions | under the statute ir | completi | ng this schedule | e, check | the box and see | е |

| Page | 2 - | ľ |
|------|-----|---|
|------|-----|---|

| Pa | art II | Begir | ning of Year | Carryov | er and Prefunding B | alances | | | | | | | | |
|--|-----------------------------|------------|----------------------------------|----------------|---|---------------------|---------------------------|-----------|----------------------------|-----|---------|------------------------------|------------|--|
| _ | | | | | | _ | (a) Carryover balance (b) | | | | (b) F | refundir | ng balance | |
| 7 | | - | • | | able adjustments (line 13 fro | • | | | (| ١ | | | 0 | |
| 8 | | | • | • | nding requirement (line 35 f | | | | (|) | | | 0 | |
| 9 | Amount r | emaining | g (line 7 minus line | e 8) | | | | | (|) | | 0 | | |
| 10 | Interest o | n line 9 ı | using prior year's | actual retu | rn of% | | | | (|) | | | 0 | |
| 11 | Prior yea | r's exces | s contributions to | be added | to prefunding balance: | | | | | | | | | |
| | a Preser | nt value o | f excess contribut | tions (line 3 | 38a from prior year) | | | | | | | | 0 | |
| | | | | | a over line 38b from prior ye interest rate of5.90 | | | | | | | | 0 | |
| | ` ' | | • | • | edule SB, using prior year's | | | | | | | | 0 | |
| | | | | | ar to add to prefunding baland | | | | | | | | 0 | |
| | d Portion | of (c) to | be added to pref | unding bala | ance | | | | | | | | 0 | |
| 12 | Other red | ductions i | n balances due to | elections | or deemed elections | | | | (| , | | | 0 | |
| | | | | | line 10 + line 11d – line 12) | | 1 | | (|) | | | 0 | |
| | art III | | ding Percent | | · | | | | | I | | | | |
| | | | | | | | | | | | | 14 | 106.85% | |
| 14 Funding target attainment percentage 1 15 Adjusted funding target attainment percentage 1 | | | | | | | 15 | 106.85% | | | | | | |
| 16 | | | | | of determining whether carr | | | | | | | 16 | 121.53% | |
| 17 | | | | | less than 70 percent of the | | | | | | | 17 | % | |
| Р | art IV | Con | tributions an | d Liquid | lity Shortfalls | | | | | | | | | |
| 18 | Contribut | ions mad | | | ar by employer(s) and empl | oyees: | | | | | • | | | |
| (1) | (a) Date יMM-DD-Y | | (b) Amount p employer | | (c) Amount paid by employees | (a) (MM-D | Date D-Y | | (b) Amount pa employer(| | (c | (c) Amount paid by employees | | |
| , | | , | , , | . , | , , | | | , | 1 7 | , | | | , | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | Totals > | | 18(b) | | | 0 18(c) | | | |
| 19 | Discount | ad ample | wer contributions | _ see instr | uctions for small plan with a | | | | heginning of the v | | 0 10(0) | | (| |
| | | | | | num required contributions | | | | | 19a | | | 0 | |
| | | | | • | usted to valuation date | | | | | l9b | | | 0 | |
| | | | | | ired contribution for current ye | | | | | 19c | | | 0 | |
| 20 | | | tions and liquidity | | · | <u> </u> | | | | | | | | |
| | a Did the | e plan ha | ve a "funding sho | rtfall" for th | e prior year? | | | | | | | | Yes X No | |
| | b If line | 20a is "Y | es," were required | d quarterly | installments for the current | year made | in a t | timely ma | anner? | | | | Yes No | |
| | C If line | 20a is "Y | es," see instructio | ns and cor | mplete the following table as | applicable | <u> </u> | | | | | | | |
| | | (4) | | | Liquidity shortfall as of en | d of quarte | of th | | | | | (4) | | |
| | | (1) 1s | ι | | (2) 2nd | | | (3) | 3rd | | | (4) 4th | | |
| | | | |] | | | | | | | | | | |

| P | art V | Assumpti | ons Used to Determin | e Funding Target an | nd Target N | Iormal Cost | | | |
|----|---|------------------|--|--------------------------------|-----------------|------------------------|-----------|----------------|--------------|
| 21 | Discount | rate: | | | | | | | |
| | a Segme | ent rates: | 1st segment: 4.16% | 2nd segment: 5.72 % | | 3rd segment: 6.48 % | | N/A, full yiel | d 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) X Pres | scribed - combined | Prescribed | - separate | Substitu | ute | |
| Pa | art VI | Miscellane | ous Items | | | | | | |
| 24 | | J | de in the non-prescribed actu | • | | • | | · · · · | |
| 25 | Has a me | ethod change l | peen made for the current pla | n year? If "Yes," see instru | uctions regard | ing required attacl | nment | | Yes X No |
| 26 | Is the pla | n required to p | provide a Schedule of Active I | Participants? If "Yes," see | instructions re | garding required | attachmen | t | Yes X No |
| 27 | 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | | | | | | | | |
| P | art VII | Reconcilia | ation of Unpaid Minim | um Required Contri | butions Fo | r Prior Years | | | |
| 28 | Unpaid m | ninimum requir | ed contributions for all prior y | ears | | | 28 | | 0 |
| 29 | | | ontributions allocated toward | | | | 29 | | 0 |
| 30 | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | | | | | | | | 0 |
| Pá | Part VIII Minimum Required Contribution For Current Year | | | | | | | | |
| 31 | 31 Target normal cost and excess assets (see instructions): | | | | | | | | |
| | a Target | normal cost (li | ne 6) | | | | 31a | | 0 |
| | | | licable, but not greater than li | ne 31a | | | 31b | | 0 |
| 32 | | tion installmen | | | | Outstanding Bala | nce | Install | ment |
| | | | tion installment | | | | 0 | | 0 |
| | | | installment | | | | 0 | | 0 |
| 33 | | | proved for this plan year, ento ay Year | | | | 33 | | |
| 34 | Total fund | ding requireme | ent before reflecting carryover | /prefunding balances (line | s 31a - 31b + | 32a + 32b - 33) | . 34 | | 0 |
| | | | | Carryover balance | 9 | Prefunding balar | nce | Total ba | alance |
| 35 | | | se to offset funding | | 0 | | 0 | | 0 |
| 36 | Additiona | ıl cash require | ment (line 34 minus line 35) | | | | 36 | | 0 |
| 37 | | | toward minimum required co | | | | 37 | | 0 |
| 38 | Present v | alue of exces | s contributions for current year | r (see instructions) | | | • | | |
| | a Total (e | excess, if any, | of line 37 over line 36) | | | | 38a | | 0 |
| | b Portion | included in lir | ne 38a attributable to use of p | refunding and funding stan | dard carryove | r balances | 38b | | 0 |
| 39 | Unpaid m | ninimum requir | ed contribution for current year | ar (excess, if any, of line 36 | 6 over line 37) | | 39 | | 0 |
| 40 | Unpaid m | | red contributions for all years. | | | | 40 | | 0 |
| Pa | rt IX | Pension | Funding Relief Under | Pension Relief Act of | of 2010 (Se | e Instructions | s) | | |
| 41 | If an elec | tion was made | to use PRA 2010 funding rel | ief for this plan: | | | | | _ |
| | a Schedu | ıle elected | | | | | | 2 plus 7 years | 15 years |
| | b Eligible | plan year(s) f | or which the election in line 4 | 1a was made | | | 20 | 08 2009 20 | 10 2011 |
| 42 | Amount o | f acceleration | adjustment | | | | 42 | | |
| 43 | Excess in | stallment acce | eleration amount to be carried | over to future plan years | | | 43 | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

1210-0089

OMB Nos. 1210-0110

2017

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension ☐ DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Barrie Soloway, M.D. Defined Benefit Plan plan number 002 (PN) ▶ 1c Effective date of plan 01/01/2001 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 05-7428604 BARRIE SOLOWAY, M.D. 2c Sponsor's telephone number 218 E PARK AVE #102 2d Business code (see instructions) PO Box 12 621111 LONG BEACH 11561 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN C Plan Name 5a Total number of participants at the beginning of the plan year..... 5a 1 b Total number of participants at the end of the plan year 5_b 1 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).... 5c d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 1 d(2) Total number of active participants at the end of the plan year 5d(2) 1 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete SIGN Barrie Soloway **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date

Date

SIGN

HERE

Barrie Soloway

Enter name of individual signing as employer or plan sponsor

| | NATura di Città di Cara | .1 | (O i i i) | *************************************** | | | X Yes | П № | |
|-----|--|--------------|--------------------------|---|---------|---------|---------------------------|----------|--|
| | 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 | | • | | | | М тез | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility | and condit | ions.) | | | | | ☐ No | |
| | If you answered "No" to either line 6a or line 6b, the plan canr | not use Fo | rm 5500-SF and mus | t inste | ad use | Form | 5500. | | |
| С | 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 | ne PBGC p | remium filing for this p | lan yea | r | ······ | . (See instruc | ctions.) | |
| Pa | rt III Financial Information | ***** | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | (b) End of Year | | |
| а | Total plan assets | . 7a | | 401, | | | 2,47 | 78,504 | |
| b | Total plan liabilities | . 7b | | | 0 | | | (| |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 2, | 401, | 847 | | 2,47 | 78,504 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amour | nt | | | (b) Total | | |
| а | Contributions received or receivable from: (1) Employers | . 8a(1) | | | 0 | | | | |
| | (2) Participants | 8a(2) | | | 0 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | | |
| b | Other income (loss) | . 8b | | 76, | 657 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 7 | 76,657 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | | o | | | | |
| е | 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 | | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | 7 | 6,657 | |
| 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 | feature co | des from the List of Pl | an Cha | racteri | stic Co | odes in the instructions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare f | feature cod | es from the List of Pla | n Chara | acteris | tic Cod | les in the instructions: | | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | | |
| a | Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram) | √oluntary F | iduciary Correction | 10a | | х | | | |
| b | | t? (Do not | include transactions | 10b | | х | | | |
| С | 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 | | Х | | | |
| 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.) | | | 10e | | х | | | |
| f | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | Х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | as of year-e | end.) | 10g | | х | | | |
| | If this is an individual account plan, was there a blackout period? 2520.101-3.) | (See instru | ictions and 29 CFR | 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 | he required | notice or one of the | 10i | | | | | |

Page 2

Form 5500-SF 2017

| Form 5500-SF 2017 | Page 3 - |
|---------------------|-----------------|
| I OILL COOC OI ECIT | · age • |

| Part VI Pension Funding Compliance | | | | | | | | |
|--|------------|--------|-------|-------|----------|--|--|--|
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below) | | ıle SE | 3 | X | res 🗌 No | | | |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 1 | 1a | | 0 | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA? | section 3 | 02 of | | | ∕es ☒ No | | | |
| 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. Month Day Year | | | | | | | | |
| If 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 | 1 | 2b | | | | | | |
| C Enter the amount contributed by the employer to the plan for this plan year | 1 | 2c | | | | | | |
| 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) | 1 | 2d | | | | | | |
| e 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 | ×Ν | 0 | | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uncontrol of the PBGC? | | | | Yes X | No | | | |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | olan(s) to | | | | | | | |
| 13c(1) Name of plan(s): | 13c(2) Ell | N(s) | | 13c(3 |) PN(s) | | | |
| | | | | | | | | |
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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

2017

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2017

| File as an attachment to rolling | 3300 OF 3300-3F. | | |
|--|----------------------------|-----------------------------|--------------------------------|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 | and ending | 12/31/20 | 017 |
| Round off amounts to nearest dollar. | | | |
| Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason | nable cause is established | | |
| A Name of plan | B Three-dig | it | |
| Barrie Soloway, M.D. Defined Benefit Plan | plan numl | per (PN) | 002 |
| | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | D Employer I | dentification Number (E | EINI) |
| Than openion of hame as shown on the 2d of Form cood of cood of | D Linployer i | dentineation (dinber (E | _114) |
| Barrie Soloway, M.D. | 05-7428604 | 1 | |
| E Type of plan: X Single Multiple-A Multiple-B F Prior year pl | an size: X 100 or fewer | 101-500 More th | nan 500 |
| Part I Basic Information | | | |
| 1 Enter the valuation date: Month 01 Day 01 Year | 2017 | | |
| 2 Assets: | | | |
| a Market value | | 2a | 2,401,612 |
| b Actuarial value | ic . | 2b | 2,401,612 |
| 3 Funding target/participant count breakdown | (1) Number of | (2) Vested Funding | (3) Total Funding |
| | participants | Target | Target |
| a For retired participants and beneficiaries receiving payment | | 0 | 0 |
| b For terminated vested participants | | 0 | 0 |
| C For active participants | | 2,247,464 | 2,247,464 |
| d Total | 1 | 2,247,464 | 2,247,464 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | | | |
| a Funding target disregarding prescribed at-risk assumptions | | . 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla status for fewer than five consecutive years and disregarding loading factor | | 4b | |
| 5 Effective interest rate | | . 5 | 5.75% |
| 6 Target normal cost | | 6 | 0 |
| Statement by Enrolled Actuary | | | |
| To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements ar accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into acc | | | |
| combination, offer my best estimate of anticipated experience under the plan. | | a rodomano expectatione, am | a sacri otrici assumptions, in |
| SIGN | | | |
| HERE | | 07/12/20 | 18 |
| Signature of actuary | | Date | f". |
| MARK VIDAL | | 1705069 |) |
| Type or print name of actuary | | Most recent enrollmer | nt number |
| The HILB Group of New England, LLC | | 800-678-1 | 700 |
| Firm name | Tel | ephone number (includ | ing area code) |
| 931 Jefferson Blvd. | | | |
| Suite 3001 | | | |
| Warwick RI 02886 Address of the firm | | | |
| | | | |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute ir instructions | completing this schedule | cneck the box and see | • <u> </u> |

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

| | Schedi | ule SB (F | orm 5500) 2017 | | | Pag | e 2 - | | | | | | |
|--|--|--|----------------------------|-------------|--------------------------------|----------------|--------------|------------------------------|----------|---------|----------|---------------------|--|
| Р | art II | Begir | ning of Year | Carryov | er and Prefunding Ba | lances | | | | | | | |
| 7 | Balance at beginning of prior year aff | | | | , | | (a) C | Carryover balance | 0 | (b) F | refundi | ng balance 0 | |
| 8 | , | Portion elected for use to offset prior year's funding requirement (line 35 from prior | | | | | | | | | | | |
| | | ear) | | | | | | | | | | 0 | |
| 9 | | ount remaining (line 7 minus line 8) | | | | | | | | 0 | | | |
| <u>10</u> 11 | Interest on line 9 using prior year's actual return of | | | | | | | | | | | | |
| ••• | | | | | | | | | | | 0 | | |
| | a Present value of excess contributions (line 38a from prior year) | | | | | | | | | | | | |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual | | | | | | | | | | | | |
| | return C Total available at beginning of current plan year to add to prefunding balance | | | | | | | | | | 0 | | |
| | d Portion of (c) to be added to prefunding balance | | | | | | | | | | 0 | | |
| 12 | | | | | or deemed elections | | | | 0 | 0 | | | |
| | | | | | line 10 + line 11d – line 12) | | | | 0 | 0 | | | |
| | Part III | | ding Percenta | | | 1 | | | | | | | |
| | | _ | | • | | | | | | | 14 | 106.85% | |
| | | | | | e | | | | | | 15 | 106.85% | |
| 16 | Prior yea | r's fundir | g percentage for p | ourposes | of determining whether carryo | over/prefundi | ng balance | es may be used to | educe cu | | 16 | 121.53% | |
| 17 | If the cur | rent valu | e of the assets of | he plan is | less than 70 percent of the f | unding target | , enter suc | ch percentage | | | 17 | % | |
| F | art IV | Con | tributions and | d Liquic | lity Shortfalls | | | | | | | | |
| 18 | | | | | ar by employer(s) and emplo | | | T | | | | | |
| (1 | (a) Date MM-DD-Y | | (b) Amount pa employer(| | | | | (b) Amount pai employer(s | | (c | | nt paid by oyees | |
| | (WWW 25 1111) Simpleyor | | | | . , | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | Totals ▶ | 18(b) | | 0 | 18(c) | | 0 | |
| 19 | Discount | ed emplo | over contributions - | - see insti | ructions for small plan with a | valuation date | e after the | beginning of the ve | ear: | | | | |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years | | | | | | | | | | | 0 | | |
| b Contributions made to avoid restrictions adjusted to valuation date | | | | | | | | | 9b | 0 | | | |
| | C Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | | | | | | | | | | 0 | |
| 20 Quarterly contributions and liquidity shortfalls: | | | | | | | | | | | | | |
| a Did the plan have a "funding shortfall" for the prior year? | | | | | | | | | | | Yes X No | | |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | | | | | | | | Yes No | | | | |
| | C If line 2 | 20a is "Y | es," see instruction | ns and co | mplete the following table as | | | | | | | | |
| Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd | | | | | | | | (A) A+L | <u> </u> | | | | |
| (1) 181 | | | | | (Z) ZIIU | | (3) 3rd | | | (4) 4th | | | |
| | | | | | | | | | 1 | | | | |

| F | art V | Assumpti | ons Used to Determin | e Funding Target an | d Target N | ormal Cost | | | | | |
|--|--|--|--|---|-----------------|-----------------------|----------|----------------------------|----------|--|--|
| 21 | Discount | rate: | | | | | | | | | |
| | a Segment rates: | | 1st segment: 4 . 16 % | 2nd segment: 5.72 % | | 3rd segment: 6.48% | | N/A, full yield curve used | | | |
| | b Applica | able month (er | nter code) | 21b | | 0 | | | | | |
| 22 | Weighted | d average retir | ement age | 22 | | 62 | | | | | |
| 23 | Mortality | table(s) (see | instructions) X Pres | scribed - combined | Prescribed - | - separate | Substitu | ite | | | |
| Pa | art VI | t VI Miscellaneous Items | | | | | | | | | |
| 24 | | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | | | | | | | | | |
| 25 | Has a me | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment | | | | | | | | | |
| 26 | Is the pla | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment | | | | | | | | | |
| 27 | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | | | | | | | | | | |
| P | art VII | Reconcili | ation of Unpaid Minim | um Required Contril | butions Fo | r Prior Years | | | | | |
| 28 | Unpaid m | ninimum requir | red contributions for all prior y | ears | | | 28 | | 0 | | |
| 29 | | | ontributions allocated toward | | 29 | | 0 | | | | |
| 30 | Remainir | ng amount of u | inpaid minimum required cont | ributions (line 28 minus line | e 29) | | 30 | | 0 | | |
| Pa | art VIII | Minimum | Required Contribution | n For Current Year | | | | | | | |
| 31 | Target n | ormal cost and | d excess assets (see instruction | ons): | | | | | | | |
| | a Target normal cost (line 6) | | | | | | | | 0 | | |
| | b Excess | assets, if app | olicable, but not greater than li | ne 31a | | | 31b | | 0 | | |
| 32 | Amortiza | tion installmen | its: | Outstanding Ba | | | nce | Installme | nt | | |
| | a Net shortfall amortization installment | | | | | | | | 0 | | |
| | | b Waiver amortization installment | | | | | | | 0 | | |
| 33 | If a waive (Month _ | | proved for this plan year, ente ay Year | er the date of the ruling letto) and the waived amo | | | 33 | | | | |
| 34 | Total fun | ding requireme | ent before reflecting carryover | prefunding balances (lines | s 31a - 31b + 3 | 2a + 32b - 33) | 34 | | 0 | | |
| | | | | Carryover balance | | Prefunding balar | ice | Total balar | nce | | |
| 35 | | | se to offset funding | | 0 | | 0 | | 0 | | |
| 36 | Additiona | al cash require | ment (line 34 minus line 35) | | | | 36 | | 0 | | |
| 37 | | | | | | | | | 0 | | |
| 38 | Present v | alue of exces | s contributions for current yea | r (see instructions) | | | | | | | |
| | a Total (e | excess, if any, | 38a | | 0 | | | | | | |
| | b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | | | | | 0 | | |
| 39 | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | | | | | 0 | | |
| | 40 Unpaid minimum required contributions for all years | | | | | | | | 0 | | |
| Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) | | | | | | | | | | | |
| 41 | 41 If an election was made to use PRA 2010 funding relief for this plan: | | | | | | | | | | |
| | a Schedu | ule elected | | | | | | 2 plus 7 years | 15 years | | |
| | b Eligible | plan year(s) f | for which the election in line 4 | 1a was made | | <u>-</u> | 200 | 08 2009 2010 | 2011 | | |
| 42 | Amount c | of acceleration | adjustment | | | | 42 | | | | |
| 43 | Excess in | stallment acce | eleration amount to be carried | over to future plan years | | | 43 | | | | |