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	Annual Report	: Identification Information										
For calendar	r plan year 2017 or f	iscal plan year beginning 01/01/2	2018	and ending 1	0/30/2018							
A This retu	rn/report is for:	X a single-employer plan			r) (Filers checking this box must attach a accordance with the form instructions.)							
		a one-participant plan	a foreign plan									
B This retur	n/report is	the first return/report	x the final return/report	t								
		an amended return/report	X a short plan year retu	urn/report (less than 12 m	nonths)							
C Check bo	ox if filing under:	Form 5558	automatic extension	ı	DFVC program							
		special extension (enter desc	' /									
Part II	Basic Plan Info	ormation—enter all requested in	formation		1	<u>, </u>						
1a Name of CREATED FR	•	WAY, M.D. DEFINED BENEFIT P	LAN		1b Three-dig plan numl (PN) ▶							
					1c Effective	date of plan 01/01/2001						
		oyer, if for a single-employer plan)) Royl			Identification Number						
City or to	own, state or provinc	ce, country, and ZIP or foreign pos	,	structions)	(EIN) 05-7428604 2c Sponsor's telephone number							
BARRIE SOLO	OWAY, M.D.				212-758-3838							
218 E PARK <i>A</i>	AVE #102				2d Business code (see instructions)							
PO BOX 12 LONG BEACH, NY 11561						621111						
3a Plan administrator's name and address X Same as Plan Sponsor.				3b Administrator's EIN								
					3c Administra	ator's telephone number						
		e plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN							
a Sponso		shoot o hame, Env, the plan hame t	and the plan namber nom	the last retain, report.	4d PN							
C Plan Na	ame											
5a Total nu	umber of participants	s at the beginning of the plan year.			5a	1						
		s at the end of the plan year			. 5b	0						
		account balances as of the end of			5c							
•	•	articipants at the beginning of the p			5d(1)	1						
		articipants at the end of the plan ye			5d(2)	0						
than 10	00% vested	o terminated employment during th			5e	0						
		or incomplete filing of this retur ther penalties set forth in the instru										
SB or Sched	dule MB completed a	and signed by an enrolled actuary,										
	ue, correct, and com Filed with authorized	npiete. d/valid electronic signature.	12/19/2018	BARRIE SOLOWAY								
HERE	Signature of plan		Date	Enter name of individ	lual signing as pl	an administrator						
SIGN												
HERE	Signature of emple	over/plan sponsor	r/nlan sponsor Date Enter name of individ									

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_	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	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes North If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year		
а	Total plan assets	. 7a	247	78504			0		
b	Total plan liabilities	. 7b		0			0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	247	78504			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
a	Contributions received or receivable from: (1) Employers	. 8a(1)		0					
	(2) Participants	. 8a(2)		0					
	(3) Others (including rollovers)	. 8a(3)		0					
<u>b</u>	Other income (loss)	. 8b		22019					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					22019		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	250	00523					
	Certain deemed and/or corrective distributions (see instructions)	8e		0					
	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses		0						
	g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h						2500523		
	i Net income (loss) (subtract line 8h from line 8c)						-2478504		
j	Transfers to (from) the plan (see instructions)	- 8j		0					
Par	Part 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	racteris	stic Co	odes in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
b	Program)	t? (Do not	include transactions	10a 10b		X			
						Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10c		X			
е	 by fraud or dishonesty? 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.) 								
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X			
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	d notice or one of the	10i						

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Part '	/I 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)	edule S	B 	Yes	No X
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of	f 	Yes	x No
а	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.			of the letter ru Year	uling
lf y	ou 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 \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	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) P	N(s)

Form 5500-SF

Department of the Treasury hibraria Herman Beisten

Engages Bassin Bassin Administration Penning Bereill Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2017

Ol/8 lios. 1210-0110 1210-023

This Form is Open to Public Inspection

Complete all entries in secondary								iblic inspection				
Part 1 Annual Report Identification Information												
For calendar plan year 2017 or fiscal plan year baginning 01/01/2018 and anding							36/964					
A 11sie	retum/report is for:	X	a single-employer plan	a multiple-employ	or plan (not multiproclass							
			a one-participant plan	list of participatin n foreign plan	g omployer Information is	or) (Filors checking this box must attach a In accordance with the form instructions.)						
D (Mg)	el trogerymile		the first return/report	X the final return/rep	ort							
			an amended return/report		eturn/report (less than 12							
C Che	k box if filing under:	П	Form 5558			: monins)						
		Н	· ·	nutomntic extensi	on	DFVC program						
Part I	Basic Plan Info	Ш	special extension (enter descri	ption)								
	te of plan	1111	ation—enter all requested info	ormation			···					
		-01	Ottoba and The Control of the Contro			1b Three						
	a TION DAKKIE	501	LOWAY, M.D. DEFINED	BENEFIT PLAN		plan r (PN)	number	002				
					ı	1c Effect						
2a Plan	sixuisor's name female		If for a single-employer plan)				/2001	r pran				
City	or lown, state or province	11, 8 8. C	pt., suite no. and street, or P.O. country, and ZIP or foreign postal	Box)			yer Identi 05-742	fication Number				
BARRI	E SOLOWAY, M.D.			, adda (ii lololgii, 860 li	istructions)	2c Spons	or's telep	hone number				
218 E	PARK AVE #102					212-758-3838						
PO Bo:	R 12					2d Business code (see instructions) 621111						
LONG I	BEACH	1	NY 11561			02111						
3a Plan	3a Plan administrator's name and address Same as Plan Sponsor.											
as rian sponsor.						3b Administrator's EIN						
						3c Administrator's telephone number						
						S telephone number						
4 If the	name and/or EIN of the	plar	n sponsor or the plan name has	changed clare the to-								
this	plan, enter the plan spon	sor'	s name, EIN, the plan name and	the plan number from	return/report filed for	4b EIN						
C Plan					по постологорога	4d PN						
5a Total	number of participants a	t the	beginning of the plan year									
b Total	number of participants a	t the	e end of the plan year	*******************************	***************************************	5a		1				
						5b		0				
	,		***************************************		1	5c						
d(2) To	lal number of active parti	cipa	ints at the beginning of the plan y	year	·····	5d(1)		1				
Q Num	ber of participants who te	mi	ints at the end of the plan year	***************************************		5d(2)		0				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				enefits that were less	5e							
Under pen	spenalty for the late or	inc	omplete filing of this return/rep	port will be assessed	uniess reasonable cau	se is establish	ed.	0				
SB or Scho bellef, it is	edulo MB completed and true correct, and comple	sigr	nalties set forth in the Instruction and by an enrolled actuary, as we	is, i declare that I have ell as the electronic ver	examined this return/report, rsion of this return/report,	ort, including, i and to the bes	applicab t of my kn	le, a Schedule				
SIGN HERE	1 Cu	7	1	12/19/18	Barrie Soloway		-	4				
nene	Signature of plan adm	inis	strator	Date		-1 -1 - 1						
SIGN HERE					Enter name of individua	ar signing as pl	an admini	strator				
	Signature of employer	/pla	n sponsor	Date	Enter name of Individua	al ataut						
LOLLS beLMO	ra reduction Act Notice, s	ee ti	he Instructions for Form 5500-SF.			ıı sıgnıng as er	nployer or	plan sponsor				

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6a Were all of the plan's assets during the plan year invested in b Are you claiming a waiver of the annual examination and required 29 CFR 2520.104-46? (See instructions on waiver eligible 19 CFR 2520.104-46?)	oort of an indepen gibility and conditi	dent qualified public	account	ant (IC	(PA)	X Yes ∏ No		
If you answered "No" to either line 6a or line 6b, the plan	n cannot use For	m 5500-SF and mus	st instea	ad use	Form 55	00.		
C If the plan is a defined benefit plan, is it covered under the P If "Yes" is checked, enter the My PAA confirmation number to								
		emium ming for mis p	лап уеа	IT		(See instructions.)		
Part III Financial Information	NACTOR AND							
7 Plan Assets and Liabilities	(a) Beginning of Year					(b) End of Year		
a Total plan assets		2 ,	478,	504				
b Total plan liabilities				0	*****			
C Net plan assets (subtract line 7b from line 7a)	7c	2,	478,	504				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt			(b) Total		
Contributions received or receivable from: (1) Employers	8a(1)			ol				
(2) Participants	—— 			o				
(3) Others (including rollovers)				o				
b Other income (loss)			22,	019				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		22,03				22,0		
	enefits paid (including direct rollovers and insurance premiums							
e Certain deemed and/or corrective distributions (see instruction	n deemed and/or corrective distributions (see instructions) 8e 0							
f Administrative service providers (salaries, fees, commissions	s) 8f		****************	0				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2,500,52		
i Net income (loss) (subtract line 8h from line 8c)						-2,478,50		
j Transfers to (from) the plan (see instructions)	8i			0		· · ·		
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pe	ension feature cod	les from the List of P	lan Cha	racteri	stic Codes	s in the instructions:		
b If the plan provides welfare benefits, enter the applicable we	elfare feature code	s from the List of Pla	ın Chara	acterist	ic Codes	in the instructions:		
Part V Compliance Questions								
10 During the plan year:				Yes	No	Amount		
Was there a failure to transmit to the plan any participant or described in 29 CFR 2510.3-102? (See instructions and D Program)	OL's Voluntary Fig	duciary Correction	10a		х			
b Were there any nonexempt transactions with any party-in-in reported on line 10a.)	nterest? (Do not ir	clude transactions	10b		х			
C Was the plan covered by a fidelity bond?			10c		х			
e Were any fees or commissions paid to any brokers, agents carrier, insurance service, or other organization that provide the plan? (See instructions.)	es some or all of the	ne benefits under	10e		х			
f Has the plan failed to provide any benefit when due under t			10f		х			

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 х

Х

10f

10g

10h

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Part VI Pension Funding Compliance	

Part	VI Pension Funding Compliance					***************************************		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)	plete Sch	nedule S	В	Ye	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 ERISA?	or section	n 302 o	f	Ye	s X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			***				
***************************************	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year							
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year		12b					
С	Enter the amount contributed by the employer to the plan for this plan year		12c					
d		12d						
<u>e</u>	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No	N/A		
Part '	VII Plan Terminations and Transfers of Assets							
13a	13a Has a resolution to terminate the plan been adopted in any plan year?				☐ No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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 the which assets or liabilities were transferred. (See instructions.)) to					
1	13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)		
Para-441-11-11-11-11-11-11-11-11-11-11-11-11								
PARIST								
								