# 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information			
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 12	2/31/2015	
A This ret	urn/report is for:	a single-employer plan  a one-participant plan		` •	
<b>B</b> This retu	rn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)	
		<u> </u>	· ,	DFVC	program
Part II	Basic Plan Info	rmation—enter all requested in	formation	1	
		FINED BENEFIT RETIREMENT	PLAN	plan numbe (PN) ▶	er 001
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/21/2015  A This return/report is for:  a one-participant plan   a multiple-employer plan (not multiperployer) (Fillers checking this box must attach a list of participating employer information in accordance with the form instructions)  B This return/report is   the first return/report   the final					
For calendar plan year 2015 or liscal plan year beginning 0101/2015 and ending 12/31/2015  A This return/report is for:  a one-participant plan bits of participanting pla					
•		e, country, and zir or loreign pos	tal code (il loreign, see instructions)		
				2d Business o	,
3a Plan ad	dministrator's name an	nd address Same as Plan Spon	sor.	<b>3b</b> Administrat	or's EIN
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  MILLIAM WOLFSON, DMD, PC  2c Sponsor's telephone number 914-837-8090  2d Business code (see instruction 621210  3a Plan administrator's name and address Same as Plan Sponsor.  MILLIAM WOLFSON, DMD, PC  361 PURCHASE ST RYE, NY 10580  3b Administrator's EIN 13-3025780  3c Administrator's telephone number 13-3025780  3c Administrator's telephone number 13-3025780					
WIZZIJ WW WO	2. 0011, 2.112, 1.0			3c Administrat	or's telephone number
				9.	14-837-8090
			the last return/report filed for this plan, enter the	4b EIN	
<b>a</b> Sponso	or's name			4c PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year.		5a	33
<b>b</b> Total r	number of participants	at the end of the plan year		5b	29
A This return/report is for:    a one-participant plan   a foreign plan   a foreign plan     B This return/report is   the first return/report   the first return/report   a short plan year return/report (less than 12 months)   C Check box if filing under:   Form 5558   automatic extension   DFVC program		0			
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the p	lan year	5d(1)	21
<b>d(2)</b> Tota	al number of active pa	rticipants at the end of the plan ye	ar	5d(2)	15
than 1	100% vested				
Caution: A	penalty for the late of	or incomplete filing of this retur	n/report will be assessed unless reasonable cau		
I Indor none	UTIDE OF NOTILITY and Offi	nar nanaltiae eat torth in tha inetru	CTIONS I declare that I have examined this refurn/rei	nort including if a	inniicania a Schadiila

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.	
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istrator
r plan sponsor
mber
1

Form 5500-SF 2015		Page 2						
<b>b</b> Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibi	t of an independe lity and condition	ent qualified public a	ccount	ant (IQ	PA)			
						_	Ino П	Not determined
	ou.uoo p.o.	g.a (555 <u>1</u> 1.1 <b>5</b> 7 150		0=1)1	Ц		]	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form \$590-\$F and must instead use Form \$590.  If you answered "No" to either line 6a or line 6b, the plan cannot use Form \$590-\$F and must instead use Form \$590.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
	72	(a) Degiiiiiii					(b) Liid C	
· · · · · · · · · · · · · · · · · · ·								
B. Were all of the plan's sesses during the plan year invested in eligible assets? (See instructions on New Yor claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CER (2520 104-46 2) (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6 a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		1425051						
Ba Were all of the plan's asserts during the plan year invested in eligible assets? (See instructions on July 24 or Starting a walver of the annual examination and report of an independent qualified public accountant (IQPA)   Yes   Y		 otal						
a Contributions received or receivable from:	8a(1)	(-)		0000				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
<b>b</b> Other income (loss)	8b		-43	821				
								156179
			5	496				
				0				
· ·				0				
				0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5496
i Net income (loss) (subtract line 8h from line 8c)	8i							150683
j Transfers to (from) the plan (see instructions)	····· 8j			0				
Part IV Plan Characteristics								
Part V Compliance Questions	re feature codes	from the List of Pla	n Chara					
	ributions within t	ne time period		103	140	IVA		Amount
described in 29 CFR 2510.3-102? (See instructions and DOL	's Voluntary Fidu	uciary Correction	10a		X			
			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				15000
· · · · · · · · · · · · · · · · · · ·	•		10d		X			
carrier, insurance service, or other organization that provides	some or all of the	benefits under	100	X				844
_				1	· ·			044
	·							
			10g		^			
·	•		10h		X			
·			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 requi 5500) and line 11a below)	,			•		•		X Yes N
11a Enter the unpaid minimum required contribution for all years fr	om Schedule SE	3 (Form 5500) line 4	0	<u></u>		11a		
12 Is this a defined contribution plan subject to the minimum func	dina requirement	s of section 412 of t	he Cod	e or se	ction :	302 of FF	RISA?	Yes X N

	F	orm 5500-SF 2015 Page <b>3</b> - 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		a 11 0
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		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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachment to For	m 5500 or 55	00-SF.								
For	calendar plan year 2015 or fiscal plan year beginning 01/01/2015		and endir	ng 12/3	1/2015						
<b>▶</b> F	Round off amounts to nearest dollar.										
<b>)</b> (	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	asonable caus	e is establishe	ed.							
		E	3 Three-dig	it							
WIL	LIAM WOLFSON DMD PC DEFINED BENEFIT RETIREMENT PLAN		plan num	ber (PN)	•	001					
<b>C</b> D		-	<b>\</b>	-l t:f: t	iana Niverala an /F	-1A1\					
	·	-	Employer			:IIN)					
VVIL	ELMI WOLL GON, DIND, I G			13-3025	0700						
Ετ	roe of plan: X Single	nlan size. 🗓	100 or fewer	101-50	00 D More th	an 500					
_		piair size. A	100 of fewer		JO   IVIOIO II	LIT 000					
		- 201 <i>E</i>									
		2015									
2				22		107/1269					
				_							
				- 1							
	<b>a</b> For retired participants and beneficiaries receiving payment		. 0		0	60441					
Round off amounts to nearest dollar.   Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established.											
	·				608600						
_					000090	761232					
4	Round off amounts to nearest dollar.   Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established.   A Name of plan   A Name of plan										
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.   A Name of plan   WILLIAM WOLFSON DIMP C DEFINED BENEFIT RETIREMENT PLAN   B Three-digit plan number (PN)											
				4b							
5	·					6.36%					
6	Target normal cost			6		23190					
State	ement by Enrolled Actuary			ı							
		o account the expe	morroo or ano pian	and redeeme	ыс опростаното, с	and oden earler decampaerie, in					
S	IGN										
Н	ERE				01/01/20	016					
	Signature of actuary		·		Date						
CRA	IG A. MILLER, PRESIDENT				14-027	28					
	Type or print name of actuary			Most re	ecent enrollme	ent number					
WES	TMINSTER U.S.A., LTD.				914-697	<b>'-5000</b>					
	Firm name		Te	elephone	number (inclu	ding area code)					
						-					
	Address of the firm										
	Address of the little										

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Page	2	_
ı ayc	_	

Pa	ırt II	Begin	ning of Year	Carryov	er and Prefunding B	alances							
							(a) (	Carryover balance		(b) F	Prefundi	ng balance	
7		Ū	0 , ,		cable adjustments (line 13 f				0			527193	
8	Portion	elected f	or use to offset pr	ior year's f	unding requirement (line 35	from							
									0			0	
9									0			527193	
10					urn of1.85%				0			9753	
11	-				d to prefunding balance:				-			400050	
				`	38a from prior year)							106058	
	<b>b(1)</b> 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 6.55%												
	٠,		•	•	nedule SB, using prior year's							6947	
					ear to add to prefunding balar							113005	
	<b>d</b> Porti	on of (c)	to be added to pre				113005						
12	Other r	aductions	s in halances due t	to elections	s or deemed elections				0			0	
					F line 10 + line 11d – line 12				0			649951	
	art III		ding Percenta	,	TIMO TO TIMO TTO TIMO TZ	.,,			U			049931	
				_						I	14	82.02 %	
			15	100.00 %									
	Adjusted funding target attainment percentage  Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce												
	current	year's fu	nding requirement	t	-						16	84.58 %	
17	If the c	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%	
P	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18			•	<del></del>	ear by employer(s) and em					1			
(N	<b>(a)</b> Dat IM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees		Date D-YYYY)	( <b>b)</b> Amount pa employer(		(0		nt paid by ovees	
	3/04/201		- 1 - 3 - 1	200000	0	·	,	- P - 37 - (	/		- 1	- ,	
				200000									
						Totals ▶	18(b)		200000	18(c)		0	
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after th	ne beginning of the	e year:				
	<b>a</b> Cont	ributions	allocated toward u	unpaid min	imum required contributions	s from prior	years		19a			0	
	<b>b</b> Cont	ributions	made to avoid res	trictions ac	djusted to valuation date				19b			0	
	<b>C</b> Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	year adjuste	d to valuation	n date	19c			178903	
20	Quarte	rly contrib	outions and liquidit	y shortfalls	3:								
	<b>a</b> Did t	he plan h	ave a "funding sh	ortfall" for t	the prior year?							Yes X No	
	<b>b</b> If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made	in a timely	manner?		<u></u>		Yes No	
	C If line	e 20a is "	Yes," see instructi	ons and co	emplete the following table a	as applicabl	e:						
		(4)			Liquidity shortfall as of e	end of quarte					(4)		
		(1) 15			(2) 2nd		(3)	3rd			(4) 4th		
			0		0			0				0	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21	Discou	unt rate:										
	<b>a</b> Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment 6.81 %		N/A, full yi	eld curv	e used			
	a Segment rates:    1st segment:   4.72 %   6.11 %   6.11 %   6.   b Applicable month (enter code)			21b			0					
22	Weigh	ted average ret	tirement age			. 22			65			
23	Mortal	ity table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te					
Pa	rt VI	Miscellane	ous Items									
24		-						red Yes	X No			
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No			
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No			
27		•	•	• •	tions regarding	27						
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years							
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28			0			
29				29			0					
30	Remai	ining amount of	funpaid minimum required cor	. 30			0					
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year								
31	Targe	t normal cost a	nd excess assets (see instruct	ions):								
	<b>a</b> Targ	et normal cost	(line 6)			31a			23190			
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b			0			
32	Amorti	ization installme	ents:		Outstanding Bala	ance	Insta	llment				
	<b>a</b> Net	shortfall amortiz	zation installment			96381	47208					
	<b>b</b> Wai	ver amortization	n installment			0			0			
33				0 0	0	33						
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	70398					
				Carryover balance	Prefunding bala	nce	Total I	palance				
35			· ·	0		0			0			
36	Additio	onal cash requir	rement (line 34 minus line 35)			36			70398			
37			•	-		37			178903			
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)								
	<b>a</b> Tota	ıl (excess, if any	y, of line 37 over line 36)			. 38a			108505			
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	. 38b			0			
39	Unpaid	d minimum requ	. 39			0						
40	Unpaid	d minimum requ	uired contributions for all years	S		40			0			
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)						
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:								
	<b>a</b> Sche	edule elected				Г	2 plus 7 years	15	years			
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made				010	2011			
42			•			42	<u> </u>					
				d over to future plan years		43						

# Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	15,466	01/01/2009	1	15,466
Shortfall Base	21,618	01/01/2010	2	11,058
Shortfall Base	59,297	01/01/2011	3	20,684
Total	96,381			47,208

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780 Plan Number: 001

Plan Effective Date January 1, 2009

Plan Anniversary Date January 1, 2015

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12 Minimum hours worked: 1,000

Plan Entry Date 01/01 or 07/01 coincident with or following the satisfaction of the requirements

Normal Retirement Date First day of the month coincident with or following age 65

Not to exceed the later of age 65 and 5 years of participation

Normal Form of Benefit Single Life Annuity

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

Normal Retirement Benefit Benefit Formula:

1.95% per year of service times compensation plus 0.65% per year of service

times compensation in excess of the integration level:

Table: II - Maximum: \$118500 - Year: 2015

Maximum total years of service: 25 Maximum years of past service: 5

IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan participation

up to 10 (actuarially adjusted for benefit form)

Compensation Definition Highest consecutive 3 year average salary over all participation

Annual salary up to \$265,000 considered

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

Benefit Amount 100% present value of accrued benefit

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)
Computation Period: Employment Years

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Pro-rated on participation

Participation includes up to 5 years of employment service

Maximum number of years of past credited benefit accrual service is 5

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

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780 Plan Number: 001

## Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

4.72% First Segment: Second Segment: 6.11% Third Segment: 6.81%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.22% Second Segment: 4.11% Third Segment: 5.2%

**PBGC Segmented Rates** 

First Segment: 1.48% Second Segment: 3.77% Third Segment: 4.79%

**Pre-Retirement Valuation Assumptions** 

**Retirement Valuation Assumptions** 

Mortality Table 2015 430(h)(3)(A)-Optional combined

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table None

IRC417(e)(3) Retirement Mortality

Mortality Table 2015 417(e)(3) Applicable Mortality Table

**Optional Forms Assumption** 

0% of participants will elect the Plan Normal Form

100% of participants will elect a Lump Sum (single payment)

Retirement Actuarial Equivalence Assumptions

1st Segment Rate: 1.48% Effective annual rate 2nd Segment Rate: 3.77% Effective annual rate 3rd Segment Rate: 4.79% Effective annual rate

Mortality Table 2015 417(e)(3) Applicable Mortality Table

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780 Plan Number: 001

# Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

**Investment Earnings** 5% Effective annual rate

Mortality Table 2015 417(e)(3) Applicable Mortality Table

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

**Investment Earnings** 5% Effective annual rate

# William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

		Pre-Retireme	nt Withdrawal		Salary
Age	Mortality	Disability	Turnover	AII	Projection
20	0.000%	0.000%	0.000%	0.000%	0.000%
25	0.000%	0.000%	0.000%	0.000%	0.000%
30	0.000%	0.000%	0.000%	0.000%	0.000%
35	0.000%	0.000%	0.000%	0.000%	0.000%
40	0.000%	0.000%	0.000%	0.000%	0.000%
45	0.000%	0.000%	0.000%	0.000%	0.000%
50	0.000%	0.000%	0.000%	0.000%	0.000%
55	0.000%	0.000%	0.000%	0.000%	0.000%
60	0.000%	0.000%	0.000%	0.000%	0.000%
65	0.000%	0.000%	0.000%	0.000%	0.000%
70	0.000%	0.000%	0.000%	0.000%	0.000%

# Schedule SB, line 26 - Schedule of Active Participant Data

# Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780 Plan Number: 001

	Years of Credited Service																			
		< 1	•	1 - 4	5 - 9		10 - 14		1	15 - 19		20 - 24		25 - 29		30 - 34		5 - 39	40+	
		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.	#	Comp.
<25			2		2															
25-29			4		1															
30-34			3		1															
35-39			2																	
40-44			1		2															
45-49			1																	
50-54																				
55-59					1															
60-64																				
65-69	İ						1													
70+																				

Age is attained age as of the valuation date.

# indicates the number of active participants in an age and service category.

Active employees include employees who are active and deferring retirement.

# 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

2015

This Form is Open to Public Inspection

	t Identification Information			
For calendar plan year 2015 or	fiscal plan year beginning	1/1/2015 and ending	12/31/20	15
A COMPANY IN THE STREET	🖊 a single-employer plan	a multiple-employer plan (not multiemployer)		
A This return/report is for:	a one-participant plan	list of participating employer information in a	eccordance with the	form instructions)
	a one-participant plan	a foreign plan		
<b>-</b>				
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 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension	□ DEVC	program
O <sub>i</sub>	- F		Пыло	program
	special extension (enter desc	NO. 1 COMPANY 2		
	ormation—enter all requested in	nformation		
1a Name of plan			1b Three-digit plan number	<b>.</b>
William Wolfson DMI	PC Defined Benefit Retirer	nent Plan	(PN)	1 001
			1c Effective da	ate of plan
				/1/2009
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)		2b Employer in	dentification Number
Mailing address (include ro	om, apt., suite no. and street, or P.0		(EIN)	13-3025780
		tal code (if foreign, see instructions)	2c Sponsor's	elephone number
William Wolfson, DMD,	PC			4-837-8090
361 Purchase St			2d Business co	ode (see instructions)
Rye	NY			621210
10580				
3a Plan administrator's name a William Wolfson, DMD, PC	and address ∐Same as Plan Spon	sor.	3b Administrat	or's EIN 3025780
vviiilatti vvoiisott, Divid, PC			227	The state of the s
361 Purchase St			3C Administrati	or's telephone number
			914	-837-8090
Rye	NY			007 0000
10580				
	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name	inber from the last return/report.		4c PN	
		CONTROL CONTRO		33
72 American March 1980 World 197				29
			5b	
		the plan year (defined benefit plans do not	5c	0
		lan year	5d(1)	21
		ar	5d(2)	15
		e plan year with accrued benefits that were less	5e	2
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed unless reasonable ca	use is established	
Under penalties of perjury and o	ther penalties set forth in the instru-	ctions, I declare that I have examined this return/re	port, including, if a	oplicable, a Schedule
SB or Schedule MB completed a belief, it is true, correct, and com	and signed by an enrolled actuary, a	as well as the electronic version of this return/repor	t, and to the best o	f my knowledge and
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ipiete.	0/10/11/11/11	10, 6 1	
SIGN X WWW		9/20/16 WILLIAM U		
Signature of plan-	administrator	Date Enter name of individ		administrator
SIGN X		9 120116 WILLIAM	WOLFON	
HERE Signature of empl	oyer/plan sponsor	Date Enter name of individ	ual signing as emp	lover or plan sponsor
Preparer's name (including firm	name, if applicable) and address (ir	nclude room or suite number )	Preparer's teleph	
		~		
				1
•				
		8		

Form 5500-SF 2015		Page <b>2</b>						
6a Were all of the plan's assets during the plan year invester b Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either line 6a or line 6b, the p	report of an independ eligibility and condition lan cannot use Form	ent qualified public acns.) 1 5500-SF and must	ccount  instea	ant (IC	PA) Form	 1 5500.		No No
C If the plan is a defined benefit plan, is it covered under the	PBGC insurance pro	gram (see ERISA sec	ction 4	021)?	<u>V</u>	Yes	No Not determ	ined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
a Total plan assets			12	7436			14250	
<b>b</b> Total plan liabilities			4.0	7.400	0		4.4050	0
C Net plan assets (subtract line 7b from line 7a)	7с			7436	8		14250	51
Income, Expenses, and Transfers for this Plan Year     Contributions received or receivable from:		(a) Amour	nt		+		(b) Total	
(1) Employers	8a(1)		2	20000	00			
(2) Participants	8a(2)				0			
(3) Others (including rollovers)	8a(3)				0			
<b>b</b> Other income (loss)	8b		_	4382	1		· · · · · · · · · · · · · · · · · · ·	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<del> </del>						15617	79
Benefits paid (including direct rollovers and insurance prei to provide benefits)	1 1			549	اء			
e Certain deemed and/or corrective distributions (see instru				***************************************	<del>ŏl -</del>			
f Administrative service providers (salaries, fees, commission					0			
g Other expenses	·				0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)							549	<del>96</del>
i Net income (loss) (subtract line 8h from line 8c)					1		15068	33
j Transfers to (from) the plan (see instructions)	8j			(	5		-	
Part IV Plan Characteristics		4 <sup>-1</sup> 4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4						
9a If the plan provides pension benefits, enter the applicable	pension feature code	s from the List of Plan	n Chai	racteri	stic Co	odes in	the instructions:	
1A								
B If the plan provides welfare benefits, enter the applicable	welfare feature codes	from the List of Plan	Chara	cterist	ic Coo	des in ti	ne instructions:	
Part V Compliance Questions								<del>*************************************</del>
10 During the plan year:				Yes	No	N/A	Amount	
Was there a failure to transmit to the plan any participant described in 29 CFR 2510.3-102? (See instructions and Program)	DOL's Voluntary Fidu	uciary Correction	10a		<b>√</b>			
b Were there any nonexempt transactions with any party-ir reported on line 10a.)	n-interest? (Do not inc	lude transactions	10b		<b>√</b>			
C Was the plan covered by a fidelity bond?			10c	1			1	50000
d Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?	ne plan's fidelity bond,	that was caused	10d	•	<b>√</b>		'	00000
Were any fees or commissions paid to any brokers, ager carrier, insurance service, or other organization that prov the plan? (See instructions.)	nts, or other persons bides some or all of the	y an insurance e benefits under	10e	<b>✓</b>				844
f Has the plan failed to provide any benefit when due unde	r the plan?		10f		<b>√</b>			
g Did the plan have any participant loans? (If "Yes," enter a	mount as of vear end		10g		<b>√</b>			
h If this is an individual account plan, was there a blackout 2520.101-3.)	period? (See instructi	ons and 29 CFR	109 10h		<u>·</u>			
i If 10h was answered "Yes," check the box if you either pr exceptions to providing the notice applied under 29 CFR	ovided the required n	otice or one of the	10i					
j Did the plan trust incur unrelated business taxable incom			10j			<b>V</b>		
Part VI Pension Funding Compliance			ıvj			<u> </u>		
11 Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)								No
11a Enter the unpaid minimum required contribution for all year								
12 Is this a defined contribution plan subject to the minimum							RISA? Yes	No

	Form 5500-SF 2015 Page <b>3</b> -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in		enter the Dav		ne letter ru Year	ling
——————————————————————————————————————	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		rear	
	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	•		·····
-	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A
Part			•			***************************************
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	<b>√</b> 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 brou of the PBGC?		ontrol		Yes 🔽	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
1						
Part	VIII Trust Information					
14a	Name of trust		<b>14b</b> ⊤r	ust's EIN		
14c	Name of trustee or custodian			rustee's elephone	or custodia number	an's
Par	t IX IRS Compliance Questions					
15a	is the plan a 401(k) plan?		Yes		No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas	sign- ed safe bor thod	ADF test	P/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	-01(m)-	Yes		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Rat per test	centage		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by complete plan with any other plans under the permissive aggregation rules?		Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		Yes		□No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	plicable	code	_(See ins	tructions
17c	if the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plantage advisory letter, enter the date of that favorable letter and the letter's serial number of the plantage and the plantage and the letter's serial number of the plantage and the plan	-	t to a fav	orable IR	S opinion	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter		the plan	s last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19			
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wiretired), as required under section 401(a)(9)?		Yes		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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as	an attachment to Form	1 5500 or	5500-SF.				
For calendar plan year 2015 or fiscal pla	n year beginning 1/1	/2015		and en	ding 12/3	31/2015		
<ul> <li>Round off amounts to nearest doll</li> <li>Caution: A penalty of \$1,000 will be</li> </ul>		of this report unless reas	onable ca	use is establis	hed.			
A Name of plan William Wolfson DMD PC Define	ed Benefit Retirem	ent Plan		B Three-o	ligit mber (PN)	<b>&gt;</b>	001	
C Plan sponsor's name as shown on line William Wolfson, DMD, PC	e 2a of Form 5500 or 55	500-SF		<b>D</b> Employe		tion Number (I 13-3025780	,	
E Type of plan: X Single Multiple-	A Multiple-B	F Prior year pl	an size: 🗴	100 or fewer	101-5	00 More th	nan 500	
Part I Basic Information	<u> </u>			1		<u> </u>		
1 Enter the valuation date:	1/1/2015							
2 Assets:								
a Market value					2a		12743	68
<b>b</b> Actuarial value	••••••••••••				2b		12743	
3 Funding target/participant count bre	akdown		, ,	lumber of ticipants		ted Funding arget	(3) Total Fi Targe	et
a For retired participants and benef	iciaries receiving payme	ent		0		0	6044	-
<b>b</b> For terminated vested participant				0		0	7309	
<b>C</b> For active participants				0	-	)8690	62769	
<b>d</b> Total			<u> </u>	0	60	08690	76123	32
4 If the plan is in at-risk status, check	the box and complete li	ines (a) and (b)						
<ul> <li>a Funding target disregarding preson</li> <li>b Funding target reflecting at-risk attributes</li> <li>at-risk status for fewer than five</li> </ul>	ssumptions, but disrega	arding transition rule for p	olans that	have been in	4h			
5 Effective interest rate					_		6.36	%
6 Target normal cost				.,	6		23190	
To the best of my knowledge, the information supple accordance with applicable law and regulations, in combination, offer my best estimate of anticipated  SIGN HERE	my opinion, each other assum	ption is reasonable (taking into a	and attachme account the ex	ents, if any, is comp coerience of the pla	olete and accur in and reasona	rate, Each prescrib ble expectations) a	ed assumption was	applied in umptions, in
	nature of actuary					Poto	11001	0
Craig A. Miller, President	nature or actuary					1402728		
	print name of actuary				Most re	ecent enrollme	nt number	
Westminster U.S.A., Ltd.						914-697-50		
4 West Red Oak Lane Suite 110 White Plains	Firm name  NY  ddress of the firm	10604			elephone i	number (includ	ding area code	)
If the actuary has not fully reflected any reginstructions	gulation or ruling promu	lgated under the statute	in complet	ting this sched	ule, check	the box and s	ee	

Page	2	Ţ

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding E	Balar	nces							<u></u>
		•••						(a) C	Carryover balance	•	(b) F	Prefund	ing balance	<u> </u>
		_			cable adjustments (line 13				0			5271	93	
8				•	unding requirement (line 3		1		0			0		
									0			5271		
9									0			975		
10					urn of 1.85 %				0			910	<u> </u>	
11	•				to prefunding balance:		***			-		1060	58	
					38a from prior year) 3a over line 38b from prior				· : ·			1000		
	Ś	chedule :	SB, using prior ye	ear's effective	e interest rate of 6.55 %		1		•			694	7	
	` '		-	=	nedule SB, using prior year									
	C Total	available	at beginning of cu	ırrent plan ye	ear to add to prefunding bala	ance		• • • • • • • • • • • • • • • • • • • •				1130	05	
	<b>d</b> Porti	on of (c)	to be added to pr	efunding ba	lance							1130		
12	Other re	eductions	s in balances due	to elections	or deemed elections				0			0		
13	Balance	e at begir	nning of current y	ear (line 9 +	· line 10 + line 11d – line 1	12)			0			6499	51	
	art III	T	ding Percent	•										
L												14	82.02	%
			target attainmer									15	100	 %
	Prior ye	ear's fund	ling percentage for	or purposes	of determining whether ca	arryov	er/prefund	ling balan	nces may be used	to reduce	)	16	84.58	 %
17		-			s less than 70 percent of t							17		
Г	art IV	1			ity Shortfalls			,			1			
				<del></del>	ear by employer(s) and en	nnlove	200,							
	(a) Dat		(b) Amount p		(c) Amount paid by	Прюус	(a) Dat	te	(b) Amount p	aid by	(0	) Amoı	ınt paid by	
(N	IM-DD-Y	i	employer	r(s)	employees	<del></del>	MM-DD-Y	YYY)	employer	(s)		empl	oyees	
	8/4/20	16		200000		0								
				-		_					ļ			
			***************************************			_					-			
						ļ								<del></del>
					-	-								
						To	tals ►	18(b)		200000	18(c)			0
40	D:			!	wystiana fan amait plan with						10(0)			<u> </u>
19			•		ructions for small plan with mum required contribution					19a		0		
	_				justed to valuation date					19b		0		
					lired contribution for current					19c		1789		
20			utions and liquidi	-		year a	adjusted to	valuation	uale	100				
20		•	•	•	ne prior year?					L		Г	Yes 🗷	No
					installments for the curre								] Yes □	No
					mplete the following table			- conseqy 1		Γ			」 · ~ ~ ∐	
	<b>→</b> 11 1113€	, 20u 13	. 56, 566 ABIRDOL	,,,,, and 60	Liquidity shortfall as of			of this plan	n year					
		(1) 1s	t		(2) 2nd			(3)	3rd			(4) 4th	1	
			0			0				)				0

Pa	rt V Assu	ımptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						_
21	Discount rate	Y:									
	a Segment r	ates:	1st segment: 4,72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		∏ N/A, full	yield c	urve	used	
	<b>b</b> Applicable	month (	enter code)			21b				0	
22	Weighted ave	erage ret	irement age			22	**			65	
23	Mortality table	e(s) (se	e instructions) × Pr	escribed - combined Pres	scribed - separate	Substitu	te				
Pa	rt VI Misc	ellane	ous Items								
				tuarial assumptions for the current	olan year? If "Yes," see	instructions	regarding rec	uired			
	_		· ·						Yes	× No	
25	Has a method	d change	been made for the current p	an year? If "Yes," see instructions	regarding required attac	hment	,.	] `	Yes	<b>⋉</b> No	
26	is the plan red	quired to	provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required	attachment			Yes	No.	
27				ter applicable code and see instruc		27					
											_
				um Required Contributions		00					
				years		28					_
29				1 unpaid minimum required contribu		29				C	į
30	,		N	ntributions (line 28 minus line 29)		30				C	<u> </u>
Pa	rt VIII Min	imum	Required Contribution	For Current Year							
31	Target norma	al cost a	nd excess assets (see instruc	tions):							
	a Target norm	nal cost	(line 6)			31a			2	3190	
	<b>b</b> Excess ass	ets, if ap	plicable, but not greater than	line 31a		31b				0	
32	Amortization i	installme	ents:		Outstanding Bala	ınce	Ins	tallme	nt		
	a Net shortfal	II amortiz	zation installment			96381			4	7208	
	<b>b</b> Waiver amo	ortizatior	n installment			0				0	
33	If a waiver ha	s been a	approved for this plan year, er	ter the date of the ruling letter gran		33					
	(			) and the waived amount							
34	Total funding	requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -		34				0398	
				Carryover balance	Prefunding balar	nce	Tota	l balaı	nce		_
35			use to offset funding	0		0				0	
						36			7	0398	_
										0000	_
3/				ontribution for current year adjusted		37			17	8903	
38	Present value	of exce	ss contributions for current ye	ar (see instructions)			···				
				***************************************		38a			108	<u>8505</u>	
	<b>b</b> Portion incl	uded in I	ine 38a attributable to use of	prefunding and funding standard ca	rryover balances	38b				0	
39	Unpaid minim	ıum requ	ired contribution for current ye	ear (excess, if any, of line 36 over li	ne 37)	39				0	
40				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		40				0	
Par	t IX Per	nsion F	unding Relief Under F	Pension Relief Act of 2010	(See Instructions)						
41	If an election v	was mad	le to use PRA 2010 funding re	elief for this plan:							
	a Schedule el	lected		***************************************			2 plus 7 years		15 ye	ears	
	<b>b</b> Eligible plar	n year(s)	for which the election in line	41a was made		200	8 2009	2010	2	011	
42	Amount of acc	celeratio	adjustment			42					
43	Excess installi	ment acc	celeration amount to be carrie	d over to future plan years		43					

# William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan Schedule SB, line 32 - Schedule of Amortization Bases

# Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	15,466	01/01/2009	1	15,466
Shortfall Base	21,618	01/01/2010	2	11,058
Shortfall Base	59,297	01/01/2011	3	20,684
Total	96,381			47,208

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780 Plan Number: 001

Plan Effective Date

January 1, 2009

Plan Anniversary Date

January 1, 2015

Participation Eligibility

Minimum age: 21 and

Minimum months of service: 12 Minimum hours worked: 1,000

Plan Entry Date

01/01 or 07/01 coincident with or following the satisfaction of the requirements

Normal Retirement Date

First day of the month coincident with or following age 65 Not to exceed the later of age 65 and 5 years of participation

Normal Form of Benefit

Single Life Annuity

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

Retirement Benefit Optional Forms

Lump Sum (single payment)

Normal Retirement Benefit

Benefit Formula:

1.95% per year of service times compensation plus 0.65% per year of service

times compensation in excess of the integration level:

Table: II - Maximum: \$118500 - Year: 2015

Maximum total years of service: 25 Maximum years of past service: 5

IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan participation

up to 10 (actuarially adjusted for benefit form)

Compensation Definition

Highest consecutive 3 year average salary over all participation

Annual salary up to \$265,000 considered

Pre-Retirement Death Benefit

Lump sum payable on death of participant

Benefit Amount

100% present value of accrued benefit

Vested Retirement Benefit

Vesting Schedule:

20% a year after 2 years (100% after 6 years) Computation Period: Employment Years

Based on periods of service rounded to nearest year

Accrued Retirement Benefit

Pro-rated on participation

Participation includes up to 5 years of employment service

Maximum number of years of past credited benefit accrual service is 5

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

# Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780 Plan Number: 001

## Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment:

4.72%

Second Segment:

6.11%

Third Segment:

6.81%

IRC404 Funding Yield Curve Segmented Rates

First Segment:

1.22%

Second Segment:

4.11%

Third Segment:

5.2%

PBGC Segmented Rates

First Segment:

1.48%

Second Segment:

3.77%

Third Segment:

4.79%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table

2015 430(h)(3)(A)-Optional combined

IRC417(e)(3) Interest Assumption

Segment Rate

same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table

None

IRC417(e)(3) Retirement Mortality

Mortality Table

2015 417(e)(3) Applicable Mortality Table

**Optional Forms Assumption** 

0% of participants will elect the Plan Normal Form

100% of participants will elect a Lump Sum (single payment)

Retirement Actuarial Equivalence Assumptions

1st Segment Rate:

1.48% Effective annual rate

2nd Segment Rate:

3.77% Effective annual rate

3rd Segment Rate:

4.79% Effective annual rate

Mortality Table

2015 417(e)(3) Applicable Mortality Table

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# Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings

5% Effective annual rate

Mortality Table

2015 417(e)(3) Applicable Mortality Table

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

Investment Earnings

5% Effective annual rate

# William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

		Pre-Retireme	nt Withdrawal		Salary
Age	Mortality	Disability	Turnover	All	Projection
20	0.000%	0.000%	0.000%	0.000%	0.000%
25	0.000%	0.000%	0.000%	0.000%	0.000%
30	0.000%	0.000%	0.000%	0.000%	0.000%
35	0.000%	0.000%	0.000%	0.000%	0.000%
40	0.000%	0.000%	0.000%	0.000%	0.000%
45	0.000%	0.000%	0.000%	0.000%	0.000%
50	0.000%	0.000%	0.000%	0.000%	0.000%
55	0.000%	0.000%	0.000%	0.000%	0.000%
60	0.000%	0.000%	0.000%	0.000%	0.000%
65	0.000%	0.000%	0.000%	0.000%	0.000%
70	0.000%	0.000%	0.000%	0.000%	0.000%

# William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan Schedule SB, line 26 - Schedule of Active Participant Data Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan Plan Plan ElN: 13-3025780

Plan Number: 001

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	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	<u></u>	Avg.		Avg.		Avg.
Age #	# Comp.	#	Сотр.	*	Comp.	#	Comp.	#	Comp.	#	Сошр.	#	Comp.	*	Сошр.	#	Comp.	*	Comp.
<25		2		2															
25-29		4		~															
30-34		က		_															
35-39		2																	
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45-49		-									-								
50-54																			
55-59				-												J			
60-64																			
69-59						_													
70+																			

Age is attained age as of the valuation date.

# indicates the number of active participants in an age and service category.

Active employees include employees who are active and deferring retirement.

# **CERTIFICATION STATEMENT**

# 2015 SCHEDULE SB (FORM 5500-SF)

PLAN: William Wolfson, DMD, PC Defined Benefit Pension Plan

PLAN SPONSOR: William Wolfson, DMD, PC

EMPLOYER IDENTIFICATION NUMBER: 13-3025780

PLAN NUMBER: 001

I certify that the information provided on line 2(a), line 3, column (1) and line 18 of this Schedule SB, the Pension Plan Specifications attached hereto, and the employee census attached hereto have been provided to the Enrolled Actuary by my office, or that of my authorized and qualified representative(s), and are both complete and accurate and that the pension plan and trust are qualified under IRC sections 401(a) and 501(a). We have received independent legal counsel relative to the legal issues arising out of the pension plan

William Wolfson, DMD, PC, Plan Administrator

By: \_\_\_\_\_\_\_\_\_, President William Wolfson, DMD, PC

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William Wolfson, DMD, PC

Date: 9/20/16

I have not audited the data provided. This Schedule SB has been prepared based upon the assumed completeness and accuracy of said data. It is, to the best of my knowledge, complete and accurate. This Schedule SB certification and the Statement by Enrolled Actuary on the face of this Schedule SB are in effect only with completion of the above Plan Administrator and Trustee Certification, and are subject to the accuracy thereof.

Wegtminster USA CHO.

Date: 9 /20/16

Craig A. Miller

President

Westminster · U.S.A. Ltd. 4 West Red Oak Lane

White Plains, NY 10604

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