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

Par	t I Annual Repo	rt Identification Information			
For ca	alendar plan year 2015 or	r fiscal plan year beginning 01/01/2	20 <u>15</u> and ending 12	2/31/2015	
A Th	nis return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac		_
		a one-participant plan	a foreign plan		
B Th	is return/report is	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (less than 12 me	onths)	
C CI	heck box if filing under:	X Form 5558	automatic extension	_ D	FVC program
		special extension (enter descr	1 /		
Par	t II Basic Plan In	formation—enter all requested in	formation		
	lame of plan NHONIG D.D.S., P.C. DE	FINED BENEFIT PENSION PLAN		•	number
				(PN)	ive date of plan
				TC Ellect	01/01/2011
N	nailing address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C		2b Emplo (EIN)	oyer Identification Number 20-0947522
	HONIG D.D.S., P.C.	nce, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c Spons	sor's telephone number 914-939-3035
				2d Busine	ess code (see instructions)
	GEWOOD DRIVE ROOK, NY 10573				
(IL DI	(OOK, NT 10373				621210
3a F	Plan administrator's name	and address XSame as Plan Spons	sor.	3b Admin	nistrator's EIN
				3c Admin	nistrator's telephone number
		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a s	Sponsor's name			4c PN	
5a ⊺	Fotal number of participar	nts at the beginning of the plan year		5a	2
b 1	Total number of participar	nts at the end of the plan year		5b	2
			the plan year (defined benefit plans do not	5c	
d(1) Total number of active	participants at the beginning of the pl	an year	5d(1)	1
d(2	Total number of active	participants at the end of the plan yea	ar	5d(2)	1
е	Number of participants th than 100% vested	at terminated employment during the	plan year with accrued benefits that were less	5e	0
Cauti	on: A penalty for the lat	e or incomplete filing of this return	n/report will be assessed unless reasonable cau	ıse is establ	lished.

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	Filed with authorized/valid electronic signature.	10/11/2016	ELLEN HONIG			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
	Filed with authorized/valid electronic signature.	10/11/2016	ELLEN HONIG			
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	r) Preparer's telephone number				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year inverse. Are you claiming a waiver of the annual examination a under 29 CFR 2520.104-46? (See instructions on waiver if you answered "No" to either line 6a or line 6b, the second of the plan's assets during the plan year inverse. 	and report of an independe ver eligibility and condition	ent qualified public ac s.)	counta	ınt (IQ	PA) 			X Yes X	No No
c If the plan is a defined benefit plan, is it covered under	-					_	No 🗌	Not determine	ned
Part III Financial Information		,			11	<u> </u>			
7 Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End o	of Year	
a Total plan assets	7a	(a) Degiiiiiig	6817				(b) Liid c	789748	3
b Total plan liabilities				0				0)
C Net plan assets (subtract line 7b from line 7a)	i		6817	759				789748	3
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
Contributions received or receivable from: (1) Employers	8a(1)	, ,	1000	000			` ,		
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		80	039					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								108039)
d Benefits paid (including direct rollovers and insurance to provide benefits)				0					
Certain deemed and/or corrective distributions (see in:	ĺ			0					
f Administrative service providers (salaries, fees, comm				50					
g Other expenses				0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)								50)
i Net income (loss) (subtract line 8h from line 8c)								107989)
j Transfers to (from) the plan (see instructions)				0					
Part IV Plan Characteristics	-,								
B If the plan provides welfare benefits, enter the application Part V Compliance Questions	able welfare feature codes	from the List of Plan	Chara	cterist	ic Cod	les in the	e instructio	ons:	
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any partici described in 29 CFR 2510.3-102? (See instructions Program)	and DOL's Voluntary Fidu	ciary Correction	10a		X				
b Were there any nonexempt transactions with any pare reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?		that was caused	10d		X				
Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.)	provides some or all of the	benefits under	10e		X				
f Has the plan failed to provide any benefit when due to			10f		X				
g Did the plan have any participant loans? (If "Yes," en	iter amount as of vear end	.)	10g		X				
h If this is an individual account plan, was there a black 2520.101-3.)	kout period? (See instructi	ons and 29 CFR	10g 10h		X				
i If 10h was answered "Yes," check the box if you eith exceptions to providing the notice applied under 29 0	er provided the required n	otice or one of the	10ii						
j Did the plan trust incur unrelated business taxable in			10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum function 5500) and line 11a below)	• .			•				X Yes	No
11a Enter the unpaid minimum required contribution for a	III years from Schedule SB	(Form 5500) line 40				11a			0
12 Is this a defined contribution plan subject to the mini-	mum fundina requirement	s of section 412 of the	e Code	or se	ction :	302 of F	RISA?	Yes	No

	F	orm 5500-SF 2015 Page 3 - 1										
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing					
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui						
b	Enter t	ne minimum required contribution for this plan year		12b								
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c								
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d								
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A					
Part		Plan Terminations and Transfers of Assets			100	110	1471					
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No						
		s," enter the amount of any plan assets that reverted to the employer this year		13a								
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No					
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets 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 the l		t to a fa	vorable II	RS opinion	or					
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable						
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No						
19	Were in	n-service distributions made during the plan year?		Ye	s	No						
	If "Yes	" enter amount		19								
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A					

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

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

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

				rile as	an attachment to Form	5500 01 5500-51	•				
For	calenda	ar plan year 2015	or fiscal plan	year beginning	01/01/2015	а	and ending	g 12/3	1/2015		
		off amounts to n									
<u> </u>	Caution	: A penalty of \$1	,000 will be as	ssessed for late filing	of this report unless reason	nable cause is e	stablished	d	1		
	lame of		DEEINED DE	ENEET DENOION D	ANI	Вт	hree-digit				
EL	LEN HO	NIG D.D.S., P.C.	. DEFINED BE	ENEFIT PENSION PI	LAN	р	lan numb	er (PN)	•	001	
C	lan enor	neor'e name ae e	hown on line 3	2a of Form 5500 or 5	500-SE	D Er	nnlover ld	lentificat	ion Number (E	INI)	
		NIG D.D.S., P.C.		2a 01 F01111 5500 01 5	300-31			20-0947	•	.iiv)	
		2.2.2.,						20-0341	322		
FΤ	ype of pl	lan: X Single	Multiple-A	Multiple-B	F Prior year pla	n size: X 100 or	fewer	101-50	00 More th	an 500	
			ш '	Ividitiple B	I Horycar pie	100 01	icwci	101-30	oo 📗 wore ur	an 300	
Pa		Basic Inform									
1_		he valuation date) :	Month	Day31 Year _2	2015		-			
2	Assets										
	a Mark	cet value						2a		689691	
	b Actu	arial value						2b		689691	
3	Fundin	ng target/participa	ant count break	kdown		(1) Number participants		. ,	ted Funding	(3) Total Funding Target	
	.	and the state of the state of				рапісірапіз	_	18	arget		
	_			0.,	nent		0			0	
			•				1		4779	4779	
	C For a	active participants	3				1		502332	627915	
	d Tota	ıl					2		507111	632694	
4	If the p	olan is in at-risk st	tatus, check th	ne box and complete	lines (a) and (b)						
	a Fund	ding target disreg	arding prescri	ibed at-risk assumpti	ons			4a			
					arding transition rule for p			4b			
					nd disregarding loading fac			40			
5	Effectiv	ve interest rate						5		6.11%	
6	Target	normal cost						6		15093	
		y Enrolled Actu	-								
á	accordance	with applicable law ar	nd regulations. In m	ny opinion, each other assu	ompanying schedules, statements mption is reasonable (taking into a						
	combination	n, offer my best estima	te of anticipated ex	xperience under the plan.							
S	IGN										
Н	ERE								09/27/20)16	
			Signa	ature of actuary					Date		
WE	STON R	JONES							14-0224	41	
			Type or p	orint name of actuary				Most re	ecent enrollme	nt number	
BEN	NETECH	I, INC.							916-484	-6811	
				Firm name			Tel	ephone	number (includ	ling area code)	
	7 LENNA TE 250	ANE DRIVE									
		NTO, CA 95834									
			Ada	dress of the firm							
If the	actuary	has not fully refle	ected any regu	ulation or ruling prom	ulgated under the statute	in completing this	schedule	e, check	the box and so	ee	

Page	2	_
ı ayc	_	

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances								
_							(a) C	arryover balance		(b)	Prefundi	ng balance		
7					cable adjustments (line 13 f				0			0		
8					unding requirement (line 35				0			0		
9									0			0		
10	Interest	t on line 9	using prior year's	actual ret	urn of				0			0		
11	Prior ye	ear's exce	ess contributions to	o be added	to prefunding balance:									
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)							86572		
					a over line 38b from prior ye interest rate of <u>6.32</u> %							0		
	b(2) Ir	nterest on	line 38b from prid	or year Sch	edule SB, using prior year's	actual						0		
												0		
	_				ear to add to prefunding balar							86572		
	d Porti	on of (c)	to be added to pre	funding ba						0				
12	2 Other reductions in balances due to elections or deemed elections								0			0		
13	Balance	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12)			0			0		
Pa	Part III Funding Percentages													
14	4 Funding target attainment percentage													
15	Adjuste	d funding	g target attainment	t percentag	e						15	121.67 %		
16					of determining whether car						16	104.43 %		
17	If the cu	urrent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding ta	rget, enter s	uch percentage			17	%		
Pá	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18	Contrib				ear by employer(s) and emp	oloyees:								
	(a) Dat	te	(b) Amount pa	aid by	(c) Amount paid by	(a) [by	(c) Amount paid by employees					
	M-DD-Y	,	employer(employees	(MM-DE	,	, , , ,						
)/04/201 <u></u>)/02/201			1000 1000	0	04/01/2 04/25/2			3000			0		
)/05/201			1000										
	/04/2015			1000	0	04/26/2 05/11/2			30000 2500			0		
	3/16/2016			5000	0	03/11/2	.010		2300			0		
	8/28/2016			5500	0									
	72072011			3333		Totals ▶	18(b)	1	00000	18(c)		0		
19	Discour	nted emp	lover contributions	s – see inst	ructions for small plan with	a valuation	date after th							
			-		mum required contributions				l9a			0		
	_			•	justed to valuation date	•		<u> </u>	l9b			0		
					ired contribution for current y			<u> </u>	l9c			98500		
20			outions and liquidit											
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes X No		
					installments for the current						<u> </u>	Yes No		
					mplete the following table a							<u> </u>		
					Liquidity shortfall as of e			n year						
		(1) 1s	st		(2) 2nd		(3)	3rd		(4) 4th				

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	unt rate:			T	1				
	a Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	used	
	b App	licable month (enter code)			. 21b			0	
22	Weigh	ted average ret	irement age			. 22			63	
23	Mortali	ity table(s) (see	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitute	е			
Pa	rt VI	Miscellane	ous Items	_						
	Has a	change been m	nade in the non-prescribed act	uarial assumptions for the current	•		· · · -	d Yes	X No	
25	Has a	method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No	
26			·	Participants? If "Yes," see instruc	3 3 1			Yes	X No	
27	If the p	olan is subject to	o alternative funding rules, en	ter applicable code and see instruc		27			<u>N</u>	
Pa	rt VII	Reconcilia	ation of Unnaid Minim	ım Required Contribution	s For Prior Years	l L				
28			•	years		28			0	
29				d unpaid minimum required contrib					0	
				unpaid minimum required contrib		29			0	
30	Remai	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30			0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	ions):						
	a Targe	et normal cost ((line 6)			. 31a			15093	
	_		· · · · ·	line 31a		31b			15093	
32		ization installme	-		Outstanding Bala	ance	Installn	Installment		
						0				
	b Wai	ver amortizatior	n installment			0			0	
33	If a wa	iver has been a	approved for this plan year, en	ter the date of the ruling letter gran		33				
34	Total f	unding requirer	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0	
				Carryover balance	Prefunding bala	nce	Total ba	lance		
35			use to offset funding						0	
36	Additio	onal cash requir	rement (line 34 minus line 35)			36			0	
37	Contrib	butions allocate	d toward minimum required c	ontribution for current year adjuste	d to valuation date	37			98500	
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)		1				
						38a			98500	
				prefunding and funding standard o		38b			00000	
39				ear (excess, if any, of line 36 over		39			0	
40						40				
	rt IX		•	Pension Relief Act of 2010		1			0	
			de to use PRA 2010 funding re		(COO IIION NOCIONO	,				
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		П	2 plus 7 years	15 \	/ears	
				41a was made					2011	
42						<u> </u> 2000		<u>~ Ш</u>	∠ ∪ 1 1	
			n adjustment	d over to future plan years		43				
	1 41	s maiamment ac	celeranon annount to de came	a aver la laidle platt veats		, , ,				

ELLEN HONIG D.D.S., P.C. DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

Plan Effective Date January 1, 2011

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1, April 1, July 1 or July 1 coincident with or following the

completion of the following requirements:

1 year of service Minimum age 18

Excludes union employees, non-resident alien employees, and HCEs

except more than 10% direct owner as of 1/1/2011

Normal Retirement Age All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 63

Completion of 5 years of participation from beginning of entry

year

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

payable in the normal form equal to the following:

Group 1: More than 10% Direct Owner as of 1/1/2011 - 10.00

percent of each year's actual compensation

Group 5: Dental Hygienists who worked less than 1000 hours in the plan year - 0.50 percent of each year's actual compensation Group 6: Dental Hygienists who worked 1000 hours or more in the plan year - 0.50 percent of each year's actual compensation Group 7: Non-Highly Compensated Employees who worked less than 1000 hours in the plan year - 0.50 percent of each year's

actual compensation

Group 8: Non-Highly Compensated Employees who worked 1000 hours or more in the plan year - 0.50 percent of each

year's actual compensation

Maximum benefit is \$17,500.00 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 1 consecutive

years of participation

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

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

ELLEN HONIG D.D.S., P.C. DEFINED BENEFIT PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

Termination Benefit

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

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

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

Years before the effective date Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the

employer

Top-Heavy Status

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

plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

ELLEN HONIG D.D.S., P.C. DEFINED BENEFIT PENSION PLAN

EIN: 20-0947522 PN: 001

2015 Schedule SB Attachment Optional Forms of Benefit

The plan's normal form of payment is a Life Only annuity, payable for the life of the participant.

For married participants, the actuarial equivalence of this benefit will be paid in the form of a Joint and 50% Survivor annuity unless the participant elects a different form of payment and the spouse consents in writing. This benefit is payable for the life of the participant, with 50% payable to the surviving spouse for his/her lifetime. Payments cease on the death of the participant and spouse.

The following forms of payment are also available:

Joint and 75% Survivor Payable for the life of the participant. If the participant dies before his/her

beneficiary, 75% of the benefit will continue for the life of the beneficiary.

Single Lump Sum

This is a one-time payment of the lump sum equivalent of the plan's

normal form of benefit.

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

	, The de an attachment to Ferni	0000 01 0000 01 1	. 1		
For ca	alendar plan year 2015 or fiscal plan year beginning 01/01/2015	and endi	ng	12/3	1/2015
	ound off amounts to nearest dollar.				
→ Ca	nution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable cause is establishe	ed.		
A Nar	me of plan	B Three-dig	git		
ELLE	EN HONIG D.D.S., P.C. DEFINED BENEFIT PENSION PLAN	√ plan num	ber (PN)	•	001
C Dla	n sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Idontificat	ion Number (E	INI)
	EN HONIG D.D.S., P.C.	20-0947		ion Number (L	.IIV)
F Tyro	e of plan: X Single Multiple-A Multiple-B F Prior year pla	n size: 🛛 100 or fewer	101-50	00 More th	an 500
		11 size. A 100 of fewer	101-3	Jo	an 300
Part	10 21	2015			
	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year _	2015			
	Assets:				
а	Market value		2a		689,691
k	Actuarial value		2b		689,691
3 F	Funding target/participant count breakdown	(1) Number of participants	. ,	ted Funding	(3) Total Funding Target
	2 For which and in the and han officiaries receiving normant	participants 0	I	arget	
	a For retired participants and beneficiaries receiving payment	0			0
	D For terminated vested participants			4,779	4,779
C	For active participants	1		502,332	627,915
(d Total	2		507,111	632,694
4	f the plan is in at-risk status, check the box and complete lines (a) and (b)				
á	a Funding target disregarding prescribed at-risk assumptions		4a		
ŀ	b Funding target reflecting at-risk assumptions, but disregarding transition rule for p	lans that have been in	4b		
	at-risk status for fewer than five consecutive years and disregarding loading fac	tor			
5 E	Effective interest rate		5		6.11%
<u>6</u> 7	Farget normal cost		6		15,093
	nent by Enrolled Actuary				
acc	the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements ordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a				
con	nbination, offer my best estimate of anticipated experience under the plan.				
SIC		a	2 4	2111	
HE	RE Very I'm		1/	7.0/L Date	
	Signature of actuary		Ť	Date	
WEST	ON R. JONES			14-0224	11
	Type or print name of actuary			ecent enrollme	
BENE'	TECH, INC.		(916) 484-	6811
	Firm name	Te	eľephone	number (includ	ding area code)
	LENNANE DRIVE				
	E 250				
SACR	AMENTO CA 95834 Address of the firm				
If the a	ctuary has not fully reflected any regulation or ruling promulgated under the statute	in completing this schedu	ıle, check	the box and s	ee

Dogo	2		Ī
Page	_	-	

Pa	ırt II Begin	ning of Year C	arryovei	and Prefunding Ba	alanc	es								
							(a) (Carryover balance		(b) F	refundi	ng balan	ce	
7 	•	• , ,		ble adjustments (line 13 fi	•	or			0				0	
8		•		ding requirement (line 35					0				0	
9	Amount remainin	g (line 7 minus line	8)				0						0	
10	Interest on line 9	using prior year's a	actual retur	n of <u>-0.16</u> %					0				0	
11	Prior year's exce	ss contributions to	be added to	o prefunding balance:										
	a Present value	of excess contribut	ions (line 3	Ba from prior year)						86572				
				over line 38b from prior yeinterest rate of $\frac{6 \cdot 32\%}{}$	ear	[5]				19 19 19 19 19 19 19 19 19 19 19 19 19 1				
	b(2) Interest on	line 38b from prior	year Sche	dule SB, using prior year's	actua	ı								
				to add to prefunding balan		10000							0	
						173.00 100.00 100.00							86572	
	a Portion of (c) to	o be added to prefu	unding bala	nce									0	
12	Other reductions	in balances due to	elections c	r deemed elections					0				0	
13	Balance at begin	ning of current yea	r (line 9 + li	ne 10 + line 11d – line 12)					0				0	
P	art III Fund	ding Percentag	ges											
14	14 Funding target attainment percentage 14 109.00 %													
15	Adjusted funding	target attainment p	percentage								15	121.	67 %	
16	•	• • • • •		f determining whether car	-	•	_			- 1	16	104.	43 %	
17	If the current valu	ue of the assets of t	the plan is I	ess than 70 percent of the	fundii	ng targ	et, enter s	such percentage			17		%	
Pa	art IV Cont	tributions and	Liquidity	y Shortfalls										
18	Contributions ma			r by employer(s) and emp	loyees	3:						and the state of t		
(M	(a) Date IM-DD-YYYY)	(b) Amount pai employer(s)		(c) Amount paid by employees	(MI)	(а) Da И-DD-Y	ate (b) Amount paid by YYYY) employer(s)			(0		nt paid b oyees	у	
	9/04/2015		1,000	0			2016		50,000				0	
	0/02/2015		1,000	0			2016		3,000				0	
	0/05/2015		1,000	0	04	/26/:	2016		30,000				0	
	1/04/2015		1,000	0	05.	/11/:	2016		2,500				0	
03	3/16/2016		5,000	0										
03	3/28/2016		5,500	0										
					Total	ls ▶	18(b)	1	00,000	18(c)			0	
19	Discounted empl	oyer contributions -	– see instru	ctions for small plan with	a valua	ation da	ate after ti			<u> </u>				
	a Contributions	allocated toward ur	npaid minim	um required contributions	from p	orior ye	ears		19a				0	
	b Contributions r	made to avoid restr	ictions adju	sted to valuation date					19b				0	
	c Contributions a	llocated toward mini	imum requir	ed contribution for current y	ear adj	usted to	o valuatior	n date	19c			9	B,500	
20	Quarterly contrib	utions and liquidity	shortfalls:											
	a Did the plan ha	ave a "funding shor	rtfall" for the	prior year?								Yes	X No	
	b If line 20a is "Y	es," were required	l quarterly in	nstallments for the current	year r	nade ir	n a timely	manner?			[Yes	No	
				plete the following table a										
				Liquidity shortfall as of e			of this pla	ın year					Contraction Charles Contract	
	(1) 1s	t		(2) 2nd	+		(3)	3rd			(4) 4t	1		

Pa	rt V Assumptio	ns Used to Determine F	Funding Target and Targ	et Normal Cost					
21	Discount rate:		anang raigerana raig						
	a Segment rates:	1st segment: 4 . 72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	curve	used	
	b Applicable month (enter code)			21b			0	
22	Weighted average ret	tirement age			22			63	
23	Mortality table(s) (see	e instructions) X Pres	scribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI Miscellane	ous Items							
40.000.000	Has a change been n	nade in the non-prescribed actu	arial assumptions for the current						
25	Has a method change	e been made for the current pla	n year? If "Yes," see instruction	s regarding required attac	hment		Yes	X No	
26	Is the plan required to	provide a Schedule of Active I	Participants? If "Yes," see instru	ctions regarding required	attachment		Yes	X No	
27		•	er applicable code and see instru		27	_			
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years					
28	Unpaid minimum requ	uired contributions for all prior y	ears		28			0	
29			unpaid minimum required contril	•	29			0	
30	Remaining amount of	unpaid minimum required conf	tributions (line 28 minus line 29)		30			0	
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost a	nd excess assets (see instruction	ons):						
	a Target normal cost	(line 6)			31a		15	5,093	
	b Excess assets, if a	oplicable, but not greater than li	ne 31a		31b		15	5,093	
32	Amortization installment	Outstanding Bala	ance	Installr	nent				
	a Net shortfall amortize	zation installment			0			0	
	b Waiver amortization	n installment			0			0	
33			er the date of the ruling letter gra) and the waived amount .		33		-		
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34			0	
			Carryover balance	Prefunding bala	nce	Total ba	lance		
35	Balances elected for requirement	use to offset funding						0	
36	Additional cash requi	rement (line 34 minus line 35)			36			0	
37			ntribution for current year adjust		37		98	8,500	
38	Present value of exce	ess contributions for current yea	ar (see instructions)						
	a Total (excess, if any	y, of line 37 over line 36)			38a		98	8,500	
	b Portion included in	line 38a attributable to use of p	refunding and funding standard	carryover balances	38b				
39	Unpaid minimum requ	uired contribution for current ye	ar (excess, if any, of line 36 over	line 37)	39			0	
40	Unpaid minimum requ	uired contributions for all years			40			0	
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 201) (See Instructions)				
41	If an election was made	de to use PRA 2010 funding re	lief for this plan:						
	a Schedule elected					2 plus 7 years	☐ 15 ye	ears	
	b Eligible plan year(s) for which the election in line 4	1a was made		200	8 2009 201	0 2	2011	
42	Amount of acceleration	on adjustment			42				

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury

Single-Employer Defined Benefit Plan **Actuarial Information**

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For	calendar	plan y	ear 2015/	or fiscal p	olan ye	ear beg	ginning					and end	ding					
•	Round of	f amo	unts to r	nearest do	ollar.													
_	Caution:	A pen	alty of \$1	,000 will b	e ass	essed f	for late filing o	of this rep	oort unless reaso	nable ca	use i	s establisl	hed.					
A	Name of p	lan									В	Three-d	ligit					
												plan nui	Ū	PN)		>		
												<u> </u>						
C	Plan spons	sor's n	name as s	hown on I	ine 2a	a of For	m 5500 or 55	00-SF			D	Employe	r Ident	ificati	on Nu	ımber (EIN)	
E 1	ype of pla	n:	Single	Multip	le-A	Mul	ltiple-B		F Prior year pla	n size:	100	or fewer	1	01-50	00	More t	han 500	
P	art I	Raeir	Inforn	nation						<u> </u>					,			
1						/onth	г	201	Voor									
2		e vaiu	ation date) :	IV	/iontn _		Day										
_	Assets:												_					
	a Marke	t value	e											2a				
	b Actua	rial va	lue										2	2b				
3	Funding	targe	t/participa	ant count b	oreako	down				` '		per of	(2)			ınding		al Funding
										pa	rticipa	ants		Ta	arget			arget
	a For re	tired p	participant	ts and ber	neficia	ries red	ceiving payme	ent										
	b For te	rmina	ted veste	d participa	ants													
	C For ac	tive p	articipants	S														
	d Total																	
4											П						1	
4							•	. ,	and (b)		ш							
	_	•					•						4	la				
		•	_	•		•		_	nsition rule for planting loading fac				4	lb				
5	Effective	inter	est rate											5				%
6	Target r	ormal	cost											6				
Stat	ement by													i				
	To the best o	f my kno	owledge, the	information s					chedules, statements a									
							each other assum inder the plan.	ption is reas	sonable (taking into ad	count the e	experie	nce of the pla	an and re	asonal	ole expe	ectations)	and such othe	er assumptions, in
5	SIGN																	
Н	ERE																	
		1			Signat	ture of	actuary				_					Date		
				·	ga.		<i>-</i>											
				Type	or nri	nt nam	e of actuary				_		M	ost re	cent	enrollm	ent numbe	r
				. , , ,	J. P//		- 0. actuary							-0.10		J		•
						irm nar	mo				_		Toloph	ono r	umb	or (inclu	ıding area	ando)
					Г.	ii iii iidi	110						ı cıchii	one i	iuiiiDt	or (111010	iuiiiy ai ta (Jou c j
					Addr	ess of	the firm				_							
If the	actuary h	as no	t fully refle	ected anv	reaula	ation or	r ruling promu	lgated ur	nder the statute i	n comple	etina	this sched	dule. ch	neck t	the bo	ox and s	see	П
	uctions	20 110		- 5.00 any	9 411		g promu			compi	9	301100	, 01	.001				Ц

age	2 -	

Schedule SB (Form 5500) 2015

Balance at beginning of prior year after applicable adjustments (line 13 from prior year) **Reference of the second of the prior year after applicable adjustments (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion devices on the sump prior year's actual return of	Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
Portion (et al. prior year)								(a) (Carryover balance		(b) F	Prefund	ing balan	се
9 Amount remaining (line 7 minus line 8)	7		•	0 ,		,	•							
10 Interest on line 9 using prior year's actual return of %	8													
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year)	9	Amoun	t remainii	ng (line 7 minus lir	ne 8)									
a Present value of excess, if any, of line 38a from prior year). b(1) Interest on the excess, if any, of line 38a from prior year Schedule SB, using prior year's effective interest rate of	10	Interes	t on line 9	using prior year's	actual ret	turn of%								
b(1) Interest on the excess, if any, of line 38s over line 38b from prior year Schedule SB, using prior year's effective interest rate of%. b(2) Interest on line 38b from prior year's effective interest rate of%. c Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12). Part III Funding Percentages 4 Funding target attainment percentage 5 Adjusted funding target attainment percentage 6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (e) Amount paid by employer(s) (f) Amount paid by em	11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
Schedule SR, using prior year's effective interest rate of%		a Pres	ent value	of excess contribu	utions (line	e 38a from prior year)								
return														
C Total available at beginning of current plan year to add to prefunding balance		b(2) II	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year's	s actual							
d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)														
12 Other reductions in balances due to elections or deemed elections				0 0		, ,								
Part III Funding Percentages		d Porti	ion of (c)	to be added to pre	efunding ba	alance								
Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 15 % 15 % 15 Adjusted funding target attainment percentage 15 % % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % % % % % % % % %	12	Other r	eductions	s in balances due	to election	s or deemed elections								
14 Sudjusted trainment percentage 14 % % % % % % % % %	13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)							
15 Adjusted funding target attainment percentage	P	art III	Fun	ding Percenta	ages									
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	14	Fundin	g target a	ttainment percent	age							14		%
current year's funding requirement	15	Adjuste	ed funding	g target attainmen	t percenta	ge						15		%
Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	16			• •		-	•	-	•		l l	16		%
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	et, enter s	such percentage			17		%
(a) Date (MM-DD-YYYY)	Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls								
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees Totals ► 18(b) 18(c) 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	18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
Totals ► 18(b) 18(c) 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	(1)										(0	•		у
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	(10	IIVI-DD-I	111)	employer	(3)	employees	(IVIIVI-DD-1	111)	employer(3)		emp	loyees	
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														
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														
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														
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														
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														
a Contributions allocated toward unpaid minimum required contributions from prior years							Totals ▶	18(b)			18(c)			
b Contributions made to avoid restrictions adjusted to valuation date	19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ite after th	ne beginning of the	year:				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Cont	ributions	allocated toward u	unpaid min	nimum required contributions	from prior ye	ars		19a				
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?		b Cont	ributions	made to avoid res	trictions ad	djusted to valuation date				19b				
a Did the plan have a "funding shortfall" for the prior year?		C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted to	o valuation	n date	19c				
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	Quarte	rly contrib	outions and liquidit	y shortfalls	S:								
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year		a Did t	the plan h	ave a "funding sh	ortfall" for	the prior year?							Yes	No
Liquidity shortfall as of end of quarter of this plan year		b If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made in	a timely	manner?				Yes	No
		C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable:							
(1) 1st (2) 2nd (3) 3rd (4) 4th				-			nd of quarter							
			(1) 15	st		(2) 2nd		(3)	3rd			(4) 4t	h	

Pa	rt V Assumptio	ons Used to Determine	Funding Target and Target	et Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %		N/A, full yiel	d curve	used
	b Applicable month ((enter code)			21b			
22	Weighted average re	tirement age			22			
	Mortality table(s) (se			scribed - separate	Substitut	te		
Pa	rt VI Miscellane	ous Items	Ь	·				
			tuarial assumptions for the current	plan year? If "Ves " see	inetructions	rogarding require	.d	
27	-	·	iuanai assumptions foi the current			· · · -	Yes	No
25	Has a method change	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment		Yes	No
		<u>'</u>	Participants? If "Yes," see instruc	<u> </u>			Yes	No
27			ter applicable code and see instruc				163	INO
21					27			
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years	l l			
28		•	years		28			
29			d unpaid minimum required contrib					
_0					29			
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29).		30			
Pa	rt VIII Minimum	Required Contribution	For Current Year					
31		nd excess assets (see instruc						
		,			31a			
	_		line 31a		31b			
32	Amortization installme			Outstanding Bala	I	Install	ment	
-				-	1100	motan	TIOTIC	
				1				
33			nter the date of the ruling letter grain) and the waived amount	•	33			
3/			er/prefunding balances (lines 31a -		34			
	Total funding requirer	ment before renecting carryov	1		l	Tatalla		
			Carryover balance	Prefunding balar	nce	Total ba	alance	
35	Balances elected for	•						
	·	. (1)			26			
		,			36			
37			ontribution for current year adjuste		37			
38		ess contributions for current years			 			
					38a			
	b Portion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	38b			
39	Unpaid minimum req	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39			
40	Unpaid minimum requ	uired contributions for all year	3		40			
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions))			
41	If an election was made	de to use PRA 2010 funding r	elief for this plan:					
	a Schedule elected					2 plus 7 years	15 ye	ears
	b Eligible plan year(s) for which the election in line	41a was made		200	8 2009 201	0 2	011
42	Amount of acceleration	on adjustment			42	— Ш		
		-	ed over to future plan years		43			

Attachment to 2015 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name ELLEN HONI	IG D.D.S., P.C.	DEFINED BENEFIT	PENSION PLAN	EIN:	<u> 20-0947522 </u>
Plan Sponsor's Name	ELLEN HONIG D.I	D.S., P.C.		PN:	001
The weighted average reti	irement age is equal	to the normal retireme	ent age of 63		

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

The Normal Retirement Age (NRA) is defined in the Plan Provisions as the later of age 63 and 5 years of participation. The assumed probability of retirement at the older of NRA or attained age at the end of the plan year, is 100%, and 0% at all other ages. The Average Retirement Age is the mean of the NRAs for all plan participants.

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury

Single-Employer Defined Benefit Plan **Actuarial Information**

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For	calendar	plan y	ear 2015/	or fiscal p	olan ye	ear beg	ginning					and end	ding					
•	Round of	f amo	unts to r	nearest do	ollar.													
_	Caution:	A pen	alty of \$1	,000 will b	e ass	essed f	for late filing o	of this rep	oort unless reaso	nable ca	use i	s establisl	hed.					
A	Name of p	lan									В	Three-d	ligit					
												plan nui	Ū	PN)		>		
												<u> </u>						
C	Plan spons	sor's n	name as s	hown on I	ine 2a	a of For	m 5500 or 55	00-SF			D	Employe	r Ident	ificati	on Nu	ımber (EIN)	
E 1	ype of pla	n:	Single	Multip	le-A	Mul	ltiple-B		F Prior year pla	n size:	100	or fewer	1	01-50	00	More t	han 500	
P	art I	Raeir	Inforn	nation						<u> </u>					,			
1						/onth	г	201	Voor									
2		e vaiu	ation date) :	IV	/iontn _		Day			_							
_	Assets:												_					
	a Marke	t value	e											2a				
	b Actua	rial va	lue										2	2b				
3	Funding	targe	t/participa	ant count b	oreako	down				` '		per of	(2)			ınding		al Funding
										pa	rticipa	ants		Ta	arget			arget
	a For re	tired p	participant	ts and ber	neficia	ries red	ceiving payme	ent										
	b For te	rmina	ted veste	d participa	ants													
	C For ac	tive p	articipants	S														
	d Total																	
4											П						1	
4							•	. ,	and (b)		ш							
	_	•					•						4	la				
		•	_	•		•		_	nsition rule for planting loading fac				4	lb				
5	Effective	inter	est rate											5				%
6	Target r	ormal	cost											6				
Stat	ement by													i				
	To the best o	f my kno	owledge, the	information s					chedules, statements a									
							each other assum inder the plan.	ption is reas	sonable (taking into ad	count the e	experie	nce of the pla	an and re	asonal	ole expe	ectations)	and such othe	er assumptions, in
S	SIGN																	
Н	ERE																	
		1			Signat	ture of	actuary				_					Date		
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				Type	or nri	nt nam	e of actuary				_		M	ost re	cent	enrollm	ent numbe	r
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					Addr	ess of	the firm				_							
If the	actuary h	as no	t fully refle	ected anv	reaula	ation or	r ruling promu	lgated ur	nder the statute i	n comple	etina	this sched	dule. ch	neck t	the bo	ox and s	see	П
	uctions	20 110		- 5.00 any	9 411		g promu			compi	9	301100	, 01	.001				Ц

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Schedule SB (Form 5500) 2015

Balance at beginning of prior year after applicable adjustments (line 13 from prior year) **Reference of the second of the prior year after applicable adjustments (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion devices on the sump prior year's actual return of	Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
Portion (et al. prior year)								(a) (Carryover balance		(b) F	Prefund	ing balan	се
9 Amount remaining (line 7 minus line 8)	7		•	0 ,		,	•							
10 Interest on line 9 using prior year's actual return of %	8													
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year)	9	Amoun	t remainii	ng (line 7 minus lir	ne 8)									
a Present value of excess, if any, of line 38a from prior year). b(1) Interest on the excess, if any, of line 38a from prior year Schedule SB, using prior year's effective interest rate of	10	Interes	t on line 9	using prior year's	actual ret	turn of%								
b(1) Interest on the excess, if any, of line 38s over line 38b from prior year Schedule SB, using prior year's effective interest rate of%. b(2) Interest on line 38b from prior year's effective interest rate of%. c Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12). Part III Funding Percentages 4 Funding target attainment percentage 5 Adjusted funding target attainment percentage 6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (e) Amount paid by employer(s) (f) Amount paid by em	11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
Schedule SR, using prior year's effective interest rate of%		a Pres	ent value	of excess contribu	utions (line	e 38a from prior year)								
return														
C Total available at beginning of current plan year to add to prefunding balance		b(2) II	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year's	s actual							
d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)														
12 Other reductions in balances due to elections or deemed elections				0 0		, ,								
Part III Funding Percentages		d Porti	ion of (c)	to be added to pre	efunding ba	alance								
Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 15 % 15 % 15 Adjusted funding target attainment percentage 15 % % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % % % % % % % % %	12	Other r	eductions	s in balances due	to election	s or deemed elections								
14 Sudjusted trainment percentage 14 % % % % % % % % %	13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)							
15 Adjusted funding target attainment percentage	P	art III	Fun	ding Percenta	ages									
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	14	Fundin	g target a	ttainment percent	age							14		%
current year's funding requirement	15	Adjuste	ed funding	g target attainmen	t percenta	ge						15		%
Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	16			• •		-	•	-	•		l l	16		%
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	et, enter s	such percentage			17		%
(a) Date (MM-DD-YYYY)	Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls								
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees Totals ► 18(b) 18(c) 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	18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
Totals ► 18(b) 18(c) 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	(1)										(0	•		у
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	(10	IIVI-DD-I	111)	employer	(3)	employees	(IVIIVI-DD-1	111)	employer(3)		emp	loyees	
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														
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														
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														
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														
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														
a Contributions allocated toward unpaid minimum required contributions from prior years							Totals ▶	18(b)			18(c)			
b Contributions made to avoid restrictions adjusted to valuation date	19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ite after th	ne beginning of the	year:				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Cont	ributions	allocated toward u	unpaid min	nimum required contributions	from prior ye	ars		19a				
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?		b Cont	ributions	made to avoid res	trictions ad	djusted to valuation date				19b				
a Did the plan have a "funding shortfall" for the prior year?		C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted to	o valuation	n date	19c				
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	Quarte	rly contrib	outions and liquidit	y shortfalls	S:								
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year		a Did t	the plan h	ave a "funding sh	ortfall" for	the prior year?							Yes	No
Liquidity shortfall as of end of quarter of this plan year		b If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made in	a timely	manner?				Yes	No
		C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable:							
(1) 1st (2) 2nd (3) 3rd (4) 4th				-			nd of quarter							
			(1) 15	st		(2) 2nd		(3)	3rd			(4) 4t	h	

Pa	rt V Assumptio	ons Used to Determine	Funding Target and Target	et Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %		N/A, full yiel	d curve	used
	b Applicable month ((enter code)			21b			
22	Weighted average re	tirement age			22			
	Mortality table(s) (se			scribed - separate	Substitut	te		
Pa	rt VI Miscellane	ous Items	Ь	·				
			tuarial assumptions for the current	plan year? If "Ves " see	inetructions	rogarding require	.d	
27	-	·	iuanai assumptions foi the current			· · · -	Yes	No
25	Has a method change	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment		Yes	No
		<u>'</u>	Participants? If "Yes," see instruc	<u> </u>			Yes	No
27			ter applicable code and see instruc				163	INO
21					27			
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years	l l			
28		•	years		28			
29			d unpaid minimum required contrib					
_0					29			
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29).		30			
Pa	rt VIII Minimum	Required Contribution	For Current Year					
31		nd excess assets (see instruc						
		,			31a			
	_		line 31a		31b			
32	Amortization installme			Outstanding Bala	I	Install	ment	
-				-	1100	motan	TIOTIC	
				1				
33			nter the date of the ruling letter grain) and the waived amount	•	33			
3/			er/prefunding balances (lines 31a -		34			
	Total funding requirer	ment before renecting carryov	1		l	Tatalla		
			Carryover balance	Prefunding balar	nce	Total ba	alance	
35	Balances elected for	•						
	·	. (1)			26			
		,			36			
37			ontribution for current year adjuste		37			
38		ess contributions for current years			 			
					38a			
	b Portion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	38b			
39	Unpaid minimum req	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39			
40	Unpaid minimum requ	uired contributions for all year	3		40			
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions))			
41	If an election was made	de to use PRA 2010 funding r	elief for this plan:					
	a Schedule elected					2 plus 7 years	15 ye	ears
	b Eligible plan year(s) for which the election in line	41a was made		200	8 2009 201	0 2	011
42	Amount of acceleration	on adjustment			42	— Ш		
		-	ed over to future plan years		43			

Attachment to 2015 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name ELLEN HONI	G D.D.S., P.	.C. DEFINED	BENEFIT PEN	SION PLAN	EIN:	20-0947522
Plan Sponsor's Name	ELLEN HONIG	D.D.S., P.0	С.		PN:	001

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the mthod for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Retirement age: Each participant is assumed to retire at the later of a) Normal Retirement Age, and b) the age at the end of the plan year. Withdrawal rates: None. Benefit form: 100% of participants are assumed to elect lump sum distributions. Mortality tables are applied on a static basis, using combined mortality tables. Expected increase in compensation: None. MAP-21 rates as amended by HATFA used for funding and AFTAP.