Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to Public Inspection

For calenda					-1-11-1	
	ar plan year 2016 or	fiscal plan year beginning 01/01/2			2/31/2016	
_		X a single-employer plan		olan (not multiemployer)		
A This ret	turn/report is for:	a one-participant plan	_ ' ' "	mployer information in a	ccordance with the fo	orm instructions.)
		a one-participant plan	a foreign plan			
D T1:		the first return/report	the final return/report			
D This retu	urn/report is	H			(1)	
		an amended return/report	a snort plan year retu	rn/report (less than 12 m	nontns)	
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter desc	ription)		_	
Part II	Basic Plan Inf	formation—enter all requested in				
1a Name		enter an requested in	Tomicatori		1b Three-digit	
		MD, PLLC CASH BALANCE PLAN			plan number	
					(PN) •	002
					1c Effective date	
					01	/01/2014
		loyer, if for a single-employer plan)) D)		2b Employer Ide	
		oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		tructions)	(=::1)	-5286921
	ANDSIRE, DMD, PL			,	2c Sponsor's tel	ephone number 113-1657
					_	
26 LAKEVIE\	W AVENUE					e (see instructions)
HARTSDALE	, NY 10530				62	1210
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administrator	's EIN
		_				
					3c Administrator	's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN						
name, EIN, and the plan number from the last return/report.						
name,	, EIN, and the plan n		the last return/report filed	for this plan, enter the	4b EIN	
name, a Sponso	, EIN, and the plan n or's name	number from the last return/report.			4c PN	6
a Sponso	, EIN, and the plan n or's name number of participan	ts at the beginning of the plan year.			4c PN 5a	6
name, a Sponso 5a Total r b Total r	, EIN, and the plan n or's name number of participan number of participan	ts at the beginning of the plan yearts at the end of the plan year			4c PN	
a Sponso 5a Total r b Total r c Number	, EIN, and the plan n or's name number of participan number of participan er of participants wit	ts at the beginning of the plan yearh account balances as of the end of	the plan year (only define	d contribution plans	4c PN 5a	6
a Sponso 5a Total r b Total r c Number complete	, EIN, and the plan nor's name number of participan number of participan er of participants wit lete this item)	ts at the beginning of the plan year	the plan year (only define	d contribution plans	4c PN 5a 5b 5c	6
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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No No No Yes No Yes No									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		398376					629442	2
b	Total plan liabilities	7b		0)				(0
С	Net plan assets (subtract line 7b from line 7a)	7c		398376					629442	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) 1	otal	
а	Contributions received or receivable from:			222232						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		8834						
	Other income (loss)	8b		0034	_				00400	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23106	Ď
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		C)					
q	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
	Net income (loss) (subtract line 8h from line 8c)	8i							23106	6
Ť	Transfers to (from) the plan (see instructions)									
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 3B	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)									
f	f Has the plan failed to provide any benefit when due under the plan?									
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	j [] "Prior ye test	ear" ADP
			- □ □ □	Curre ADP t	ent year est	"	N/A	
							verage enefit test	N/A
	16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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 2016

OMB No. 1210-0110

This Form is Open to Public Inspection

Internal Revenue Code (the Code).

File as an attachment to Form	n 5500 or 5500-SF.			
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016	and endin	g 12/31	1/2016	
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable cause is establishe	d		
A Name of plan	B Three-di	git		
PAUL GERARD GRANDSIRE, DMD, PLLC CASH BALANCE PLAN	plan nun	ber (PN)	•	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identifica	tion Number (E	:INI)
PAUL G. GRANDSIRE, DMD, PLLC	Employer	27-5286		
		21-5200	J321	
E Type of plan: ☐ Single ☐ Multiple-A ☐ Multiple-B F Prior year p	lan size: X 100 or fewer	101-5	00 More th	an 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31 Year 2	2016			
2 Assets:				
a Market value		. 2a		407210
b Actuarial value		2b		407210
3 Funding target/participant count breakdown	(1) Number of	. ,	ted Funding	(3) Total Funding
2 For retired portionants and honoficiaries resolving neumant	participants 0	- 1	arget 0	Target
a For retired participants and beneficiaries receiving payment				0
b For terminated vested participants			0	0
C For active participants	6		414663	414663
d Total	6		414663	414663
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for pl status for fewer than five consecutive years and disregarding loading factor				
5 Effective interest rate		5		4.69%
6 Target normal cost		6		209633
Statement by Enrolled Actuary				
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into ac				
combination, offer my best estimate of anticipated experience under the plan.				•
SIGN				
HERE			06/29/201	7
Signature of actuary			Date	
MARK SADOFF			17-03055	i
Type or print name of actuary		Most re	ecent enrollmer	nt number
PROFESSIONAL PENSION PLANNERS, INC.			914-693-13	33
Firm name	Te	lephone r	number (includ	ing area code)
1053 SAW MILL RIVER ROAD, SUITE 204 ARDSLEY, NY 10502				
- 7.00				
Address of the firm				
	n completing this sales to	ال باد داد د	ha hay and sa	, n
If the actuary has not fully reflected any regulation or ruling promulgated under the statute i instructions	n completing this schedul	e, cneck t	ne box and see	:

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Pa	art II	Begir	nning of Year	Carryov	er and Prefunding B	alan	ices							
7	Polonoo	ot boginn	oing of prior year a	ftor applied	able adjustments (line 13 fro	om pri	ior	(a) C	arryover balanc	e	(b) F	Prefundir	ig balance	
		•	•		able adjustments (line 13 in					0			0	
8			•	-	nding requirement (line 35 f					0			0	
year)								0						
10					rn of0.78%					0			0	
11					to prefunding balance:									
	•				 38a from prior year)								2647	
					a over line 38b from prior ye interest rate of 4.79								0	
					edule SB, using prior year's								0	
					ar to add to prefunding baland								2647	
	d Portio	n of (c) to	be added to prefu	unding bala	ance								0	
12	Other re	ductions i	in halances due to	elections	or deemed elections					0			0	
					line 10 + line 11d – line 12)					0			0	
	art III			`										
	Part III Funding Percentages 14 Funding target attainment percentage													
)							15	100.09%	
	Prior yea	ar's fundir	ng percentage for	purposes o	of determining whether carry	yover/	/prefunding	g balance	es may be used	to reduce	current	16	98.19%	
17	•				less than 70 percent of the							17	%	
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls							Į.		
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and empl	loyees	s:							
(1)	(a) Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(1	(a) Date MM-DD-Y					(c) Amount paid by employees		
0	6/13/2017	7		222232	0									
						Tot	tals ▶	18(b)		222232	18(c)		0	
19	Discount	ted emplo	over contributions	– see instr	uctions for small plan with a	a valua	ation date	, ,	beainnina of the		, ,	·		
					num required contributions					19a			0	
b Contributions made to avoid restrictions adjusted to valuation date							0							
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date							211035							
20	Quarterly	y contribu	itions and liquidity	shortfalls:										
						Yes No								
	b If line	20a is "Y	es," were required	quarterly	installments for the current	year r	made in a	timely ma	anner?				Yes X No	
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as									
		(1) 10	t		Liquidity shortfall as of en	nd of q	quarter of t					(A) A+h		
		(1) 1s			(2) 2nd	+		(3)	3rd 0			(4) 4th	0	
			0 0 0											

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost								
21 Discount rate:									
- 1	a Segment rates: 1st segment: 2nd segment: 3rd segment	:	DAYA GULESTI						
	4.43% 5.91% 6.65 %		N/A, full yield curve used						
	b Applicable month (enter code)								
22	22 Weighted average retirement age 22								
23	Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate	Substit	ute						
Pa	art VI Miscellaneous Items								
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required								
	attachment		Yes X No						
	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attack								
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required	attachmer	ntYes X No						
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27							
P	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years								
28	Unpaid minimum required contributions for all prior years	. 28	0						
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0						
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	. 30	0						
Pa	art VIII Minimum Required Contribution For Current Year								
31	31 Target normal cost and excess assets (see instructions):								
	a Target normal cost (line 6)	. 31a	209633						
	b Excess assets, if applicable, but not greater than line 31a	. 31b	0						
32	Amortization installments: Outstanding Bala	ance	Installment						
	a Net shortfall amortization installment	7453	1303						
	b Waiver amortization installment	0	0						
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	33	0						
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	. 34	210936						
	Carryover balance Prefunding bala	nce	Total balance						
35	Balances elected for use to offset funding requirement	0	0						
36	Additional cash requirement (line 34 minus line 35)	. 36	210936						
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line								
	19c)								
	Present value of excess contributions for current year (see instructions)	292	00						
	a Total (excess, if any, of line 37 over line 36)								
30	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances								
40									
	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instruction		<u> </u>						
	If an election was made to use PRA 2010 funding relief for this plan:	,							
	a Schedule elected	[2 plus 7 years 15 years						
	b Eligible plan year(s) for which the election in line 41a was made	20	008 2009 2010 2011						
42	Amount of acceleration adjustment	. 42							
43	3 Excess installment acceleration amount to be carried over to future plan years								

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corpo	ration Co	mplete all entries in	accordance	with the instru	ctions to the Form 550	00-SF.			
F	Part I Annual Re	port Identifi	cation Informatio	n						
Fo	r calendar plan year 2010	or fiscal plan y	ear beginning	C	1/01/2016	and ending	12	/31/2016		
_	This return/report is for: This return/report is:	a one	ple-employer plan -participant plan est return/report nended return/report	a list a for the f	of participating e eign plan inal return/report	lan (not multiemployer) imployer information in m/report (less than 12 r	accordar			
C	Check box if filing under	speci	al extension (enter des	scription)	matic extension			DFVC progra	m	
F	art II Basic Plan	<u>Information</u>	enter all requeste	ed informatio	on					
1a	Name of plan Paul Gerard Gra	ındsire, DM	D, PLLC Cash Ba	alance Pi	lan		F	Γhree-digit Dan number PN) ►	002	
_								Effective date o	f plan	
2 a	Plan sponsor's name of Mailing Address (inclu City or town, state or p	de room, apt., s	uite no. and street, or l	P.O. Box)	f foreign, see ins	tructions)		Employer Identi EIN) 27-52	fication Number 86921	
	Paul G. Grandsi	ire, DMD, P	LLC		-			Sponsor's telep (914) 413-	1657	
	26 Lakeview Avenue 28 Business code (see instructions) 621210								(see instructions)	
_	US Hartsdale NY 105									
3a Plan administrator's name and address X Same as Plan Sponsor							3b Administrator's EIN			
	/						3c /	Administrator's	telephone number	
4	If the name and/or EIN name, EIN, and the pi			ce the last r	eturn/report filed	for this plan, enter the	4b i	EIN		
_8	Sponsor's name						4c	PN		
5a	 Total number of partic 	ipants at the be	ginning of the plan yea	ır	***************************************	***************************************			6	
Ь	•	•				***************************************	5b		- 6	
C	complete this item)	******************			*********	***************************************	5c			
d	I(1) Total number of act	ve participants	at the beginning of the	plan year	***************************************		5d(1	()	6	
d	I(2) Total number of act	ve participants	at the end of the plan y	/ear	=======================================	***************************************	5d(2	2)	6	
е	Number of participant less than 100% vester		d employment during the			nefits that were	5e		0	
C	aution: A penalty for th	e late or incom	plete filing of this ret	turn/report	will be assesse	d unless reasonable c	ause is	established.		
5	Inder penalties of perjury B or Schedule MB comp elief, it is true porrect, a	leted and signe								
	sign Evely	ple	rowey		7/10/17	Evelyn C. Bolw	ell			
HERE Signature of plan administrator							inistrator			
SIGN Evelynt polivel 7/10/17 Evelyn C. Bolwell										
	HERE Signature of en	ployer/plan sp	/	D	atte	Enter name of individ		ng as emplover	or plan sponsor	
F	Preparer's hame (includin Skip this question						Prepa	rer's telephone this quest	number	

	Form 5500-SF 2016 Page 2								
 6а	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	*******		*******		x	Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condition	ons.)	••••••		•••••		<u>x</u>]Yes □No
	If you answered "No" to either line 6a 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 in	surance p	rogram (see ERISA section	on 402	21)? .		Yes	X No	Not determined
P	nt III Financial Information								
<u>7</u>	Plan Assets and Liabilities		(a) Beginning o	f Year	<u>. </u>			(b) End of Y	ear
a	Total plan assets	7a	39	8,3	76	ļ			629,442
<u>_b</u>	Total plan liabilities	7b			0	<u>. </u>			0
C	Net plan assets (subtract line 7b from line 7a)	7c	39	8,3	76				629,442
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	22	22,2	32				
-	(2) Participants	8a(2)			0				0.000
	(3) Others (including rollovers)	8a(3)			0				
ь	Other income (loss)	8b		8,8	34				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc Bc							231,066
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				232,000
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							00
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						231,066	
j	Transfers to (from) the plan (see instructions)	8j			0				
P	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension f	eature cod	es from the List of Plan C	harac	teristi	c Co	des in t	he instructions	s:
	1A 1C 3B								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	e instructions:	
Pa	nt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Am	ount
ε	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction						
	Program)			10a		X			
ľ	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	include transactions	106		х			
				10b	v	<u> </u>			200 000
				100	Х	 			200,000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					х			
•	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					x			
f	the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?					x			 · · · · · · · · · · · · · · · · · ·
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h					
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i		_			
							£3/33/46096037786		

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Page 3 -		
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Form 5500-SF 2016

									_
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scheo (Form 5500 and line 11a below)						Yes [☐ No	
11a	1a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc ERISA?			2 of	******		Yes [X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								_
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver		_	er the	date	of the		uling ——	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	,		ļ					
b	Enter the minimum required contribution for this plan year	**********	12b	ļ					
C	Enter the amount contributed by the employer to the plan for the plan year		12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)		12 d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?] Ye	es 🗌	No	<u></u>	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	*************			Yes	X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••	13a						
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?				□ `	/es	X N	0	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the pla	n(s) to						
1:	3c(1) Name of plan(s):	13c(2)	13c(3) PN				l(s)		
				·					
Par	VIII Trust Information - Skip These Questions		T						
14a	Name of trust		141) Trus	st's El	N			
140	Name of trustee or custodian		14d Trustee or custodian's telephone number						
Par	IX IRS Compliance Questions - Skip These Questions		•						
-	Is the plan a 401(k) plan? If "No," skip b.		Yes				No		
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	\top	Design-	base	d	=		year" A[DP
	401(k)(3) for the plan year? Check all that apply:		safe ha		_87		test		
			"Curren		Γ		N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percent test	age		Aven	age fit test		N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes				No		
178	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter/	opinion	letter or	advis	ory le	tter, e	nter the	date of	f
17t	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter/	nter the	date of t	he me	ost red	cent d	etermir	ation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepaservice?				Yes		No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?				Yes		No		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security Administration**

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

r i ne as an attacinin		3000 01 1	I		
For calendar plan year 2016 or fiscal plan year beginning 01/01	/2016	and ending	12/31/2	016	
▶ Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable ca	use is established	d.		
A Name of plan	B Three-digit	C.			
Paul Gerard Grandsire, DMD, PLLC Cash Balance Plan		plan numb	er (PN)	002	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification Nur	nber (EIN)	
Paul G. Grandsire, DMD, PLLC		70 70	-5286921		
1441 0. 0141142110, 2112, 11110					
E Type of plan: Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer	101-500	More than 500	
Part I Basic Information					
1 Enter the valuation date: Month 12 Day 31	Year2016	_			
2 Assets:					
a Market value			2a	407,210	
b Actuarial value			2b	407,210	
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Targ		(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	0		0	0	
b For terminated vested participants	0		0	0	
	6		414,663	414,663	
c For active participants d Total	6		414,663	414,663	
4 If the plan is in at-risk status, check the box and complete lines (a) and	(b)	П		,	
a Funding target disregarding prescribed at-risk assumptions		- T	4a		
b Funding target reflecting at-risk assumptions, but disregarding transit at-risk status for fewer than five consecutive years and disregarding	tion rule for plans that		4b		
5 Effective interest rate			5	4.69 %	
6 Target normal cost			6	209,633	
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.				presribed assumption was applied in	
SIGN HERE Mark Sadoff			6/29/1	7	
/ Signature of actuary				Date	
Mark Sadoff 17-03055					
Type or print name of actuary			nrollment number		
Professional Pension Planners, Inc. (914) 693-1333					
Firm name		Tele	ephone numbe	r (including area code)	
1053 Saw Mill River Road, Suite 204					
US Ardsley NY 10502					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under	er the statute in comple	eting this schedul	e, check the bo	ox and see	

	Schedul	e SB (Form 5500) 2016		Page	2					
Pa	rt II Beg	inning of Year Carryov	er and Prefunding Ba	lances						
7		eginning of prior year after appl			(a) (Carryover baland	ce 0	(b)	Prefundi	ng balance 0
8	Portion electe	ed for use to offset prior year's	funding requirement (line 35	from			0			0
9		ining (line 7 minus line 8)					0			0
10		e 9 using prior year's actual re					0			0
11	Prior year's e	xcess contributions to be adde	d to prefunding balance:							
	a Present va	due of excess contributions (lin	e 38a from prior year)							2,647
	• •	t on the excess, if any, of line 3 lle SB, using prior year's effect		ear <u>9</u> %						0
	• •	on line 38b from prior year Sc	= -							0
	C Total avail	able at beginning of current pla	in year to add to prefunding t	palance .						2,647
	d Portion of	(c) to be added to prefunding b	alance	•••••	4 6 6					0
_12	Other reduction	ons in balances due to election	s or deemed elections	• • • • • • • • • • • • • • • • • • • •			0			
13	Balance at be	eginning of current year (line 9	+ line 10 + line 11d - line 12)				0			0
Pa	ırt III 🔝 Fu	ınding Percentages								
14	Funding targe	et attainment percentage	••••					•••••	14	98.20 %
		ling target attainment percenta		-					15	100.09 %
16		Inding percentage for purposes funding requirement							16	98.19 %
17		value of the assets of the plan						• • • • • • • • • • • • • • • • • • • •	17	%
2003094593945	6/4/2003/01/01	ontributions and Liquid	· · · · · · · · · · · · · · · · · · ·			<u> </u>				,
18	Contributions	made to the plan for the plan	ear by employer(s) and emp	loyees:						
(MI	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		a) Date DD-YYYY)		int paid by oyer(s)			unt paid by oyees
06/	/13/2017	222,232								
				Totals	► 18(b)		222,2	32 18(c)	0
19		mployer contributions see ins	•							
	a Contributio	ns allocated toward unpaid mir	nimum required contributions	from prior	r years	• • • • • • • • • • • • • • • • • • • •	19a			0
		ns made to avoid restrictions a					19b			0
		ns allocated toward minimum i		ent year ac	djusted to va	iluation date	19c			211,035
20	Quarterly con	tributions and liquidity shortfall	s:							

Liquidity shortfall as of end of quarter of this plan year

(3) 3rd

c If line 20a is "Yes," see instructions and complete the following table as applicable:

(2) 2nd

(1) 1st

(4) 4th

P	art V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	,	N/A, full yield curve used		
	b Applicable month	(enter code)			21b	0		
_22	Weighted average re	tirement age			22	66		
23	23 Mortality table(s) (see instructions)							
Pa	Part VI Miscellaneous items							
24	_	•	uarial assumptions for the current	•		ns regarding required		
25						Yes X No		
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	i attachmei	nt		
27	•	-	ter applicable code and see instru		27			
Pa			m Required Contribution					
28	Unpaid minimum req	uired contributions for all prior	years		28	0		
29			l unpaid minimum required contrib		29	_		
						0		
2000000000			ntributions (line 28 minus line 29)		30	0		
Pa	rt VIII Minimum	Required Contribution	For Current Year					
<u>31</u>	Target normal cost a	nd excess assets (see instructi	ions):					
					31a	209,633		
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b	0		
32	Amortization installm			Outstanding Bala		Installment		
			• • • • • • • • • • • • • • • • • • • •		7,453	1,303		
					0	0		
33			ter the date of the ruling letter gra) and the waived amount .		33	0		
34	Total funding requirer	ment before reflecting carryover/	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	210,936		
			Carryover balance	Prefunding Bala	ance	Total balance		
35	Balances elected for requirement	use to offset funding	0		0	0		
36	Additional cash requi	rement (line 34 minus line 35)			36	210,936		
37					37	211,035		
_38	Present value of exce	ess contributions for current ye	ar (see instructions)					
	a Total (excess, if an	y, of line 37 over line 36)			38a	99		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b							
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0		
40	40 Unpaid minimum required contributions for all years					0		
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions)			
41	If an election was mad	de to use PRA 2010 funding rel	lief for this plan:					
	a Schedule elected							
	_		11a was made			08 2009 2010 2011		
42		•			42	20		
			I over to future plan years		43			
	=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oc.c.allon amount to be carried	ovor to tuturo piari youro					

Schedule SB, line 32 -

Schedule of Amortization Bases

Paul Gerard Grandsire, DMD, PLLC Cash Balance Plan 27-5286921 / 002

For the plan year 01/01/2016 through 12/31/2016

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2015	3,667	Shortfall	3,260	6	610
	12/31/2016	4,193	Shortfall	4,193	7	693
Totals:				\$7.453		\$1,303



Description of Weighted Average Retirement Age

Paul Gerard Grandsire, DMD, PLLC Cash Balance Plan 27-5286921 / 002

For the plan year 01/01/2016 through 12/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Discounted Employer Contributions

Paul Gerard Grandsire, DMD, PLLC Cash Balance Plan

27-5286921 / 002

For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	06/13/2017	\$222,232					
Applied to Quarterly Contribution	04/15/2016	47,447	44,032	0	47,447	4.69	9.69
Applied to Quarterly Contribution	07/15/2016	47,447	44,546	0	47,447	4.69	9.69
Applied to Quarterly Contribution	10/15/2016	47,447	45,071	0	47,447	4.69	9.69
Applied to Additional Contribution	12/31/2016	101	99	0	0	4.69	0
Applied to MRC	12/31/2016	32,343	31,684	0	0	4.69	0
Applied to Quarterly Contribution	01/15/2017	47,447	45,603	0	47,447	4.69	9.69
Totals for Deposited Contribution		\$222,232	\$211.035	\$0	\$189.788		



Schedule SB, Part V Summary of Plan Provisions

Paul Gerard Grandsire, DMD, PLLC Cash Balance Plan 27-5286921 / 002

For the plan year 01/01/2016 through 12/31/2016

Employer: Paul Gerard Grandsire, DMD, PLLC

Type of Entity - Limited Liability Company (LLC) taxed as S-Corp

EIN: 27-5286921 TIN: Plan #: 002 Plan Type: Cash Balance

<u>Dates:</u> Effective - 01/01/2014 Year end - 12/31/2016 Valuation - 12/31/2016

Top Heavy Years - 2015, 2016

Eligibility: All employees excluding non-resident aliens and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of the 5th anniversary of

the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - Classification Pay Credit Formula

A 65% of compensation B 65% of compensation C 2% of compensation

Minimum pay credit to provide a life annuity at retirement of 0.5% of compensation per year of participation

Interest Credit Rate - Current Yr - 4% Projected Yrs - 4%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Joint with 50% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service except years prior to plan effective date and age 18

<u>Present Value of Accrued Benefit:</u> Based on the Hypothetical Account Balance.



Schedule SB, Part V Summary of Plan Provisions

Paul Gerard Grandsire, DMD, PLLC Cash Balance Plan 27-5286921 / 002

For the plan year 01/01/2016 through 12/31/2016

Actuarial Equivalence:

Pre-Retirement - Interest - 4%

Mortality Table - None

Post-Retirement - Interest - 4%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)



Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Paul Gerard Grandsire, DMD, PLLC Cash Balance Plan 27-5286921 / 002

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 12/31/2016

Funding Method: As prescribed in IRC Section 430

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

Prospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target

for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5%

interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.55
Segment 2	6 - 20	3.76
Segment 3	> 20	4.73
· ·		

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

Segment # Year Rate %

Segment #	Teal	Rate %
Segment 1	0 - 5	4.43
Segment 2	6 - 20	5.91
Segment 3	> 20	6.65

Pre-Retirement - Mortality Table - None

Turnover/Disability - None Salary Scale - None

Interest Credit Rate - Current Yr - 4% Projected Yrs - 4%

Expense Load - None Ancillary Ben Load - None

Post-Retirement - Mortality Table - 16A - 2016 Annuitant - IRC 430(h)(3)(A)

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5% CB Projection Rate - 4

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

