

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2016</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan
B This return/report is	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information					
1a Name of plan WILLIAM WOLFSON DMD PC DEFINED BENEFIT RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center; color: blue;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2009</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 01/01/2009	
1b Three-digit plan number (PN) ►	001				
1c Effective date of plan 01/01/2009					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WILLIAM WOLFSON, DMD, PC 361 PURCHASE ST RYE, NY 10580	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 13-3025780</td> </tr> <tr> <td>2c Sponsor's telephone number 914-837-8090</td> </tr> <tr> <td>2d Business code (see instructions) 621210</td> </tr> </table>	2b Employer Identification Number (EIN) 13-3025780	2c Sponsor's telephone number 914-837-8090	2d Business code (see instructions) 621210	
2b Employer Identification Number (EIN) 13-3025780					
2c Sponsor's telephone number 914-837-8090					
2d Business code (see instructions) 621210					
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. WILLIAM WOLFSON, DMD, PC 361 PURCHASE ST RYE, NY 10580	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN 13-3025780</td> </tr> <tr> <td>3c Administrator's telephone number 914-837-8090</td> </tr> </table>	3b Administrator's EIN 13-3025780	3c Administrator's telephone number 914-837-8090		
3b Administrator's EIN 13-3025780					
3c Administrator's telephone number 914-837-8090					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> </tr> <tr> <td>4c PN</td> </tr> </table>	4b EIN	4c PN		
4b EIN					
4c PN					
5a Total number of participants at the beginning of the plan year	5a 29				
b Total number of participants at the end of the plan year.....	5b 18				
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c 0				
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) 15				
d(2) Total number of active participants at the end of the plan year	5d(2) 10				
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 6				

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 HERE	Filed with authorized/valid electronic signature.	10/11/2017	WILLIAM WOLFSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2017	WILLIAM WOLFSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1425051	1518415
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1425051	1518415
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	216042	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	26916	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		242958
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	147233	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	2361	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		149594
i Net income (loss) (subtract line 8h from line 8c)	8i		93364
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		0
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		0
c Was the plan covered by a fidelity bond?	10c	X			150000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		0
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X			6958
f Has the plan failed to provide any benefit when due under the plan?	10f		X		0
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	<input type="checkbox"/> Design-based safe harbor	<input type="checkbox"/> "Prior year" ADP test
	<input type="checkbox"/> "Current year" ADP test	<input type="checkbox"/> 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:	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.		
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 separated from service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>WILLIAM WOLFSON DMD PC DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WILLIAM WOLFSON, DMD, PC</u>	D Employer Identification Number (EIN) <u>13-3025780</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>1425051</u>
b Actuarial value	2b <u>1425051</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1</u> <u>60070</u> <u>60070</u>
b For terminated vested participants	<u>13</u> <u>81573</u> <u>81573</u>
c For active participants	<u>17</u> <u>689656</u> <u>702641</u>
d Total	<u>31</u> <u>831299</u> <u>844284</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.19%</u>
6 Target normal cost	6 <u>27146</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	
Signature of actuary	<u>09/12/2017</u>
<u>CRAIG A. MILLER, PRESIDENT</u>	Date
Type or print name of actuary	<u>17-02728</u>
<u>WESTMINSTER U.S.A., LTD.</u>	Most recent enrollment number
Firm name	<u>914-697-5000</u>
<u>4 WEST RED OAK LANE</u> <u>SUITE 110</u> <u>WHITE PLAINS, NY 10604</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	649951
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	649951
10 Interest on line 9 using prior year's actual return of <u>-3.74</u> %	0	-24308
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		108505
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.36</u> %		6901
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		115406
d Portion of (c) to be added to prefunding balance		115406
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	741049

Part III Funding Percentages		
14 Funding target attainment percentage	14	81.01%
15 Adjusted funding target attainment percentage	15	0.00%
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	81.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	0.00%

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)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/11/2017	200000	0			
Totals ►			18(b)	200000	18(c) 0

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	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	178416
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	<input type="checkbox"/> N/A, full yield curve used
b	Applicable month (enter code)	21b	0
22	Weighted average retirement age	22	65
23	Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part 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
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	27146
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	51549	31742
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	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	58888
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	58888
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	178416
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	119528
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan

Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

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

Age is attained age as of the valuation date.

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

Active employees include employees who are active and deferring retirement.

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan
Plan EIN: 13-3025780
Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.43%

Second Segment: 5.91%

Third Segment: 6.65%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.41%

Second Segment: 3.96%

Third Segment: 4.97%

PBGC Segmented Rates

First Segment: 1.82%

Second Segment: 4.12%

Third Segment: 5.01%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2016 430(h)(3)(A)-Optional combined

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table None

IRC417(e)(3) Retirement Mortality

Mortality Table 2016 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

0% of participants will elect the Plan Normal Form

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

Retirement Actuarial Equivalence Assumptions

1st Segment Rate: 1.82% Effective annual rate

2nd Segment Rate: 4.12% Effective annual rate

3rd Segment Rate: 5.01% Effective annual rate

Mortality Table 2016 417(e)(3) Applicable Mortality Table

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan
Plan EIN: 13-3025780
Plan Number: 001

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings	5% Effective annual rate
Mortality Table	2016 417(e)(3) Applicable Mortality Table

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

Investment Earnings	5% Effective annual rate
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William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan
Plan EIN: 13-3025780
Plan Number: 001

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

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

Plan Effective Date	January 1, 2009
Plan Anniversary Date	January 1, 2016
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12 Minimum hours worked: 1,000
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65 Not to exceed the later of age 65 and 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Lump Sum (single payment)
Normal Retirement Benefit	Benefit Formula: 1.95% per year of service times compensation plus 0.65% per year of service times compensation in excess of the integration level: Table: II - Maximum: \$118500 - Year: 2016 Maximum total years of service: 25 Maximum years of past service: 5 IRC415 maximum annual benefit: \$210,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan participation up to 10 (actuarially adjusted for benefit form)
Compensation Definition	Highest consecutive 3 year average salary over all participation Annual salary up to \$265,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	100% present value of accrued benefit
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Computation Period: Employment Years Based on periods of service rounded to nearest year
Accrued Retirement Benefit	Pro-rated on participation Participation includes up to 5 years of employment service Maximum number of years of past credited benefit accrual service is 5

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment
Shortfall Base	11,058	01/01/2010	1	11,058
Shortfall Base	40,491	01/01/2011	2	20,684
Total	51,549			31,742

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 1/1/2016 and ending 12/31/2016

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan William Wolfson DMD PC Defined Benefit Retirement Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2"> D Employer Identification Number (EIN) 13-3025780 </td> </tr> </table>	B Three-digit plan number (PN) ►	001			D Employer Identification Number (EIN) 13-3025780	
B Three-digit plan number (PN) ►	001						
D Employer Identification Number (EIN) 13-3025780							
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF William Wolfson, DMD, PC							
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500							

Part I Basic Information			
1 Enter the valuation date: <u>1/1/2016</u>			
2 Assets:			
a Market value	2a	1425051	
b Actuarial value	2b	1425051	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1	60070	60070
b For terminated vested participants.....	13	81573	81573
c For active participants.....	17	689656	702641
d Total.....	31	831299	844284
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.19 %	
6 Target normal cost	6	27146	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary Craig A. Miller, President Type or print name of actuary Westminster U.S.A., Ltd. Firm name 4 West Red Oak Lane Suite 110 White Plains NY 10604 Address of the firm	<div style="text-align: right;"> Date 9/12/2017 1702728 Most recent enrollment number 914-697-5000 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2016

Part II Beginning of Year Carryover and Prefunding Balances

Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	649951
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	649951
10	Interest on line 9 using prior year's actual return of <u>-3.74</u> %.....	0	-24308
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		108505
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.36</u> %		6901
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		115406
	d Portion of (c) to be added to prefunding balance		115406
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	741049

Part III Funding Percentages

14	Funding target attainment percentage.....	14	81.01 %
15	Adjusted funding target attainment percentage	15	0 %
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	81 %
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 employee(s):

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
9/11/2017	200000	0			
			Totals ►	18(b)	
				200000	18(c) 0

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	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	178416

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part 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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	27146	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	51549		31742
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 () and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	58888	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	58888	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	178416	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	119528	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011
42 Amount of acceleration adjustment	42			
43 Excess installment acceleration amount to be carried over to future plan years	43			

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan

Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

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

None is attained and 25 of the value of the data

Age is attained age as of the valuation date.

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

Active employees include employees who are active and deferring retirement.

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan
Plan EIN: 13-3025780
Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.43%

Second Segment: 5.91%

Third Segment: 6.65%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.41%

Second Segment: 3.96%

Third Segment: 4.97%

PBGC Segmented Rates

First Segment: 1.82%

Second Segment: 4.12%

Third Segment: 5.01%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2016 430(h)(3)(A)-Optional combined

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table None

IRC417(e)(3) Retirement Mortality

Mortality Table 2016 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

0% of participants will elect the Plan Normal Form

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

Retirement Actuarial Equivalence Assumptions

1st Segment Rate: 1.82% Effective annual rate

2nd Segment Rate: 4.12% Effective annual rate

3rd Segment Rate: 5.01% Effective annual rate

Mortality Table 2016 417(e)(3) Applicable Mortality Table

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan
Plan EIN: 13-3025780
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Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2016 417(e)(3) Applicable Mortality Table

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

Investment Earnings 5% Effective annual rate

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan
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Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan
Plan EIN: 13-3025780
Plan Number: 001

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

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan
Schedule SB, Part V - Summary of Plan Provisions
Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan
Plan EIN: 13-3025780
Plan Number: 001

Plan Effective Date	January 1, 2009
Plan Anniversary Date	January 1, 2016
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12 Minimum hours worked: 1,000
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65 Not to exceed the later of age 65 and 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
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CERTIFICATION STATEMENT

2016 SCHEDULE SB (FORM 5500-SF)

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


PLAN SPONSOR: William Wolfson, DMD, PC

EMPLOYER IDENTIFICATION NUMBER: 13-3025780

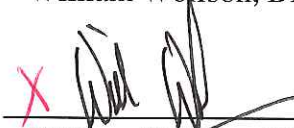
PLAN NUMBER: 001

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

William Wolfson, DMD, PC ,
Plan Administrator


By:  _____, President
William Wolfson, DMD, PC

Date: 9/13/17

 _____, Trustee
William Wolfson, DMD, PC

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

Date: 9/20/17

Westminster USA Ltd
 _____
Craig Miller
President
Westminster U.S.A. Ltd.
4 West Red Oak Lane
White Plains, NY 10604
Telephone No.: (914) 697-5000