

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service		<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>		OMB Nos. 1210-0110 1210-0089	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation				<b>2016</b>  <b>This Form is Open to Public Inspection</b>	
<b>Part I Annual Report Identification Information</b>					
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
<b>A</b> 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>B</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)			
<b>C</b> 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)			
<b>Part II Basic Plan Information</b> —enter all requested information					
<b>1a</b> Name of plan DR. KAREN AVANESOV DEFINED BENEFIT PLAN		<b>1b</b> Three-digit plan number (PN) ▶		001	
		<b>1c</b> Effective date of plan		01/01/2013	
<b>2a</b> 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) CELEBRITY DENTAL PC  536 WEST 207 ST NEW YORK, NY 10034		<b>2b</b> Employer Identification Number (EIN)		20-4708152	
		<b>2c</b> Sponsor's telephone number		212-567-8800	
		<b>2d</b> Business code (see instructions)		621210	
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN			
		<b>3c</b> Administrator's telephone number			
<b>4</b> 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.		<b>4b</b> EIN			
<b>a</b> Sponsor's name		<b>4c</b> PN			
<b>5a</b> Total number of participants at the beginning of the plan year .....		<b>5a</b>		3	
<b>b</b> Total number of participants at the end of the plan year.....		<b>5b</b>		5	
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<b>5c</b>			
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....		<b>5d(1)</b>		3	
<b>d(2)</b> Total number of active participants at the end of the plan year .....		<b>5d(2)</b>		4	
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>5e</b>		1	
<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>					
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.					
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2017	KAREN AVANESOV		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
<b>SIGN HERE</b>					
	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**

<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	643732	870067
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	643732	870067
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	350000	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	-73665	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		276335
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	50000	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		50000
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		226335
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**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 3D
- 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**

<b>10</b> During the plan year:		Yes	No	N/A	Amount
<b>a</b> 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) .....	<b>10a</b>		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X		
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X			87100
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X		
<b>e</b> 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.) .....	<b>10e</b>		X		
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>				
<b>i</b> 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 .....	<b>10i</b>				

**Part VI Pension Funding Compliance**

<b>11</b> 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
<b>11a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 .....	<b>11a</b>
<b>12</b> 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.)	
<b>a</b> 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 _____	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>	
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>
<b>d</b> 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) .....	<b>12d</b>
<b>e</b> 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**

<b>13a</b> 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 .....	<b>13a</b>
<b>b</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
<b>c</b> 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.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)
<b>13c(3)</b> PN(s)	

**Part VIII Trust Information**

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

**Part IX IRS Compliance Questions**

<b>15a</b> Is the plan a 401(k) plan? If "No," skip b. ....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15b</b> 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
<b>16a</b> 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
<b>16b</b> 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
<b>17a</b> 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 _____.	
<b>17b</b> 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 ____/____/____.	
<b>18</b> 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
<b>19</b> 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

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2016</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>DR. KAREN AVANESOV DEFINED BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CELEBRITY DENTAL PC</u>	<b>D</b> Employer Identification Number (EIN) <u>20-4708152</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>639946</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>639946</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u> <u>0</u> <u>0</u>
<b>b</b> For terminated vested participants .....	<u>0</u> <u>0</u> <u>0</u>
<b>c</b> For active participants .....	<u>3</u> <u>456881</u> <u>497943</u>
<b>d</b> Total .....	<u>3</u> <u>456881</u> <u>497943</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</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 .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> <u>5.91 %</u>
<b>6</b> Target normal cost .....	<b>6</b> <u>186670</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.

<b>SIGN HERE</b>		<u>10/11/2017</u>
	Signature of actuary	Date
<u>MAX ROSENBERG</u>	Type or print name of actuary	<u>17-00528</u>
		Most recent enrollment number
<u>INTAC ACTUARIAL SERVICES, INC.</u>	Firm name	<u>201-447-2525</u>
<u>545 ROUTE 17 SOUTH</u> <u>RIDGEWOOD, NJ 07450</u>	Address of the firm	Telephone number (including area code)

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
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	144600
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	144600
<b>10</b> Interest on line 9 using prior year's actual return of <u>-0.22</u> % .....	0	-318
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		69355
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> % .....		4238
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		73593
<b>d</b> Portion of (c) to be added to prefunding balance .....		73593
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	75875
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	142000

Part III Funding Percentages		
<b>14</b> Funding target attainment percentage .....	<b>14</b>	100.00%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	128.51%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	100.02%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

Part IV Contributions and Liquidity Shortfalls					
<b>18</b> 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
12/05/2016	300000				
01/26/2017	50000				
			<b>Totals ►</b>	<b>18(b)</b>	350000
				<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	331470

**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

<b>Part V</b>	<b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>		
<b>21</b>	Discount rate:		
<b>a</b>	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>b</b>	Applicable month (enter code) .....	<b>21b</b>	0
<b>22</b>	Weighted average retirement age .....	<b>22</b>	55
<b>23</b>	Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		
<b>Part VI</b>	<b>Miscellaneous Items</b>		
<b>24</b>	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		
<b>25</b>	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		
<b>26</b>	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>27</b>	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....	<b>27</b>	
<b>Part VII</b>	<b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>		
<b>28</b>	Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b>	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b>	Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0
<b>Part VIII</b>	<b>Minimum Required Contribution For Current Year</b>		
<b>31</b>	Target normal cost and excess assets (see instructions):		
<b>a</b>	Target normal cost (line 6) .....	<b>31a</b>	186670
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	3
<b>32</b>	Amortization installments:	Outstanding Balance	Installment
<b>a</b>	Net shortfall amortization installment .....	0	0
<b>b</b>	Waiver amortization installment .....		
<b>33</b>	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 .....	<b>33</b>	
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	186667
	Carryover balance	Prefunding balance	Total balance
<b>35</b>	Balances elected for use to offset funding requirement .....		0
<b>36</b>	Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	186667
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	331470
<b>38</b>	Present value of excess contributions for current year (see instructions)		
<b>a</b>	Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	144803
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b>	Unpaid minimum required contributions for all years .....	<b>40</b>	0
<b>Part IX</b>	<b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>		
<b>41</b>	If an election was made to use PRA 2010 funding relief for this plan:		
<b>a</b>	Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
<b>b</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	
<b>42</b>	Amount of acceleration adjustment .....	<b>42</b>	
<b>43</b>	Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>	

**DR. KAREN AVANESOV DEFINED BENEFIT PLAN**

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

	<b>For Funding</b>					
		<b><u>Min</u></b>	<b><u>Max</u></b>	<b><u>For 417(e)</u></b>	<b><u>For Actuarial Equiv.</u></b>	
<b>Interest Rates</b>	Seg 1:	4.43%	1.41%	Seg 1:	1.61%	Pre-Retirement: 5.50%
	Seg 2:	5.91%	3.96%	Seg 2:	4.02%	Post-Retirement: 5.50%
	Seg 3:	6.65%	4.97%	Seg 3:	5.03%	
<b>Pre-Retirement</b>						
<b>Turnover</b>	None			None		None
<b>Mortality</b>	None			None		None
<b>Assumed Ret Age</b>	Early retirement age 55 and 5 years of participation			Early retirement age 55 and 5 years of participation		Early retirement age 55 and 5 years of participation
<b>Post-Retirement</b>						
<b>Mortality</b>	Male-modified RP2000 combined healthy male projected 31 & 23 years Female-modified RP2000 combined healthy female projected 31 & 23 years			2016 Applicable Mortality Table from Notice 2015-53		GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
<b>Assumed Benefit Form For Funding</b>				Lump Sum		
<b>Calculated Effective Interest Rate</b>				5.91%		
<b>Actuarial Cost Method</b>				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.		

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2016</div> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
<b>A</b> 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>B</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)
<b>C</b> 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)

<b>Part II Basic Plan Information</b> —enter all requested information			
<b>1a</b> Name of plan DR. KAREN AVANESOV DEFINED BENEFIT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ►	001
<b>1b</b> Three-digit plan number (PN) ►	001		
<b>2a</b> 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)  Celebrity Dental PC   536 West 207 St  New York, NY 10034	<b>1c</b> Effective date of plan 01/01/2013		
	<b>2b</b> Employer Identification Number (EIN) 20-4708152		
	<b>2c</b> Sponsor's telephone number (212) 567-8800		
	<b>2d</b> Business code (see instructions) 621210		
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number		
<b>4</b> 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. <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN		
<b>5a</b> Total number of participants at the beginning of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5a</b></td> <td style="width:40%; text-align: center;">3</td> </tr> </table>	<b>5a</b>	3
<b>5a</b>	3		
<b>b</b> Total number of participants at the end of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5b</b></td> <td style="width:40%; text-align: center;">5</td> </tr> </table>	<b>5b</b>	5
<b>5b</b>	5		
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5c</b></td> <td style="width:40%;"></td> </tr> </table>	<b>5c</b>	
<b>5c</b>			
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5d(1)</b></td> <td style="width:40%; text-align: center;">3</td> </tr> </table>	<b>5d(1)</b>	3
<b>5d(1)</b>	3		
<b>d(2)</b> Total number of active participants at the end of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5d(2)</b></td> <td style="width:40%; text-align: center;">4</td> </tr> </table>	<b>5d(2)</b>	4
<b>5d(2)</b>	4		
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5e</b></td> <td style="width:40%; text-align: center;">1</td> </tr> </table>	<b>5e</b>	1
<b>5e</b>	1		

<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>			
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.			
<b>SIGN HERE</b>		10/12/2017	Karen Avanesov
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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**

<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	643732	870067
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	643732	870067
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	350000	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	-73665	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		276335
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	50000	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ...	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		50000
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		226335
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**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 3D
- 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**

<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X		
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X			87100
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X		
<b>e</b> 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.) .....	<b>10e</b>		X		
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>				
<b>i</b> 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 .....	<b>10i</b>				

**Part VI Pension Funding Compliance**

<b>11</b> 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
<b>11a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 .....	<b>11a</b>
<b>12</b> 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.)	
<b>a</b> 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	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>	
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>
<b>d</b> 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) .....	<b>12d</b>
<b>e</b> 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**

<b>13a</b> 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 .....	<b>13a</b>
<b>b</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
<b>c</b> 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.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)
<b>13c(3)</b> PN(s)	

**Part VIII Trust Information**

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

**Part IX IRS Compliance Questions**

<b>15a</b> Is the plan a 401(k) plan? If "No," skip b. ....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15b</b> 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
<b>16a</b> 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
<b>16b</b> 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
<b>17a</b> 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 _____.	
<b>17b</b> 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 _____.	
<b>18</b> 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
<b>19</b> 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 ServiceDepartment 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**

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.

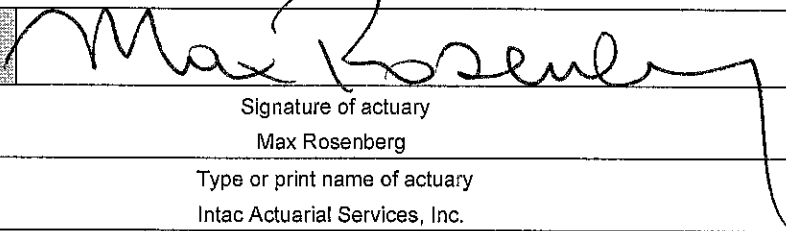
<b>A</b> Name of plan DR. KAREN AVANESOV DEFINED BENEFIT PLAN	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Celebrity Dental PC	<b>D</b> Employer Identification Number (EIN) 20-4708152
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	639946	
<b>b</b> Actuarial value .....	<b>2b</b>	639946	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	0	0	0
<b>b</b> For terminated vested participants .....	0	0	0
<b>c</b> For active participants .....	3	456881	497943
<b>d</b> Total .....	3	456881	497943
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.91 %	
<b>6</b> Target normal cost .....	<b>6</b>	186670	

**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.

<b>SIGN HERE</b>		<u>10/11/17</u>
	Signature of actuary Max Rosenberg	Date 17-00528
	Type or print name of actuary Intac Actuarial Services, Inc.	Most recent enrollment number (201) 447-2525
	Firm name 545 Route 17 South	Telephone number (including area code)
	Ridgewood, NJ 07450	
	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**

2017-10-10T16:28:52.209-0500

<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	144600
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	144600
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-0.22</u> % .....	0	-318
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		69355
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.11</u> % .....		4238
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		73593
	<b>d</b> Portion of (c) to be added to prefunding balance .....		73593
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	75875
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	142000

<b>14</b>	<b>Funding target attainment percentage.....</b>	<b>14</b>	100.00 %
<b>15</b>	<b>Adjusted funding target attainment percentage .....</b>	<b>15</b>	128.51 %
<b>16</b>	<b>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....</b>	<b>16</b>	100.02 %
<b>17</b>	<b>If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....</b>	<b>17</b>	%

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	
12-05-2016	300000					
01-26-2017	50000					
			Totals ►	18(b)	350000	18(c) 0

- |  |            |        |
|--|------------|--------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....   | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 331470 |

- 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:

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

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

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....	<b>21b</b>		0
<b>22</b> Weighted average retirement age .....	<b>22</b>		55
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

**Part VI Miscellaneous Items**

<b>24</b> 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
<b>25</b> 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
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	186670	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	3	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....			
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	186667	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	186667	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	331470	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	144803	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</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		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**DR. KAREN AVANESOV DEFINED BENEFIT PLAN****Employer ID# 20-4708152: Plan No. 001**

Quarterly Installment Payment: \$0.00

**Schedule SB, line 19 - Discounted Employer Contributions**

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Cth</u>
12-05-2016	300,000.00	2016	5.91%	12-05-2016 to 01-01-2016	284,442.32
01-26-2017	50,000.00	2016	5.91%	01-26-2017 to 01-01-2016	47,028.07
<b>Totals:</b>	<b>350,000.00</b>				<b>331,470.39</b>

<b>19</b>	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year		
<b>a</b>	Contributions allocated toward unpaid minimum required contribution from prior years	<b>19a</b>	0.00
<b>b</b>	Contributions made to avoid benefit restrictions adjusted to valuation date	<b>19b</b>	0.00
<b>c</b>	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	<b>19c</b>	331,470.39

**DR. KAREN AVANESOV DEFINED BENEFIT PLAN**

Weighted Average Retirement Age

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

Assumed Retirement Age - 100% of the participants are assumed to retire at the plan's early retirement date, which is defined as:

The later of:

Attainment of age 55

Completion of 5 years of participation from entry date

Participants who have passed their Early Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 55

**DR. KAREN AVANESOV DEFINED BENEFIT PLAN**

Summary of Plan Provisions  
Plan Year: 1/1/2016 to 12/31/2016  
Valuation Date: 1/1/2016

<b>Plan Effective Date</b>	January 1, 2013
<b>Plan Year</b>	From January 1, 2016 to December 31, 2016
<b>Eligibility</b>	<p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p>1 year of service Minimum age 21</p>
<b>Normal Retirement Age</b>	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 62 Completion of 5 years of participation from entry date</p>
<b>Normal Retirement Benefit</b>	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p>10% of average compensation per credited year of service with a maximum of 10 years. Credited years are plan years from date of hire excluding years before January 1, 2008 and years with less than 1,000 hours.</p> <p>The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.</p>
<b>Early Retirement Age</b>	<p>Attainment of age 55 Completion of 5 years of participation from entry date</p>
<b>Early Retirement Benefit</b>	Actuarial Equivalence
<b>Normal Form of Benefit</b>	A benefit payable for the life of the participant
<b>Accrued Benefit</b>	<p>The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.</p> <p>Credited years are plan years from date of hire excluding the following:</p> <p>Years before January 1, 2008 Years with less than 1,000 hours</p>
<b>Termination Benefit</b>	Upon termination for any reason other than death 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:



**DR. KAREN AVANESOV DEFINED BENEFIT PLAN**

Summary of Plan Provisions  
Plan Year: 1/1/2016 to 12/31/2016  
Valuation Date: 1/1/2016

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

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

**Top-Heavy Minimum Benefit**

Each participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Years plan is not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

**Top-Heavy Normal Form**

A benefit payable for the life of the participant

**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 not top-heavy.

**Death Benefit**

Actuarial Equivalent of the accrued benefit earned to date of death

**DR. KAREN AVANESOV DEFINED BENEFIT PLAN**

Shortfall Amortization  
 Plan Year: 1/1/2016 to 12/31/2016  
 Valuation Date: 1/1/2016

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
Total			\$0	\$0

# DR. KAREN AVANESOV DEFINED BENEFIT PLAN

Funded Status

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

	<u>Prior Year</u>	<u>Current Year</u>
(a) Funding Target	\$286,219	\$497,943
(b) Actuarial Value of Assets	\$430,900	\$639,946
(c) Carryover Balance	\$0	\$0
(d) Prefunding Balance	\$144,600	\$142,000
(e) Funding Ratio [(b)-(d)]/(a), not less than 0% <i>Must be at least 80% in prior plan year to apply carryover and prefunding balances to current minimum contribution.</i>	100.02%	100.00%
(f) Funding Target Attainment Percentage (FTAP) [(b)-(c)-(d)]/(a), not less than 0% <i>(100.00% for plans with zero funding target)</i>	100.02%	100.00%
(g) Funding shortfall (a)-[(b)-(c)-(d)], not less than zero) <i>(If greater than zero, quarterly contributions are required in next plan year. If equal to zero, there is no Shortfall Amortization Base for the current year and prior bases are reduced to zero.)</i>	\$0	\$0
(h) Was a portion of the prefunding balance used to satisfy the minimum contribution in the current plan year?		Yes
(i) Shortfall Exemption Asset Value <i>If (h)=Yes, (b)-(d). If (h)=No, (b)</i>		\$497,946
(j) Shortfall base required this plan year? <i>Yes if (a) greater than (i)</i>		No
<b><u>AFTAP Percentage Adjustment to Avoid Benefit Restrictions</u></b>		
(k) AFTAP percentage for current plan year		128.51%
(l) Balance reduction to increase AFTAP to 60% or 80%		\$0