For	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and	4065 of the Employee R	etirement		2016
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the			orm is Open to
	enefit Guaranty Corporation	Complete all entries in a	eccordance with the ins	tructions to the Form 5	500-SF.		
For calenda	ar plan year 2016 or fisca	lentification Information al plan year beginning 01/01/20	016	and ending 12	2/31/2016		
A This ref	urn/report is for:	a single-employer plan a one-participant plan		blan (not multiemployer) (mployer information in ac			
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	: urn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC p	rogram	
Part II	Basic Plan Inform	nation—enter all requested info	. ,				
1a Name		•			(PN)	number tive date of	001 plan /2013
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)	20-47	ication Number 08152
CELEBRITY					2c Spor	nsor's telepl 212-567	none number -8800
536 WEST 2 NEW YORK,					2d Busir	ness code (6212	see instructions) 10
		address 🛛 Same as Plan Spon	501.			nistrator's E nistrator's t	elephone number
		lan sponsor has changed since t per from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN		
a Spons	or's name				4c PN		
_		the beginning of the plan year			5a		3
C Numb	er of participants with ac	the end of the plan year count balances as of the end of t	he plan year (only define	d contribution plans	5b 5c		5
	,	cipants at the beginning of the pla			5d(1)		3
• •		cipants at the end of the plan yea	-		5d(2)		2
e Numb	per of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e		1
		incomplete filing of this return					abla a Cabadula
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ste.					
SIGN	Filed with authorized/va	lid electronic signature.	10/12/2017	KAREN AVANESOV			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator
SIGN HERE							
	Signature of employe		Date	Enter name of individ			
Preparer's	name (including firm nan	ne, if applicable) and address (in	clude room or suite num!	per)	Preparers	telephone	number
		see the Instructions for Form 5500	05			-	orm 5500-SE (2016)

	Were all of the plan's assets during the plan year invested in eligib		· /						X Yes	s 🗌 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								X Yes	s 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in								Not det	ermined
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning c	of Year			((b) End o	of Year	
а	Total plan assets	7a	6	643732					87006	7
b	Total plan liabilities	7b		0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	e	643732					87006	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) To	otal	
а	Contributions received or receivable from:	a (1)	3	350000						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)			_					
	(3) Others (including rollovers)	8a(3)		-73665	_					
	Other income (loss)	8b		75005	_				07000	_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27633	5
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		50000						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5000	0
i	Net income (loss) (subtract line 8h from line 8c)	8i							22633	5
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $\frac{1A}{3D}$	feature co	des from the List of Pla	an Chara	acteris	stic Co	des in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plar	n Charao	cterist	ic Code	es in t	he instruc	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period							

10	During the plan year:		Yes	No	N/A	Amount
а	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		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			87100
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		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
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 a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					X Y	es 🗌 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Con					Y	es 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the letter	r ruling
		ting the waiver			_ Day	/	Year _	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			101			
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d			_
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s X No	C
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?					Yes X	No
С	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
-								
Part		Trust Information						
14a	Name	e of trust			14b 1	Frust's E	EIN	
14c	Name	e of trustee or custodian					s or custodi ne number	an's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	Prior ye test	ar" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	N/A
	for th	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determir	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separ ce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_2$ during the prior plan year?			Ye	s	No	

	SCH	EDULE SI	В	Single-E	mploy	yer Define	d Ber	nef	it Plan			OMB N	lo. 1210-0110	
	(F	orm 5500)			Actua	rial Inforn	natior	۱					2016	
		tment of the Treasury al Revenue Service										4	2010	
		partment of Labor nefits Security Admini	stration	This schedule is re Retirement Income	Security	Act of 1974 (ER	ISA) and	secti			T	his Form i	is Open to F	Public
		nefit Guaranty Corpor				Revenue Code (th							spection	
F	or calendar r	olan year 2016 o	or fiscal plan		s an atta 01/01/201	chment to Form	5500 or	550	0-SF. and ending	ן 1 12/	31/20	16		
		amounts to ne			517017201						51/20	10		
	Caution: A	A penalty of \$1,0	000 will be a	ssessed for late filing of	of this rep	ort unless reaso	nable cau	ise is	s established	ł.				
Α	Name of pla							в	Three-dig	jit				
	DR. KAREI	N AVANESOV D	EFINED BI	ENEFTI PLAN					plan num	ber (PN	1)		001	
С			own on line	2a of Form 5500 or 55	600-SF			D	Employer	Identific	ation	Number (E	EIN)	
	CELEBRIT	Y DENTAL PC								20-47	08152	2		
F	Type of plan	: 🗙 Single	Multiple-A	Multiple-B		F Prior year pla	an siza:	10	00 or fewer	□ 101	-500	More th	an 500	
ľ							an size.				-300		1011 300	
1		Basic Inform		Month 01	Day0	1 Year _2	016							
2					Day			·			T			
	a Market	value								2a			6	39946
	b Actuar	ial value								2b			6	639946
3	Funding	target/participan	t count brea	akdown			· · ·		ber of bants	(2) Ve	ested F Targe	Funding	(3) Total Tarç	
	a For ret	ired participants	and benefi	ciaries receiving payme	ent		•	nnon	0		Taryo	0	Tai	<u>jet</u> 0
	b For ter	minated vested	participants						0			0		0
									3			456881		497943
	d Total								3			456881		497943
4	If the pla	n is in at-risk sta	tus, check t	he box and complete I	ines (a) a	and (b)	[
			•	ribed at-risk assumptio										
				sumptions, but disrega tive years and disregar										
5		interest rate		ive years and disregar						5				5.91%
6	Target no	ormal cost								6			1	86670
Sta	-	Enrolled Actua	-											
	accordance wi	th applicable law and	regulations. In	ied in this schedule and accor my opinion, each other assum experience under the plan.										
	SIGN													
	HERE											10/11/201	7	
			Sig	nature of actuary				_				Date		
	MAX ROSE	NBERG		-								17-00528	3	
			Type or	print name of actuary						Most	recen	t enrollme	nt number	
	INTAC ACT	JARIAL SERVIO	CES, INC.									01-447-25		
	545 ROUTE	17 SOUTH		Firm name					Te	lephone	e num	ber (includ	ling area coo	de)
		D, NJ 07450												
			•	ddrocc of the firm				_						
				ddress of the firm										
	e actuary ha ructions	as not fully reflec	cted any reg	ulation or ruling promu	ligated ur	nder the statute ir	n complet	ting t	nis schedule	, check	the b	ox and se	e	\bigsqcup
Fo	or Paperwoi	k Reduction A	ct Notice, s	ee the Instructions fo	or Form 5	5500 or 5500-SF					S	chedule S	B (Form 55)	00) 2016 . 160205

P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	ances							
							(a) Ca	arryover balanc	е	(b) F	refundi	ng balanc	e
7		-			able adjustments (line 13 from	-			0			14460)0
8					nding requirement (line 35 fro								
9	Amount I	emaining	g (line 7 minus line	9 8)					0			14460	0
10	Interest o	on line 9 (using prior year's a	actual retur	rn of <u>-0.22</u> %				0			-31	8
11					to prefunding balance:								
	-				38a from prior year)							6935	i5
	Sch	nedule SI	B, using prior year	's effective	a over line 38b from prior year interest rate of <u>6.11</u> %							423	38
	• •			•	edule SB, using prior year's ac								0
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance							7359	13
	d Portion	n of (c) to	be added to prefu	unding bala	ance							7359)3
12	Other rec	ductions i	in balances due to	elections	or deemed elections				0			7587	'5
13	Balance	at beginr	ning of current yea	r (line 9 + l	line 10 + line 11d – line 12)				0			14200	0
P	art III	Fun	ding Percenta	ages						-			
14	Funding		-	•							14	100.	.00%
				-)						15	128	.51%
	Prior yea	r's fundir	ng percentage for	purposes o	of determining whether carryo	ver/prefundi	ing balance	s may be used	to reduc	e current	16	100.	.02%
17	,	Ū	•		less than 70 percent of the fu						17		%
	art IV		tributions and							I			
18	Contribut	tions mad	de to the plan for t	he plan yea	ar by employer(s) and employ	/ees:							
1)	(a) Date איץ MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D: (MM-DD-		(b) Amount employe		(c		nt paid by oyees	r
1	2/05/2016	5		300000									
C	1/26/2017	,		50000									
						Totals 🕨	18(b)		35000	0 18(c)			0
19	Discount	ed emplo	oyer contributions -	- see instru	uctions for small plan with a v	aluation dat	e after the	beginning of the	e year:				
	a Contril	butions a	Illocated toward ur	npaid minin	num required contributions fro	om prior yea	nrs		19a				0
	b Contrib	outions m	nade to avoid restr	ictions adju	usted to valuation date				19b				0
	c Contrib	outions all	located toward mini	mum requi	red contribution for current yea	r adjusted to	valuation da	ate	19c			3314	70
20	Quarterly	contribu	itions and liquidity	shortfalls:									
	a Did the	e plan ha	ive a "funding shoi	tfall" for the	e prior year?							Yes X	No
	b If line	20a is "Y	es," were required	quarterly i	installments for the current ye	ar made in	a timely ma	anner?			[]	Yes	No
	c If line a	20a is "Y	es," see instruction	ns and con	nplete the following table as a	pplicable:							
					Liquidity shortfall as of end	of quarter o							
		(1) 1s	t		(2) 2nd		(3) 3	3rd			(4) 4th	<u> </u>	

Page 3

F	Part V	Assumpti	ons Used to Det	ermine	e Funding Target an	d Targ	et Normal Cost		
21	Discount	rate:			1				
	a Segm	ent rates:	1st segment: 4.43%		2nd segment: 5.91 %		3rd segment: 6.65 %		N/A, full yield curve used
	b Applic	able month (er	nter code)					21b	0
22	Weightee	d average retire	ement age					22	55
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined	Presc	ribed - separate	Substitu	ıte
Pa	art VI	Miscellane	ous Items						
24	Has a ch	ange been ma	ade in the non-prescrib	ed actua	arial assumptions for the c	urrent pla	an year? If "Yes," see i	nstruction	s regarding required
	attachme	ent							Yes 🗙 No
25	Has a me	ethod change I	been made for the cur	rent plar	n year? If "Yes," see instru	uctions re	garding required attach	ment	Yes 🕺 No
26	Is the pla	an required to p	provide a Schedule of	Active P	articipants? If "Yes," see	instructio	ns regarding required a	ittachmen	t Yes 🛛 No
27	•		alternative funding rul		r applicable code and see	instructio	ns regarding	27	
Р	art VII	Reconcilia	ation of Unpaid I	Minimu	um Required Contri	butions	s For Prior Years		
28	Unpaid n	ninimum requir	red contributions for al	l prior ye	ears			28	0
29					unpaid minimum required			29	0
30	Remainir	ng amount of u	Inpaid minimum requir	ed contr	ributions (line 28 minus lin	e 29)		30	0
Pa	art VIII	Minimum	Required Contri	bution	For Current Year				
31	Target n	ormal cost and	d excess assets (see i	nstructio	ns):				
	a Target	normal cost (li	ne 6)					31a	186670
	b Excess	s assets, if app	licable, but not greate	r than lir	ne 31a			31b	3
32	Amortiza	tion installmen	nts:			-	Outstanding Bala	nce	Installment
	a Net sh	ortfall amortiza	ation installment					0	0
	b Waive	r amortization i	installment						
33	<i></i>				er the date of the ruling lett) and the waived am			33	
34	Total fun	ding requireme	ent before reflecting ca	arryover/	prefunding balances (line	s 31a - 3′	lb + 32a + 32b - 33)	34	186667
					Carryover balance	e	Prefunding balar	ice	Total balance
35			se to offset funding						0
36	Additiona	al cash require	ment (line 34 minus lir	ne 35)				36	186667
37	Contribut	tions allocated	toward minimum requ	ired cor	ntribution for current year a	adjusted t	o valuation date (line	37	331470
38	,		s contributions for curi						
								38a	144803
					efunding and funding star			38b	
39					ar (excess, if any, of line 3		·	39	0
40								40	0
Ра	rt IX	Pension	Funding Relief U	nder F	Pension Relief Act of	of 2010	(See Instructions	;)	
41	If an elec	tion was made	e to use PRA 2010 fun	ding reli	ef for this plan:				
	a Sched	ule elected							2 plus 7 years 15 years
	b Eligible	e plan year(s) f	for which the election i	n line 41	a was made				
42	Amount o	of acceleration	adjustment					42	
43	Excess ir	nstallment acce	eleration amount to be	carried	over to future plan years.			43	

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2016 to 12/31/2016 Valuation Date: 1/1/2016

	For Fund <u>Min M</u>	ding <u>Max</u>	<u>For 417</u>	<u>(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Seg 1: 4.43% 1.	.41%	Seg 1:	1.61%	Pre-Retirement: 5.50%
	Seg 2: 5.91% 3.	8.96%	Seg 2:	4.02%	Post-Retirement: 5.50%
	Seg 3: 6.65% 4.	.97%	Seg 3:	5.03%	
Pre-Retirement					
Turnover	None		None		None
Mortality	None		None		None
Assumed Ret Age	Early retirement ag years of participatio			tirement age 55 and 5 participation	Early retirement age 55 and 5 years of participation
Post-Retirement					
Mortality	Male-modified RP2 combined healthy n projected 31 & 23 y Female-modified RI combined healthy fe projected 31 & 23 y	male years RP2000 female		oplicable Mortality om Notice 2015-53	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form	For Funding		Lump S	um	
Calculated Effective Int	erest Rate		5.91%		
Actuarial Cost Method			prescrib method value of	t Credit funding method ed by the Pension Protect sets the funding target ec accrued benefits, and se the present value of the ent year.	tion Act. This qual to the present ts the normal cost

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.

De	rtment of the Treasury mal Revenue Service						1210-0089
		This form is required to be file	Benefit Plan d under sections 104 and	4065 of the Employee F	Retiremen	t	2016
	epartment of Labor enefits Security Administration	Income Security Act of 1974		957(b) and 6058(a) of the		This F	orm is Open to ic Inspection
	enefit Guaranty Corporation	Complete all entries in a		tructions to the Form 5	500-SF.		
Part I For calenda		Identification Information scal plan year beginning 01/01/201		and ending 12/	31/2016		
	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer p	blan (not multiemployer) mployer information in a	(Filers ch	-	
B This retu	urn/report is	the first return/report	the final return/report a short plan year retu	rn/report (less than 12 n	nonths)		
C Check	box if filing under:	Form 5558	automatic extension			C program	
Part II	Basic Plan Info	rmation—enter all requested in	1)				
1a Name DR. KAREN					pl (F	nree-digit an number N) ▶	001
						fective date of 1/01/2013	r pian
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		tructions)		nployer Identii IN) 20-47081	fication Number 52
Celebrity De					2c S	ponsor's telep	hone number 567-8800
536 West 20	07 St					()	see instructions)
New York, N	IY 10034						
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	3c Ad 4b E		elephone number
name	, EIN, and the plan nu	mber from the last return/report.					
	or's name	at the beginning of the plan year			4c PI		3
		at the end of the plan year					5
C Numb	er of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c		
d(1) Tot	al number of active pa	rticipants at the beginning of the pl	an year		. 5d(1))	3
• •		rticipants at the end of the plan ye			. 5d(2))	4
		terminated employment during the		enefits that were less	5e		1
Caution: A Under pena SB or Sche	A penalty for the late alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I have as well as the electronic ve	e examined this return/re	eport, incl	uding, if applic	
SIGN			10/12/2017	Karen Avanesov			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signii	ng as plan adr	ninistrator
SIGN HERE	Signature of emplo		Date	Enter name of individ			
Preparer's	name (including firm n	ame, if applicable) and address (ir	nclude room or suite numb	ber)	Prepar	er's telephone	number

62	Were all of the plan's assets during the plan year invested in eligib		(Soo instructions)						X Yes	No
-	Are you claiming a waiver of the annual examination and report of									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
-	If you answered "No" to either line 6a or line 6b, the plan cann									
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X NO	Not detern	nined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning					(b) End of		
-	Total plan assets	7a		64373	32				870067	
b	Total plan liabilities	7b			0				0	
C	Net plan assets (subtract line 7b from line 7a)	7c		64373	32				870067	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Tot	al	
а	Contributions received or receivable from: (1) Employers	8a(1)		35000	00					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-7366	65					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							276335	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5000	00					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							50000	
i	Net income (loss) (subtract line 8h from line 8c)	8i							226335	
j	Transfers to (from) the plan (see instructions)	8i								
Pa	rt IV Plan Characteristics		I.							
9a		feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instruct	tions:	
	t V Compliance Questions				×					
10	During the plan year:				Yes	No	N/A		Amount	
а	 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	/oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х				
c	Was the plan covered by a fidelity bond?			10c	Х					87100
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						

10i

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

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	X No
		A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						1	
а	lfaw	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiverN		ns, and	enter t Day		of the le Yea		ng
lf y	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line '							
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)	left of a	1	12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	1	N/A
Part V	VII	Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X	No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes	X No	D
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the	olan(s)	to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13	c(3) PN	l(s)
Dort	\////	Truct Information							
Part		Trust Information			446 7		-16.1		
		Trust Information of trust			14b 1	Γrust's Ε	EIN		
14a I	Name				14d 1	Trustee'	EIN s or cus ne numb		
14a I	Name Name	of trust			14d 1	Trustee'	s or cus		
14a 14c Part	Name Name	of trust of trustee or custodian		Yes	14d	Trustee'	s or cus ne numb	er	
14a 14c Part 15a 15b	Name Name I IX Is the How o	of trust of trustee or custodian IRS Compliance Questions		Desigr safe h	14d 1 1 n-based arbor	Frustee' telephor	s or cus ne numb		
14a 14c Part 15a 15b	Name Name I IX Is the How o	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		Desigr safe h	14d 1 n-basec arbor nt year	Frustee' telephor	s or cus ne numb	er	
14a 14c Part 15a 15b	Name Name t IX Is the How c 401(k) What	of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		Desigr safe h "Curre	14d 1 n-based arbor nt year est	Frustee's telephor	s or cus ne numb	er r year" /	
14a 14c Part 15a 15b 16a	Name Name Is the How of 401(k) What year? Did th	of trust of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Desigr safe h "Curre ADP to Ratio perce	14d 1 n-based arbor nt year est	Frustee's telephor	s or cus ne numb No "Prio test N/A verage	er r year" /	ADP
14a 14c Part 15a 15b 16a 16b	Name Name Is the How of 401(k) What year? Did th for the	of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan 'Check all that apply: testing method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		Desigr safe h "Curre ADP to Ratio perce test Yes	14d T n-based arbor nt year est ntage	Frustee' telephor [1 [2 A be	s or cus ne numb No "Prio test N/A verage enefit tes	r year" /	ADP
14a 14c Part 15a 15b 16a 16b 17a	Name Name Is the How o 401(k) What year? Did th for the the le	of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan 'Check all that apply: testing method was used to satisfy the coverage requirements of sections 410(b) and 401(a)(4) e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	opinio	Design safe h "Curre ADP to Ratio perce test Yes	14d The second s	Frustee's telephor [] [] [] be sory lett	s or cus ne numb No ("Prio test N/A verage enefit tes no er, ente	r year" /	ADP N/A te of
14a 14c 14c 15a 15b 16a 16b 17a 17b 18	Name Name Name Is the How of 401(k) What year? Did the for the lf the letter Define Were	of trust of trust of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan 'Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS tter and the serial number	opinion nter the arated	Desigr safe h "Curre ADP tr Ratio perce test Yes n letter	14d The second s	Frustee's telephor	s or cus ne numb No ("Prio test N/A verage enefit tes no er, ente	r year" /	ADP N/A te of

SCHEDULE SB	Single-Employer Defi	ned Ben	efit Plan		OMB I	No. 1210-0110
(Form 5500)	Actuarial Info	rmation	l			2046
Department of the Treasury Internal Revenue Service						2016
Department of Labor Employee Benefits Security Administration	This schedule is required to be filed und Retirement Income Security Act of 1974	(ERISA) and s			 This Form	is Open to Public
Pension Benefit Guaranty Corporation	Internal Revenue Cod	•				spection
For colorder the way 2010 or final the	File as an attachment to F	orm 5500 or			12 1 12 2 1 2	
For calendar plan year 2016 or fiscal pla Round off amounts to nearest dollar			and ending	g 12	/31/2016	
	ar. assessed for late filing of this report unless re	asonable cau	se is establisher	4		
A Name of plan			B Three-dig			
DR. KAREN AVANESOV DEFINED B	ENEFIT PLAN		plan num	-	o ►	001
C Plan sponsor's name as shown on line Celebrity Dental PC	2a of Form 5500 or 5500-SF			Identific	ation Number (I	EIN)
Colonity Dollar C			20-4708152			
E Type of plan: X Single Multiple-A	A Multiple-B F Prior yea	ar plan size: 🕅	100 or fewer	□ 101	.500	han 500
Part I Basic Information						
1 Enter the valuation date:	Month 01 Day 01 Yea	r 2016				
2 Assets:	Monan Day 1ea					
				2a		639946
				2b		
3 Funding target/participant count bre			Number of		sted Funding	639946 (3) Total Funding
	andowii		ticipants	(2) 00	Target	Target
a For retired participants and benef	iciaries receiving payment	•••••	0	****	0	0
${f b}$ For terminated vested participants	3		0		0	0
C For active participants			3		456881	497943
d Total			3		456881	497943
4 If the plan is in at-risk status, check	the box and complete lines (a) and (b)					
a Funding target disregarding preso	ribed at-risk assumptions			. 4a		
${f b}$ Funding target reflecting at-risk as	sumptions, but disregarding transition rule fo tive years and disregarding loading factor	r plans that ha	ave been in at-ri	sł dh		
				_		5.91 %
· · · · · · · · · · · · · · · · · · ·				6		186670
Statement by Enrolled Actuary						
To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	lied in this schedule and accompanying schedules, statemer my opinion-each other assumption is reasonable (taking int experience under the plan.	ts and attachment o account the exp	is, if any, is complete erience of the plan ar	and accu nd reasons	rate. Each prescribed able expectations) an	d assumption was applied in d such other assumptions, in
	120000			1.4	$\sum_{i=1}^{n}$	
HERE /	C V Lever		-	((<u>24011</u>	_{
	gnature of actuary				Date-	
	Aax Rosenberg				17-00528	····
•••	r print name of actuary ctuarial Services, Inc.			WOST	recent enrollme	
intac A	Firm name		 To		(201) 447-25	
543	5 Route 17 South		Ie	ahuone	number (incluc	пад агеа соце)
Ride	ewood. NJ 07450					
	ddress of the firm		-			
the actuary has not fully reflected any res	ulation or ruling promulgated under the statu	a in completi	na this schodula	chook	the box and as	

2017-10-10716:28-52.209-05:00

v. 160205

P	art II 🛛 Begi	nning of Year	Carryov	er and Prefunding Bal	ances							
		·····		10-14 - 14		(a)	Carryover balance		(b) F	Prefundi	ng bala	ance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)					0				144600		
8				nding requirement (line 35 fro								
9	Amount remainin	g (line 7 minus line	ə 8)					0				144600
10	Interest on line 9	using prior year's	actual retu	rn of%	••••			0				-318
11	Prior year's exce	ss contributions to	be added t	to prefunding balance:				n, stati	der hallen			ic lange at
	a Present value of	of excess contribut	tions (line 3	38a from prior year)	••••••					<u></u>	<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	69355
				a over line 38b from prior year a interest rate of <u>6.11</u> %								(000
			-	dule SB, using prior year's ac							<u></u>	4238
				ar to add to prefunding balance					-			0 73593
	d Portion of (c) to	be added to pref	unding bala	ance								73593
12	Other reductions	in balances due to	elections	or deemed elections				0				75875
	Balance at begin	ning of current yea	ır (line 9 + l	line 10 + line 11d – line 12)				0				142000
F	Part III Fun	ding Percent	ages									
14	Funding target at	tainment percenta	ge	······						14	11	00.00 %
)						15	1:	28.51 %
16	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce year's funding requirement.				reduce	current	16	1(00.02 %			
17	If the current valu	e of the assets of	the plan is	less than 70 percent of the fu	nding tar	get, enter su	ch percentage			17		%
P	Part IV Cor	ntributions an	d Liquid	ity Shortfalls								
18	Contributions mad	de to the plan for t	he plan yea	ar by employer(s) and employ	ees:							
	(a) Date MM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees) Date DD-YYYY)	(b) Amount pa employer(s	•	(0) Amou	•	l by
	12-05-2016	employer	300000	employees	(WIN-F		entployer(s)		empi	oyees	
	01-26-2017	· · · · · · · · · · · · · · · · · · ·	50000						1			
										·		
	a da	·				· •• ** · · · · · · · · · · · · · · · ·				• •••••		
		en de la mise	An		Totals	► 18(b)		350000	18(c)			0
19	Discounted emplo	over contributions	– see instru	uctions for small plan with a v	aluation	date after the	beginning of the ve	ear:		·		
							· · ·	9a	••••			0
	a Contributions allocated toward unpaid minimum required contributions from prior years							0				
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date									331470		
20												
	a Did the plan have a "funding shortfall" for the prior year?					amanning 5		Yes	X No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?						ц П	Yes	[] No				
				plete the following table as a								
				Liquidity shortfall as of end of			year	2255		<u>attaülii</u>		<u></u>
	(1) 1s	t		(2) 2nd		(3)	3rd	ļ	((4) 4th	i	

2017-10-10T16:28:52.225-05.00

Page 3

	Part V Assumpti	ions Used to Determine	Funding Target a	nd Target Normal Cos	t		
21	Discount rate:						
	a Segment rates:	a Segment rates: 1st segment: 2nd segment: 3rd segment 4.43 % 5.91 % 6.65 %			N/A, full yield curve used		
	b Applicable month (er	nter code)			21b	0	
22	Weighted average retire	ement age		· · ·	22	55	
23	Mortality table(s) (see	instructions) X Prese	cribed - combined	Prescribed - separate	Substitu	te	
P	art VI Miscellane	ous Items					
24		ade in the non-prescribed actua					
25	Has a method change I	been made for the current plan	year? If "Yes," see inst	uctions regarding required at	tachment	Yes 🕅 No	
26	Is the plan required to p	provide a Schedule of Active Pa	articipants? If "Yes," see	instructions regarding requir	ed attachment	Yes 🗶 No	
27		alternative funding rules, enter			27		
P	art VII Reconcili	ation of Unpaid Minimu	m Required Contr	ibutions For Prior Yea	irs		
_28	Unpaid minimum requir	red contributions for all prior ye	ars		28	0	
29		ontributions allocated toward u				0	
30	Remaining amount of u	inpaid minimum required contri	butions (line 28 minus lir	ne 29)	30	0	
P	art VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost and	d excess assets (see instruction	ns):				
	a Target normal cost (li	ne 6)			31a	186670	
		licable, but not greater than lin				3	
32	Amortization installmen			Outstanding E		Installment	
	a Net shortfall amortiza	ition installment			0	0	
	b Waiver amortization i	installment					
33		proved for this plan year, enter ay Year	-		33		
34		ent before reflecting carryover/p				186667	
·			Carryover balance		<u></u>	Total balance	
35	Balances elected for us requirement	e to offset funding				0	
36	Additional cash requirer	ment (line 34 minus line 35)			36	186667	
37		toward minimum required cont				331470	
38	Present value of excess	s contributions for current year	(see instructions)		I I		
	a Total (excess, if any,	of line 37 over line 36)			38a	144803	
		e 38a attributable to use of pre					
39						0	
40					0		
Pa		Funding Relief Under P				·	
41	If an election was made	to use PRA 2010 funding relie	f for this plan:				
	a Schedule elected						
<u></u>	b Eligible plan year(s) for which the election in line 41a was made						
42	2 Amount of acceleration adjustment						
		leration amount to be carried o					

į

2017-10-10116:28:52.225-05:00

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

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

а	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
с	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	331,470.39

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

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

Plan Effective Date	January 1, 2013
Plan Year	From January 1, 2016 to December 31, 2016
Eligibility	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:
	1 year of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 62 Completion of 5 years of participation from entry date
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:
	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.
	The maximum monthly benefit is the lesser of \$17,500 and 100% of the highest 3-year average salary, subject to service requirements.
	The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.
Early Retirement Age	Attainment of age 55 Completion of 5 years of participation from entry date
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
	Credited years are plan years from date of hire excluding the following:
	Years before January 1, 2008 Years with less than 1,000 hours
Termination Benefit	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:

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

	Credited Years	Vested Percent			
	1	0			
	2	20			
	3	40			
	4	60			
	5	80 100			
	8	100			
	Credited years are plan years from date of hire following:	excluding the			
	Years with less than 1,000 hours				
Top-Heavy Minimum Benefit	inimum 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 h years of employment	nighest 5 consecutive			
Top-Heavy Normal Form	A benefit payable for the life of the participant	t			
Top-Heavy Status	A plan is top-heavy if over 60% of the value of benefits in all of the employer's plans are for the employees. A key employee is generally an of the company. This plan is currently not top-he	he benefit of key ficer or owner of			
Death Benefit	Actuarial Equivalent of the accrued benefit ear death	rned to date of			

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).

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

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% Must be at least 80% in prior plan year to apply carryover and prefunding balances to current minimum contribution.	100.02%	100.00%
(f)	Funding Target Attainment Percentage (FTAP) [(b)-(c)-(d)]/(a), not less than 0% (100.00% for plans with zero funding target)	100.02%	100.00%
(g)	Funding shortfall (a)-[(b)-(c)-(d)], not less than zero) (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.)	\$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 If $(h)=Yes$, $(b)-(d)$. If $(h)=No$, (b)		\$497,946
(j)	Shortfall base required this plan year? Yes if (a) greater than (i)		No
(k)	AFTAP Percentage Adjustment to Avoid Benefit Restrictions AFTAP percentage for current plan year		128.51%
(1)	Balance reduction to increase AFTAP to 60% or 80%		\$0