## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal

Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I		<b>Identification Information</b>				
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	016	and ending 1	2/31/2016	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) ( nployer information in a		
		a one-participant plan	a foreign plan			
<b>B</b> This retu	rn/report is	the first return/report  an amended return/report	the final return/report a short plan year return	n/ranart /laga than 12 m	a antha)	
		iontns)				
C Check b	oox if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program	
Part II	Rasic Plan Info	prmation—enter all requested info				
1a Name		enter an requested into	omation		<b>1b</b> Three-digit	
		NED BENEFIT PENSION PLAN			plan number	001
					1c Effective date	e of plan /01/2011
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)		2b Employer Ide (EIN) 20	ntification Number
	town, state or province G D.D.S., P.C.	ce, country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	2c Sponsor's te	ephone number
						le (see instructions)
11 EDGEWO RYE BROOK					62	1210
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spon	sor.		<b>3b</b> Administrator	's EIN
					<b>3c</b> Administrator	's telephone number
		e plan sponsor has changed since t mber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN	
<b>a</b> Sponso	•	mber nom the last return/report.			4c PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a	2
	·	at the end of the plan year			5b	1
C Numb		account balances as of the end of t			5c	
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	1
		articipants at the end of the plan yea			5d(2)	1
<b>e</b> Numb	er of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e	0
		or incomplete filing of this return				
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete				
SIGN		/valid electronic signature.	11/20/2017	ELLEN HONIG		
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN	Filed with authorized	/valid electronic signature.	11/20/2017	ELLEN HONIG		
HERE	Signature of emplo	<i>.</i>	Date	Enter name of individ	lual signing as empl	oyer or plan sponsor
Preparer's	name (including firm i	name, if applicable) and address (in	clude room or suite number	er)	Preparer's telepho	ne number
						<u> </u>
I						

Form 5500-SF 2016 Page **2** 

<b>b</b> Are	ere all of the plan's assets during the plan year invested in eligibe you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cannot be considered to the plan cannot be c	an indepe and condit	ndent qualified public a	account	ant (IC	QPA)			X Yes No			
	ne 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 determined			
Part I	II Financial Information an Assets and Liabilities		(a) Baninninn	- f V				(la.) E al .	of Vacu			
	tal plan assets	7a	(a) Beginning	ot Year 789748				(b) End	893288			
	tal plan liabilities	7a 7b		0		0						
	t plan assets (subtract line 7b from line 7a)	7c		789748					893288			
	come, Expenses, and Transfers for this Plan Year	, 0	(a) Amour	nt		(b) Total						
	ntributions received or receivable from:		(4) 7 11110 411					()				
(1)	Employers	8a(1)		75000	_							
(2)	Participants	8a(2)		0	_							
	Others (including rollovers)	8a(3)		0	_							
<b>b</b> Oth	her income (loss)	8b 8c		33153								
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)							108153				
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d		4538								
	rtain deemed and/or corrective distributions (see instructions).	8e		0								
	ministrative service providers (salaries, fees, commissions)	8f		75								
	her expenses	8g		0								
	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h						4613				
	t income (loss) (subtract line 8h from line 8c)	8i							103540			
	j Transfers to (from) the plan (see instructions)											
Part I	V Plan Characteristics	٠,	L									
	the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instr	uctions:			
<b>b</b> If	the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in t	he instru	ctions:			
Part V	Compliance Questions											
	During the plan year:				Yes	No	N/A		Amount			
a w	Vas there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	iduciary Correction	10a		X						
<b>b</b> v	Vere there any nonexempt transactions with any party-in-interest eported on line 10a.)	t? (Do not	include transactions	10b		X						
C /	Nas the plan covered by a fidelity bond?			10c		Χ						
	Did the plan have a loss, whether or not reimbursed by the plan's y fraud or dishonesty?	•	·	10d		Х						
e v	Vere any fees or commissions paid to any brokers, agents, or otl arrier, insurance service, or other organization that provides son ne plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		Х						
f H	las the plan failed to provide any benefit when due under the pla	an?		10f		X						
g D	oid the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X						
2	this is an individual account plan, was there a blackout period? 520.101-3.)			10h		X						
	10h was answered "Yes," check the box if you either provided t xceptions to providing the notice applied under 29 CFR 2520.10	•		10i								

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No		
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0		
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of									
ERISA?										
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I				
b	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)		
Part	VIII	Trust Information		ı						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN			
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	j [	] "Prior ye test	ear" ADP		
			-   □ □ □	Curre ADP t	ent year est	"	N/A			
16a 		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 the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Ш	Yes			No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

This schedule is required to be filed under section 104 of the Employee

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

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. For calendar plan year 2016 or fiscal plan year beginning and ending 01/01/2016 12/31/2016 Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit ELLEN HONIG D.D.S., P.C. DEFINED BENEFIT PENSION PLAN 001 plan number (PN) Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) ELLEN HONIG D.D.S., P.C. 20-0947522 F Prior year plan size: X E Type of plan: X Single Multiple-A 100 or fewer Multiple-B 101-500 More than 500 Part I **Basic Information** Year <u>20</u>16 Enter the valuation date: 31 Month Day Assets: 2a 806559 2b **b** Actuarial value..... 806559 (1) Number of (2) Vested Funding (3) Total Funding Funding target/participant count breakdown participants Target Target 0 0 0 **a** For retired participants and beneficiaries receiving payment..... 0 0 **b** For terminated vested participants..... C For active participants..... 727272 727272 727272 727272 **d** Total If the plan is in at-risk status, check the box and complete lines (a) and (b)..... a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk 4b status for fewer than five consecutive years and disregarding loading factor ...... 5 5.28% 6 Target normal cost...... **Statement by Enrolled Actuary** To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN **HERE** 07/13/2017 Signature of actuary Date WILLIAM T. WILSON 17-04249 Type or print name of actuary Most recent enrollment number 714-550-3400 BENETECH, INC. Firm name Telephone number (including area code) 400 N. TUSTIN AVE SUITE 100 SANTA ANA, CA 92705 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

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P	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	lances						
7		Ū	0 , ,		able adjustments (line 13 from		(a) C	arryover baland	ce	(b) F	Prefundi	ng balance
8	Portion 6	elected fo	r use to offset pric	or year's fu	nding requirement (line 35 fro	m prior						
9	Amount	remaining	g (line 7 minus line	€ 8)								
10	Interest	on line 9	using prior year's	actual retu	rn of%							
11					to prefunding balance:							
	<b>a</b> Preser	nt value o	of excess contribut	ions (line 3	38a from prior year)							
					a over line 38b from prior year e interest rate of%							
	<b>b(2)</b> Int	erest on I	line 38b from prior	year Sche	edule SB, using prior year's ac	ctual						
						L						
	C Total a	ivaliable a	t beginning of curre	ent plan yea	ar to add to prefunding balance							
	<b>d</b> Portion	n of (c) to	be added to prefu	unding bala	ance							
12	Other red	ductions i	in balances due to	elections	or deemed elections							
13	Balance	at beginn	ning of current yea	ır (line 9 +	line 10 + line 11d – line 12)							
Р	art III	Fun	ding Percenta	ages								
14	Funding	target att	ainment percenta	ge							14	%
15	Adjusted	funding	target attainment <sub>l</sub>	percentage	<u></u>						15	%
16					of determining whether carryo						16	%
17	If the cur	rrent valu	e of the assets of	the plan is	less than 70 percent of the fu	inding targ	et, enter suc	h percentage			17	%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls							
18					ar by employer(s) and employ							
(1	(a) Date MM-DD-Y		<b>(b)</b> Amount p employer	-	(c) Amount paid by employees	( <b>a)</b> [ (MM-DE	Date D-YYYY)	(b) Amount employe		(0	•	nt paid by oyees
C	2/03/2017	7		2500	0	04/10/2	2017		450	00		0
C	)2/13/2017	7		2500	0							
	)2/27/2017			2500	0							
	3/09/2017			2500	0							
	)3/27/2017 )3/28/2017			18250	0							
	13/26/2017	<u>/</u>		500	_	Totals ▶	18(b)			18(c)		
19	Discount	ted emplo	yer contributions	– see instr	uctions for small plan with a v	aluation da	ate after the	beginning of the	e year:			
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	mum required contributions fro	om prior ye	ears		19a			
	<b>b</b> Contril	butions m	nade to avoid restr	rictions adj	usted to valuation date				19b			
	<b>C</b> Contrib	butions all	located toward min	imum requi	ired contribution for current year	r adjusted t	o valuation d	ate	19c			
20	Quarterly	y contribu	itions and liquidity	shortfalls:								
	a Did th	e plan ha	ive a "funding sho	rtfall" for th	e prior year?							Yes No
	<b>b</b> If line	20a is "Y	es," were required	d quarterly	installments for the current ye	ar made ir	n a timely ma	anner?				Yes No
	<b>C</b> If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as a							
		(4) 4-	<u> </u>	Ι	Liquidity shortfall as of end	of quarter			ı		(A) A11-	
		(1) 1s	ι		(2) 2nd		(3)	3rd			(4) 4th	ı
					_i							

Р	art V	Assumpti	ons Used to	Determine	Funding Target a	nd Targ	et Normal Cost						
21	Discount	rate:											
	<b>a</b> Segm	ent rates:	1st segi	ment: 4.43%	2nd segment 5.91 %		3rd segment: 6.65 %		□ N	/A, full yie	ld cur	ve used	
	<b>b</b> Applic	able month (er	nter code)					21b			0		
22	Weighted	d average retir	ement age					22			63		
23	23 Mortality table(s) (see instructions)												
Pa	Part VI Miscellaneous Items												
				escribed actua	arial assumntions for the	current nl	an vear? If "Yes " see i	nstruction	ns regard	ina requir	ed		
	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment												
25	Has a me	ethod change l	been made for th	e current plar	year? If "Yes," see ins	tructions re	egarding required attach	nment	•••••	[	Ye	s X N	0
26	Is the pla	n required to p	orovide a Schedu	le of Active P	articipants? If "Yes," se	e instructio	ns regarding required a	attachmer	nt	[	Ye	s X N	0
27					r applicable code and se			27					
Pa	art VII				um Required Cont			I	1				
28					ears			28				0	
29	Discount	ed employer c	ontributions alloc	ated toward ι	unpaid minimum required	d contributi	ons from prior years	29				0	
30		,			ibutions (line 28 minus l			30				0	
	rt VIII				For Current Year			I	1				
			d excess assets (										
	<b>a</b> Target	normal cost (li	ne 6)					31a				0	
	<b>b</b> Excess	s assets, if app	olicable, but not g	reater than lir	ne 31a			31b				0	
32	Amortiza	tion installmen	nts:				Outstanding Bala	ince	Installment				
	a Net sh	ortfall amortiza	ation installment .					0				0	
	<b>b</b> Waive	r amortization	installment										
33					r the date of the ruling le	-	-	33					
34	Total fun	ding requireme	ent before reflecti	ng carryover/	prefunding balances (lin	nes 31a - 3	1b + 32a + 32b - 33)	34	0				
					Carryover balan	се	Prefunding balar	nce		Total b	alanc	e	
35			se to offset fundin			0		0				0	
36								36				0	
37			`		tribution for current year								
	19c)							37				74908	
38					(see instructions)			38a				74908	
	_				efunding and funding sta			38b				74900	
39								39				0	
40													
	t IX	-		-	Pension Relief Act			l					
			to use PRA 201			0. 20.0	(000	· /					
					······································				2 plus	7 years	1:	5 years	
					a was made					009   20		2011	
42								42			L	<u></u>	
			-		over to future plan years			43					

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

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

Plan Effective Date January 1, 2011

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, April 1, July 1 or October 1 coincident with or following

the completion of the following requirements:

1 year of service Minimum age 18

Excludes union employees, non-resident alien employees, and HCEs except more than 10% direct owner as of 1/1/2011

**Normal Retirement Age**All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 63

Completion of 5 years of participation from beginning of entry

year

**Normal Retirement Benefit** 

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

#### Group 1:

More than 10% Direct Owner as of 1/1/2011 - 0.5 percent of each year's actual compensation

#### Group 5:

Dental Hygienists who worked less than 1000 hours in the plan year - 0.50 percent of each year's actual compensation

#### Group 6:

Dental Hygienists who worked 1000 hours or more in the plan year - 0.50 percent of each year's actual compensation

#### Group 7:

Non-Highly Compensated Employees who worked less than 1000 hours in the plan year - 0.50 percent of each year's actual compensation

#### Group 8:

Non-Highly Compensated Employees who worked 1000 hours or more in the plan year - 0.50 percent of each year's actual compensation

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 1 consecutive years of service from date of entry.

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

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

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 the first day of the plan year containing date of entry excluding the following:

Years before the effective date Years with less than 1 hour of service

**Termination Benefit** 

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

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

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

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

**Top-Heavy Minimum Benefit** 

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

**Top-Heavy Status** 

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

**Death Benefit** 

Actuarial Equivalent of the accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

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

EIN: 20-0947522 PN: 001

2016 Schedule SB Attachment Optional Forms of Benefit

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

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

The following forms of payment are also available:

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

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

Single Lump Sum

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

normal form of benefit.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guarenty 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).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection File as an attachment to Form 5500 or 5500-SF.

Fo	r calendar plan year 2016 or fiscal plan yea	ar beginning	(	01/01/2016		and endir	g	12/3	1/2016	
Þ	Round off amounts to nearest dollar.									
•	Caution: A penalty of \$1,000 will be asses	ssed for late filing of th	is rep	ort unless reasor	nable caus	se is establishe	d.			
Αı	Name of plan					<b>B</b> Three-di	git			
ELLEN HONIG D.D.S., P.C. DEFINED BENEFIT PENSION PLAN plan number (PN)										
							•			
	Plan sponsor's name as shown on line 2a o	of Form 5500 or 5500-	SF					ation Number (I	EIN)	
E	ELLEN HONIG D.D.S., P.C.					20-094	1522			
		<u> </u>		1	·		_			
E	Type of plan: 🛛 Single 📗 Multiple-A 📗	Multiple-B		F Prior year pla	an size: 🛚 🗵	100 or fewer	101-	500 More th	nan 500	
P	Part I Basic Information									
1	Enter the valuation date: Mo	onth 12 Day	. 3	31 Year	2016			,		
2	Assets:					•				
	a Market value						. 2a		806,559	
	<b>b</b> Actuarial value						2b		806,559	
3	Funding target/participant count breakdo					lumber of	1	sted Funding	(3) Total Funding	
•	r unding target participant count breakdo	14411				ticipants		Target	Target	
	a For retired participants and beneficiarie	es receiving payment.				0		0	0	
	<b>b</b> For terminated vested participants					0		0	0	
	C For active participants					1		727,272	727,272	
	<b>d</b> Total									
_						1,		727,272	727,272	
4	If the plan is in at-risk status, check the b	oox and complete lines	(a) a	nd (b)		_				
	a Funding target disregarding prescribed	•								
	b Funding target reflecting at-risk assum status for fewer than five consecutive y	ptions, but disregardin	ig tran	isition rule for pla	ns that ha	ave been in at-r	isk 4b			
5	Effective interest rate									
6									5.28%	
	Target normal cost		***********				0		0	
	tement by Enrolled Actuary  To the best of my knowledge, the information supplied in	this schedule and accompan	vina sch	nedules, statements an	d attachmen	ts. if any, is complet	e and accu	rate Fach prescribed	d assumption was applied in	
	accordance with applicable law and regulations. In my op- combination, offer my best estimate of anticipated experie	pinion, each other assumption								
	· · · · · · · · · · · · · · · · · · ·	orroo directi are promi								
	SIGN WW									
<u> </u>	1						<del></del>	07/13/20	17	
	Signatu	re of actuary						Date		
WΥ	ILLIAM T. WILSON					<u> </u>		17-0424	•	
	•	it name of actuary						recent enrollme		
BE	ENETECH, INC.							(714)550-	3400	
	Fir	m name				T€	lephone	number (includ	ling area code)	
	00 N. TUSTIN AVE									
	JITE 100		~-	00705						
SA	ANTA ANA Addre	ess of the firm	CA	92705		-				
t the	e actuary has not fully reflected any regulati	iori or ruiing promulgat	ea un	iuer the statute in	ı combletli	ng (nis schedul	e, cneck	the box and se	e II	

instructions

	art II 📗 Begii	illing of tear Ca	rryover and Prefunding Ba	11411000														
\					arryover balance	(b) Prefun	ding balance											
			r applicable adjustments (line 13 fro	· I	0	1	0											
8			ear's funding requirement (line 35 fr	•														
_9	Amount remainin	g (line 7 minus line 8).	***************************************		0		0											
10	Interest on line 9	using prior year's actu	ual return of1 . 33 %		0		0											
11	11 Prior year's excess contributions to be added to prefunding balance:																	
a Present value of excess contributions (line 38a from prior year)																		
	<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 6.11 %																	
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual																	
			plan year to add to prefunding balance	L			0											
	_					ļ	98500											
	a Partion of (c) to	be added to prefund	ing balance				0											
			ections or deemed elections	<del></del>	0		0											
13	Balance at begin	ning of current year (lir	ne 9 + line 10 + line 11d – line 12)		0		0											
F	Part III Fun	ding Percentage	es															
14	Funding target at	tainment percentage			***************************************	14	110.90%											
		<del></del>	centage				121.20%											
	year's funding red	uirement					109.00%											
year's funding requirement																		
P	Part IV Cor	tributions and L	iquidity Shortfalls															
18				yees:			Part IV Contributions and Liquidity Shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:											
(	(a) Date MM-DD-YYYY)	(b) Amount paid I employer(s)	(a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) A															
	05 144 1004 6		employees	(MM-DD-YYYY)	employer(s)		unt paid by bloyees											
_	05/11/2016	1,	, 000 0	(MM-DD-YYYY) 10/03/2016	employer(s)	emp												
	05/11/2016					emp	oloyees											
		2,	,000 0	10/03/2016	1,50	emp	oloyees 0											
	05/26/2016	2,	,000 0 ,500 0	10/03/2016 10/31/2016	1,50 1,50	emp	0 0											
	05/26/2016 06/09/2016	2, 1,	,000 0 ,500 0 ,500 0	10/03/2016 10/31/2016 11/08/2016	1,50 1,50 1,00	emp 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0											
0	05/26/2016 06/09/2016 06/23/2016	2, 1, 1,	,000 0 ,500 0 ,500 0	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017	1,50 1,50 1,00 16,00	emp 10 10 10 10 10	0 0 0 0											
0	05/26/2016 06/09/2016 06/23/2016 07/08/2016	2, 1, 1,	,000 0 ,500 0 ,500 0 ,500 0	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017	1,50 1,50 1,00 16,00 3,25	emp	0 0 0 0 0											
0	05/26/2016 06/09/2016 06/23/2016 07/08/2016 08/15/2016	2, 1, 1, 1, 2, over contributions – se	, 000 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year:	emp	0 0 0 0 0											
	05/26/2016 06/09/2016 06/23/2016 07/08/2016 08/15/2016 Discounted emplo	2, 1, 1, 1, 2, pyer contributions – se	, 000 0 , 500 0 , 500 0 , 500 0 , 000 0 0 , 000 0 0 dee instructions for small plan with a did minimum required contributions for	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the som prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year:	emp	0 0 0 0 0											
	05/26/2016 06/09/2016 06/23/2016 07/08/2016 08/15/2016 Discounted emplo	2, 1, 1, 1, 2, pyer contributions – se	, 000 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the som prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year: 19a 19b	emp	0 0 0 0 0 0											
19	05/26/2016 06/09/2016 06/23/2016 07/08/2016 08/15/2016 Discounted emplo a Contributions a b Contributions all	2, 1, 1, 1, 2, pyer contributions – se illocated toward unpaid adde to avoid restriction located toward minimum	, 000 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0  ee instructions for small plan with a sid minimum required contributions from adjusted to valuation date	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the som prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year: 19a 19b	emp	0 0 0 0 0 0 0											
19	05/26/2016 06/09/2016 06/23/2016 07/08/2016 08/15/2016 Discounted emploa a Contributions a b Contributions all Quarterly contributions	2, 1, 1, 1, 2, pyer contributions – se ellocated toward unpaid adde to avoid restriction ocated toward minimum utions and liquidity sho	, 000 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0  ee instructions for small plan with a sid minimum required contributions from adjusted to valuation date	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the som prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year: 19a 19b te 19c	emp 00 00 00 00 00 00 00 18(c)	0 0 0 0 0 0 0 0 0											
19	05/26/2016 06/09/2016 06/23/2016 07/08/2016 08/15/2016 Discounted emplorations at a Contributions at a Contributions at Quarterly contribution to a Did the plan has	2, 1, 1, 2, 2, 1, 1, 2, 2, 2, 2, 2, 2, 2, 3, 2, 3, 3, 3, 3, 3, 4, 5, 5, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	, 000 0 , 500 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0  ee instructions for small plan with a did minimum required contributions from adjusted to valuation date	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the som prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year: 19a 19b te	em; 10   10   10   10   10   10   10   10	0 0 0 0 0 0 0											
19	05/26/2016 06/09/2016 06/23/2016 07/08/2016 08/15/2016 Discounted emplorations at a Contributions at a Contributions at Quarterly contribution to a Did the plan has	2, 1, 1, 2, 2, 1, 1, 2, 2, 2, 2, 2, 2, 2, 3, 2, 3, 3, 3, 3, 3, 4, 5, 5, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	, 000 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0  ee instructions for small plan with a sid minimum required contributions from adjusted to valuation date	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the som prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year: 19a 19b te	em; 10   10   10   10   10   10   10   10	0 0 0 0 0 0 0 0 0											
19	Discounted emploral Contributions all Quarterly contributions all b If line 20a is "Y	2, 1, 1, 1, 2, 2, 1, 1, 1, 2, 2, 2, 2, 2, 3, 3, 3, 3, 4, 5, 5, 5, 6, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	, 000 0 , 500 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0  ee instructions for small plan with a sid minimum required contributions from adjusted to valuation date	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the trom prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year: 19a 19b te	em; 10   10   10   10   10   10   10   10	0 0 0 0 0 0 0 0 0 74,908											
19	D5/26/2016 D6/09/2016 D6/23/2016 D7/08/2016 D8/15/2016 Discounted emplora Contributions at Contributions at Quarterly contribution has been filled the plan has been filled 20a is "You contributed in the plan has been filled 20a is "You fill the 20a is "You fill	2, 1, 1, 1, 2, pyer contributions – se illocated toward unpain nade to avoid restrictio located toward minimum utions and liquidity sho live a "funding shortfall" es," were required qua es," see instructions a	, 000 0 , 500 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0  ee instructions for small plan with a did minimum required contributions from adjusted to valuation date	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the som prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year: 19a 19b te	emp 100 100 100 100 100 100 100 10	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
19	Discounted emploral Contributions all Quarterly contributions all b If line 20a is "Y	2, 1, 1, 1, 2, pyer contributions – se illocated toward unpain nade to avoid restrictio located toward minimum utions and liquidity sho live a "funding shortfall" es," were required qua es," see instructions a	, 000 0 , 500 0 , 500 0 , 500 0 , 500 0 , 000 0 , 000 0  ee instructions for small plan with a sid minimum required contributions from adjusted to valuation date	10/03/2016 10/31/2016 11/08/2016 12/27/2016 01/05/2017 01/10/2017 Totals ► 18(b) valuation date after the som prior years	1,50 1,50 1,00 16,00 3,25 10,00 75,00 peginning of the year: 19a 19b te	emp 100 100 100 100 100 100 100 10	0 0 0 0 0 0 0 0 0 74,908											

F	art V	Assumpti	ions Used to Determin	e Funding Target and Ta	rget Normal Cost						-	_
21	Discount	rate:										
	a Segm	ent rates:	1st segment: 4 . 4 3 %	2nd segment: 5.91 %	3rd segment: 6.65 %			N/A, fo	ıll yield	d curve	e used	
	<b>b</b> Applica	able month (er	nter code)			21b						0
22	Weighted	average retir	ement age			22					6	3
23	Mortality	table(s) (see	instructions) X Pre	scribed - combined Pre	scribed - separate	Subst	itute					
Pa	art VI	Miscellane	ous Items									_
24				uarial assumptions for the current							X No	
25				in year? If "Yes," see instructions		Our time to entire Court states	401668888					
26	Is the pla	n required to p	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required a	attachme	ent			Yes		_
27				er applicable code and see instru		27	Τ					_
P	art VII			um Required Contributio								
28	Unpaid m	inimum requi	red contributions for all prior y	ears		28	T					0
29				unpaid minimum required contrib		29						0
30	Remainir	g amount of u	inpaid minimum required con	tributions (line 28 minus line 29) .		30						0
Pa	art VIII	Minimum	Required Contribution	n For Current Year								
31	Target no	ormal cost and	d excess assets (see instruction	ons):								
	a Target	normal cost (li	ne 6)			31a						0
	<b>b</b> Excess	assets, if app	licable, but not greater than li	ne 31a		31b						0
32	Amortizat	ion installmen	its:		Outstanding Bala	nce		1	nstalln	nent		
	a Net sho	ortfall amortiza	tion installment				q					0
	<b>b</b> Waiver	amortization i	installment				$\perp$					
33				er the date of the ruling letter gran) and the waived amount		33						
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34						0
				Carryover balance	Prefunding balar	nce		To	otal bal	ance		
35			se to offset funding	C			0					0
36	Additiona	I cash require	ment (line 34 minus line 35)			36						0
37	Contribut	ons allocated	toward minimum required co	ntribution for current year adjuste	d to valuation date (line	37					74,90	8
38	Present v	alue of excess	s contributions for current year	r (see instructions)								_
	a Total (e	xcess, if any,	of line 37 over line 36)			38a	T				74,90	8
				refunding and funding standard c		38b						
39	Unpaid m	inimum requir	red contribution for current ye	ar (excess, if any, of line 36 over	line 37)	39						0
40	Unpaid m	inimum requir	red contributions for all years			40						0
Par	t IX	Pension I	Funding Relief Under	Pension Relief Act of 201	0 (See Instructions	()						
41	If an elect	ion was made	to use PRA 2010 funding rel	ief for this plan:								
	a Schedu	le elected					2	plus 7 yea	ırs	15 )	years	
	<b>b</b> Eligible	plan year(s) f	for which the election in line 4	1a was made		2	2008	2009	201	0	2011	
42	Amount o	f acceleration	adjustment			42						
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43						

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Fo	r calendar p	olan year 201	6 or fiscal plan y	ear beginning				and endir	ng			
<b></b>	Round off	amounts to	nearest dollar.									
<b>•</b>	Caution: A	penalty of \$	1,000 will be as:	sessed for late filing of t	this report unless reaso	nable caus	se is e	establishe	d.			
Α	Name of pla	an					В	Three-di	git			
								plan nun	nber (Pl	N)	•	
C	Plan enone	or's name as	shown on line 2	a of Form 5500 or 5500	)-SF		D	Employer	Identifi	nation l	Number (	FIN)
J	i iaii spoiisi	or s riarric as	SHOWN ON MIC 2	a of 1 offit 5500 of 5500	7-01			Lilipioyei	Identilit	Jation	ramber (	LIIV)
Ε.	Type of plan	: Single	Multiple-A	Multiple-B	<b>F</b> Prior year p	lan size:	100	or fewer	101	-500	More t	han 500
		Basic Info		<u> </u>	, ,	<u> </u>				I		
1		valuation da		Month Da	ayYear _							
2	Assets:	74.44.1011 44			.,							
	<b>a</b> Market	value							2a			
	<b>b</b> Actuar	al value							2b			
3			ant count break			(1) N	Numb				unding	(3) Total Funding
	<b>2</b>		- ( ( ) ( ) - '- '				rticipa	nts		Targe	et	Target
				aries receiving payment								
	<b>d</b> Total						_					
4	If the pla	n is in at-risk	status, check the	e box and complete line	es (a) and (b)							
	<b>a</b> Fundin	g target disre	garding prescrib	oed at-risk assumptions	S				4a	ı		
				umptions, but disregard ve years and disregardir						)		
5	Effective	interest rate.							5			%
6	Target no	ormal cost							6			
Sta	To the best of accordance wi	h applicable law	e information supplied and regulations. In my	d in this schedule and accompa y opinion, each other assumptio perience under the plan.								
	SIGN HERE						_					
			Sign	ature of actuary							Date	
			Type or p	orint name of actuary			_		Most	recent	t enrollme	ent number
				Firm name			_	Te	elephon	e numb	oer (includ	ding area code)
			۸۵	dress of the firm			_					
	e actuary ha uctions	s not fully ref	lected any regu	lation or ruling promulga	ated under the statute i	n completi	ng thi	s schedul	e, checl	the b	ox and se	ee

ale SB (Form 5500) 2016	Page <b>2 -</b>

Ps	art II	Regir	ning of Year	Carryov	ver and Prefunding Ba	lances						
	ai ( ii	Degii	ining or rear	Carryov	rer and r rerunding ba	larices	(a) C	arryover balanc	e	(b) F	Prefundir	ng balance
7		Ū	0 , ,		able adjustments (line 13 fror	•	, ,	•				
8				,	nding requirement (line 35 fro							
9	Amount	remaining	g (line 7 minus line	8)								
10	Interest	on line 9	using prior year's	actual retu	rn of%							
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							
	b(1) Inte	erest on t nedule St	the excess, if any, B, using prior year	of line 38a	a over line 38b from prior yea e interest rate of%	r S						
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return												
C Total available at beginning of current plan year to add to prefunding balance												
	<b>d</b> Portion	n of (c) to	be added to prefe	unding bal	ance							
12	Other red	ductions i	n balances due to	elections	or deemed elections							
13	Balance	at beginr	ning of current yea	r (line 9 +	line 10 + line 11d – line 12)							
Р	art III	Fun	ding Percenta	ages								
14	Funding	target att	ainment percenta	ge							14	%
					ə						15	%
16					of determining whether carryo					ce current	16	%
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the fo	unding target	, enter suc	ch percentage			17	%
P	art IV	Con	tributions an	d Liquid	lity Shortfalls							
18					ar by employer(s) and emplo							
(1)	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-		( <b>b)</b> Amount employe		(0	Amour) emplo	nt paid by ovees
		,	- 1 - 2	(-)	. , .,		,	- 1 -7	(-)			,
							1					
						Totals ►	18(b)			18(c)		
19					ructions for small plan with a					T		
	_			•	mum required contributions fr			•	19a			
				•	usted to valuation date			•	19b			
20					ired contribution for current yea	r adjusted to	valuation d	ate	19c			
20	-		itions and liquidity		ne prior year?							Yes No
		•	9		, ,						므	
					installments for the current years		a umely ma	aiiilei ?	•••••			Yes   No
	U II IIne	ZUais Y	es, see instructio	ns and cor	nplete the following table as a Liquidity shortfall as of end		this plan v	/ear				
		(1) 1s	t		(2) 2nd	1		3rd			(4) 4th	

P	art V	Assumpti	ons Used to Det	ermine	Funding Target an	d Targ	et Normal Cost					
21	Discount	rate:										
	<b>a</b> Segme	ent rates:	1st segment:		2nd segment: %		3rd segment: %			N/A, ful	l yield c	urve used
	<b>b</b> Applica	able month (er	nter code)					21k	,			
22		·	•					22				
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined	Presc	ribed - separate	Sub	stitute			
Pa	art VI	Miscellane	ous Items									
24	Has a ch	ange been ma	ide in the non-prescrib	ed actua	arial assumptions for the c	urrent pla	an year? If "Yes," see ii	nstruc	tions re	egarding re	quired	
	attachme	nt									····· 📙 ,	Yes No
25	Has a me	thod change l	been made for the cur	rent plan	n year? If "Yes," see instru	uctions re	garding required attach	ment.				Yes No
26	Is the pla	n required to p	provide a Schedule of	Active P	articipants? If "Yes," see	instructio	ns regarding required a	ıttachr	nent			Yes No
27			_		r applicable code and see			27				
P	art VII				ım Required Contri							
		l.	•		ears			28				
29					unpaid minimum required of			29				
30					ibutions (line 28 minus line			30				
Pa	art VIII	Minimum	Required Contri	bution	For Current Year							
31	Target no	ormal cost and	d excess assets (see in	nstructio	ns):							
	<b>a</b> Target r	normal cost (li	ne 6)					31	3			
				r than lin	ne 31a			31k	)			
32	Amortizat	tion installmen	its:				Outstanding Bala	nce		In	stallme	nt
33					er the date of the ruling lett ) and the waived am			33				
34	Total fund	ding requireme	ent before reflecting ca	arryover/	prefunding balances (lines	s 31a - 3	1b + 32a + 32b - 33)	34				
					Carryover balance	)	Prefunding balan	ice		Tot	al bala	nce
35			se to offset funding									
36	<u>'</u>							36				
37					ntribution for current year a							
	19c)				······································	•	`	37				
38			s contributions for curi						_			
								388				
20					efunding and funding stan			38k 39				
39 40					er (excess, if any, of line 36		·	40	_			
	rt IX	· · ·		·	Pension Relief Act o		l l					
		l .	to use PRA 2010 fun				(000	,				
-									\ \ 2	plus 7 year	rs	15 years
					a was made				2008		2010	2011
42								42				
					over to future plan years			43				

## Attachment to 2016 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name ELLEN HONI	IG D.D.S., P.C. DEFINED	BENEFIT PENSION PLAN	EIN:	20-0947522
Plan Sponsor's Name	ELLEN HONIG D.D.S., P.O	Z •	PN:	001
The weighted average reti	rement age is equal to the norm	nal retirement age of 63		

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

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

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Fo	r calendar p	olan year 201	6 or fiscal plan y	ear beginning				and endir	ng			
<b></b>	Round off	amounts to	nearest dollar.									
<b>•</b>	Caution: A	penalty of \$	1,000 will be as:	sessed for late filing of t	this report unless reaso	nable caus	se is e	establishe	d.			
Α	Name of pla	an					В	Three-di	git			
								plan nun	nber (Pl	N)	•	
C	Plan enone	or's name as	shown on line 2	a of Form 5500 or 5500	)-SF		D	Employer	Identifi	nation l	Number (	FIN)
J	i iaii spoiisi	or s riarric as	SHOWN ON MIC 2	a of 1 offit 5500 of 5500	7-01			Lilipioyei	Identilit	Jation	ramber (	LIIV)
Ε.	Type of plan	: Single	Multiple-A	Multiple-B	<b>F</b> Prior year p	lan size:	100	or fewer	101	-500	More t	han 500
		Basic Info		<u> </u>	, ,	<u> </u>				I		
1		valuation da		Month Da	ayYear _							
2	Assets:	74.44.1011 44			.,							
	<b>a</b> Market	value							2a			
	<b>b</b> Actuar	al value							2b			
3			ant count break			(1) N	Numb				unding	(3) Total Funding
	<b>2</b>		- ( ( ) ( ) - '- '				rticipa	nts		Targe	et	Target
				aries receiving payment								
	<b>d</b> Total						_					
4	If the pla	n is in at-risk	status, check the	e box and complete line	es (a) and (b)							
	<b>a</b> Fundin	g target disre	garding prescrib	oed at-risk assumptions	S				4a	ı		
				umptions, but disregard ve years and disregardir						)		
5	Effective	interest rate.							5			%
6	Target no	ormal cost							6			
Sta	To the best of accordance wi	h applicable law	e information supplied and regulations. In my	d in this schedule and accompa y opinion, each other assumptio perience under the plan.								
	SIGN HERE						_					
			Sign	ature of actuary							Date	
			Type or p	orint name of actuary			_		Most	recent	t enrollme	ent number
				Firm name			_	Te	elephon	e numb	oer (includ	ding area code)
			۸۵	dress of the firm			_					
	e actuary ha uctions	s not fully ref	lected any regu	lation or ruling promulga	ated under the statute i	n completi	ng thi	s schedul	e, checl	the b	ox and se	ee

ale SB (Form 5500) 2016	Page <b>2 -</b>

Ps	art II	Regir	ning of Year	Carryov	ver and Prefunding Ba	lances						
	ai ( ii	Degii	ining or rear	Carryov	rer and r rerunding ba	larices	(a) C	arryover balanc	e	(b) F	Prefundir	ng balance
7		Ū	0 , ,		able adjustments (line 13 fror	•	, ,	•				
8				,	nding requirement (line 35 fro							
9	Amount	remaining	g (line 7 minus line	8)								
10	Interest	on line 9	using prior year's	actual retu	rn of%							
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							
	b(1) Inte	erest on t nedule St	the excess, if any, B, using prior year	of line 38a	a over line 38b from prior yea e interest rate of%	r S						
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return												
C Total available at beginning of current plan year to add to prefunding balance												
	<b>d</b> Portion	n of (c) to	be added to prefe	unding bal	ance							
12	Other red	ductions i	n balances due to	elections	or deemed elections							
13	Balance	at beginr	ning of current yea	r (line 9 +	line 10 + line 11d – line 12)							
Р	art III	Fun	ding Percenta	ages								
14	Funding	target att	ainment percenta	ge							14	%
					ə						15	%
16					of determining whether carryo					ce current	16	%
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the for	unding target	, enter suc	ch percentage			17	%
P	art IV	Con	tributions an	d Liquid	lity Shortfalls							
18					ar by employer(s) and emplo							
(1)	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-		( <b>b)</b> Amount employe		(0	Amour) emplo	nt paid by ovees
		,	- 1 - 2	(-)	. , .,		,	- 1 -7	(-)			,
							1					
						Totals ►	18(b)			18(c)		
19					ructions for small plan with a					T		
	_			•	mum required contributions fr			•	19a			
				•	usted to valuation date			•	19b			
20					ired contribution for current yea	r adjusted to	valuation d	ate	19c			
20	-		itions and liquidity		ne prior year?							Yes No
		•	9		, ,						므	
					installments for the current years		a umely ma	aiiilei ?	•••••			Yes   No
	U II IIne	ZUais Y	es, see instructio	ns and cor	nplete the following table as a Liquidity shortfall as of end		this plan v	/ear				
		(1) 1s	t		(2) 2nd	1		3rd			(4) 4th	

Part V		Assumptions Used to Determine Funding Target and Target Normal Cost											
21	Discount	rate:	e:										
	a Segment rates:		1st segment:		2nd segment: %		3rd segment: %			N/A, full yield curve used			
	<b>b</b> Applica	able month (er	nter code)					21k	,				
22		·	•					22					
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined	Presc	ribed - separate	Sub	stitute				
Pa	art VI	Miscellane	ous Items										
24	Has a ch	ange been ma	ide in the non-prescrib	ed actua	arial assumptions for the c	urrent pla	an year? If "Yes," see i	nstruc	tions re	egarding re	quired		
	attachme	attachment									Yes No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment												
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment												
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment							27					
P	art VII				ım Required Contri								
		l.	•		•			28					
29								29					
30	(line 19a)												
Pa	art VIII	Minimum	Required Contri	bution	For Current Year								
31	Target no	ormal cost and	d excess assets (see i	nstructio	ns):								
	a Target normal cost (line 6)							31	3				
	<b>b</b> Excess assets, if applicable, but not greater than line 31a							31k	)				
32	Amortizat	tion installmen	its:				Outstanding Bala	nce		Installment			
	Net shortfall amortization installment												
33					r the date of the ruling lett) and the waived ame			33					
34	Total fund	ding requireme	ent before reflecting ca	arryover/	prefunding balances (lines	s 31a - 3	1b + 32a + 32b - 33) <b>34</b>						
					Carryover balance	)	Prefunding balar	ice		Tot	al bala	nce	
35			se to offset funding										
36	<u>'</u>							36					
37					stribution for current year a								
	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)												
38	Present v	alue of excess	s contributions for curi	ent year	(see instructions)								
								388					
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						38k						
39							·	39	_				
	40 Unpaid minimum required contributions for all years												
		l .	to use PRA 2010 fun			71 2010	(See man denoma	·)					
									П2	plus 7 year	rs $\square$	15 years	
					a was made				2008		2010	2011	
42								42		□		<u> </u>	
					over to future plan years			43					

# Attachment to 2016 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name ELLEN HON	NIG D.D.S.,	P.C. DEI	FINED BENEFIT	PENSION PLAN	EIN:	20-0947522
Plan Sponsor's Name	ELLEN HONI	G D.D.S	., P.C.		PN:	001

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

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