

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017			
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a one-participant plan	<input type="checkbox"/> a foreign plan	
B This return/report is	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)		

Part II Basic Plan Information —enter all requested information				
1a Name of plan WILLIAM WOLFSON DMD PC DEFINED BENEFIT RETIREMENT PLAN	1b Three-digit plan number (PN) ►	001		
	1c Effective date of plan	01/01/2009		
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WILLIAM WOLFSON, DMD, PC 361 PURCHASE ST RYE, NY 10580	2b Employer Identification Number (EIN) 13-3025780		
	2c Sponsor's telephone number 914-837-8090			
	2d Business code (see instructions)	621210		
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. WILLIAM WOLFSON, DMD, PC <div style="text-align: right; color: blue;">361 PURCHASE ST RYE, NY 10580</div>	3b Administrator's EIN 13-3025780			
	3c Administrator's telephone number 914-837-8090			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN			
	4d PN			
5a Total number of participants at the beginning of the plan year	5a	21		
b Total number of participants at the end of the plan year.....	5b	18		
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c	0		
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	13		
d(2) Total number of active participants at the end of the plan year	5d(2)	10		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	3		

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2018	WILLIAM WOLFSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2018	WILLIAM WOLFSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4103296. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1518415	1983167
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1518415	1983167
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	261000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	212736	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		473736
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8984	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		8984
i Net income (loss) (subtract line 8h from line 8c)	8i		464752
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		<input checked="" type="checkbox"/>	0
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		<input checked="" type="checkbox"/>	0
c Was the plan covered by a fidelity bond?	10c	<input checked="" type="checkbox"/>		200000
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		<input checked="" type="checkbox"/>	0
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	<input checked="" type="checkbox"/>		7736
f Has the plan failed to provide any benefit when due under the plan?	10f		<input checked="" type="checkbox"/>	0
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		<input checked="" type="checkbox"/>	0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No

11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ 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 ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan <u>WILLIAM WOLFSON DMD PC DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WILLIAM WOLFSON, DMD, PC</u>	D Employer Identification Number (EIN) <u>13-3025780</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>	
2 Assets:	
a Market value	2a <u>1518415</u>
b Actuarial value	2b <u>1518415</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>1</u> (2) Vested Funding Target <u>59557</u> (3) Total Funding Target <u>59557</u>
b For terminated vested participants	<u>7</u> <u>5437</u> <u>5437</u>
c For active participants	<u>13</u> <u>869002</u> <u>878407</u>
d Total	<u>21</u> <u>933996</u> <u>943401</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.94 %</u>
6 Target normal cost	6 <u>28092</u>

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

SIGN HERE	
Signature of actuary <u>CRAIG A. MILLER, PRESIDENT</u>	<u>09/01/2018</u> Date
Type or print name of actuary <u>WESTMINSTER U.S.A., LTD.</u>	<u>17-02728</u> Most recent enrollment number
Firm name <u>4 WEST RED OAK LANE SUITE 110 WHITE PLAINS, NY 10604</u>	<u>914-697-5000</u> Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	741049
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	741049
10 Interest on line 9 using prior year's actual return of <u>2.14</u> %	0	15858
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		119528
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		7399
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		126927
d Portion of (c) to be added to prefunding balance		126927
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	883834

Part III Funding Percentages

14 Funding target attainment percentage	14	67.26%
15 Adjusted funding target attainment percentage	15	0.00%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/14/2017	5000	0			
06/29/2018	6000	0			
09/10/2018	250000	0			
Totals ▶			18(b)	261000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	235593

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age.....				22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	28092	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	20684		20684
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	48776	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	48776	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	235593	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	186817	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

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

Age is attained age as of the valuation date.

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

Active employees include employees who are active and deferring retirement.

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

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.16%

Second Segment: 5.72%

Third Segment: 6.48%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.57%

Second Segment: 3.77%

Third Segment: 4.73%

PBGC Segmented Rates

First Segment: 2.04%

Second Segment: 4.03%

Third Segment: 4.82%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2017 430(h)(3)(A)-Optional combined

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table NONE

IRC417(e)(3) Retirement Mortality

Mortality Table 2017 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

0% of participants will elect the Plan Normal Form

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

Retirement Actuarial Equivalence Assumptions

1st Segment Rate: 2.04% Effective annual rate

2nd Segment Rate: 4.03% Effective annual rate

3rd Segment Rate: 4.82% Effective annual rate

Mortality Table 2017 417(e)(3) Applicable Mortality Table

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

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2017 417(e)(3) Applicable Mortality Table

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

Investment Earnings 5% Effective annual rate

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

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

Female Rates

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

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

Plan Effective Date	January 1, 2009
Plan Anniversary Date	January 1, 2017
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12 Minimum hours worked: 1,000
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65 Not to exceed the later of age 65 and 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Lump Sum (single payment)
Normal Retirement Benefit	Benefit Formula: 1.95% per year of service times compensation plus 0.65% per year of service times compensation in excess of the integration level: Table: II - Maximum: \$127200 - Year: 2017 Maximum total years of service: 25 Maximum years of past service: 5 IRC415 maximum annual benefit: \$215,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan participation up to 10 (actuarially adjusted for benefit form)
Compensation Definition	Highest consecutive 3 year average salary over all participation Annual salary up to \$270,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	100% present value of accrued benefit
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Computation Period: Employment Years Based on periods of service rounded to nearest year
Accrued Retirement Benefit	Pro-rated on participation Participation includes up to 5 years of employment service Maximum number of years of past credited benefit accrual service is 5

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

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment
Shortfall Base	20,684	01/01/2011	1	20,684

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan**Schedule SB, line 19 - Discounted Employer Contributions****Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan****Plan EIN: 13-3025780****Plan Number: 001**

Date	Amount	Plan Year	Effective Rate of Interest	Discounted Amount	Penalty Rate of Interest	Additional Discounted Amount	Value As of Valuation Date
06/14/2017	5000.00	2017	5.94%	4872.00	10.94%	-36.79	4835.21
06/29/2018	6000.00	2017	5.94%	5506.00	10.94%	-297.47	5208.53
09/10/2018	250000.00	2017	5.94%	226766.00	10.94%	-1217.14	225548.86
Total for Minimum Required Contribution	261000.00			237144.00		-1551.40	235592.60

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

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% as of the participant's assumed retirement age.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2017**This Form is Open to Public
Inspection**

For calendar plan year 2017 or fiscal plan year beginning 1/1/2017 and ending 12/31/2017

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

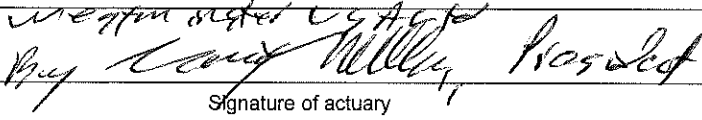

A Name of plan William Wolfson DMD PC Defined Benefit Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF William Wolfson, DMD, PC	D Employer Identification Number (EIN) 13-3025780
E Type of plan: <input checked="" type="checkbox"/> Single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

Part I Basic Information

1 Enter the valuation date: 1/1/2017			
2 Assets:			
a Market value	2a	1518415	
b Actuarial value	2b	1518415	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1	59557	59557
b For terminated vested participants	7	5437	5437
c For active participants	13	869002	878407
d Total	21	933996	943401
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.94 %	
6 Target normal cost	6	28092	

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		9/1/2018 
	Signature of actuary	Date
Craig A. Miller, President	Type or print name of actuary	1702728
Westminster U.S.A., Ltd.	Firm name	Most recent enrollment number
		914-697-5000
4 West Red Oak Lane		Telephone number (including area code)
Suite 110		
White Plains NY 10604	Address of the firm	

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

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

Schedule SB (Form 5500) 2017

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	741049
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	741049
10 Interest on line 9 using prior year's actual return of <u>2.14</u> %	0	15858
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		119528
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		7399
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		126927
d Portion of (c) to be added to prefunding balance		126927
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	883834

Part III Funding Percentages

14 Funding target attainment percentage	14	67.26 %
15 Adjusted funding target attainment percentage	15	0 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
6/14/2017	5000	0			
6/29/2018	6000	0			
9/10/2018	250000	0			
Totals ▶			18(b)	261000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	235593

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.16 %2nd segment:
5.72 %3rd segment:
6.48 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

28092

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:**a** Net shortfall amortization installment.....

Outstanding Balance

Installment

20684

20684

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval () and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

48776

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35).....**36**

48776

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

235593

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

186817

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected

2 plus 7 years



15 years

b Eligible plan year(s) for which the election in line 41a was made

2008



2009



2010



2011

42 Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

CERTIFICATION STATEMENT

2017 SCHEDULE SB (FORM 5500-SF)

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

PLAN SPONSOR: William Wolfson, DMD, PC

EMPLOYER IDENTIFICATION NUMBER: 13-3025780

PLAN NUMBER: 001

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

William Wolfson, DMD, PC ,
Plan Administrator


By:  _____, President
William Wolfson, DMD, PC

Date: 9/17/18

 _____, Trustee
William Wolfson, DMD, PC

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

Date: 9/17/18

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

William Wolfson, DMD, PC William Wolfson DMD PC Defined Benefit Retirement Plan**Schedule SB, line 19 - Discounted Employer Contributions****Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan****Plan EIN: 13-3025780****Plan Number: 001**

Date	Amount	Plan Year	Effective Rate of Interest	Discounted Amount	Penalty Rate of Interest	Additional Discounted Amount	Value As of Valuation Date
06/14/2017	5000.00	2017	5.94%	4872.00	10.94%	-36.79	4835.21
06/29/2018	6000.00	2017	5.94%	5506.00	10.94%	-297.47	5208.53
09/10/2018	250000.00	2017	5.94%	226766.00	10.94%	-1217.14	225548.86
Total for Minimum Required Contribution	261000.00			237144.00		-1551.40	235592.60

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

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.16%

Second Segment: 5.72%

Third Segment: 6.48%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.57%

Second Segment: 3.77%

Third Segment: 4.73%

PBGC Segmented Rates

First Segment: 2.04%

Second Segment: 4.03%

Third Segment: 4.82%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2017 430(h)(3)(A)-Optional combined

IRC417(e)(3) Interest Assumption

Segment Rate same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table NONE

IRC417(e)(3) Retirement Mortality

Mortality Table 2017 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

0% of participants will elect the Plan Normal Form

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

Retirement Actuarial Equivalence Assumptions

1st Segment Rate: 2.04% Effective annual rate

2nd Segment Rate: 4.03% Effective annual rate

3rd Segment Rate: 4.82% Effective annual rate

Mortality Table 2017 417(e)(3) Applicable Mortality Table

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

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2017 417(e)(3) Applicable Mortality Table

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

Investment Earnings 5% Effective annual rate

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

Male Rates

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

Female Rates

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

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

Plan Effective Date	January 1, 2009
Plan Anniversary Date	January 1, 2017
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12 Minimum hours worked: 1,000
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65 Not to exceed the later of age 65 and 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Lump Sum (single payment)
Normal Retirement Benefit	Benefit Formula: 1.95% per year of service times compensation plus 0.65% per year of service times compensation in excess of the integration level; Table: II - Maximum: \$127200 - Year: 2017 Maximum total years of service: 25 Maximum years of past service: 5 IRC415 maximum annual benefit: \$215,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan participation up to 10 (actuarially adjusted for benefit form)
Compensation Definition	Highest consecutive 3 year average salary over all participation Annual salary up to \$270,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	100% present value of accrued benefit
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Computation Period: Employment Years Based on periods of service rounded to nearest year
Accrued Retirement Benefit	Pro-rated on participation Participation includes up to 5 years of employment service Maximum number of years of past credited benefit accrual service is 5

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

Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

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

Age is attained age as of the valuation date.

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

Active employees include employees who are active and deferring retirement.

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

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment
Shortfall Base	20,684	01/01/2011	1	20,684

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

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: William Wolfson DMD PC Defined Benefit Retirement Plan

Plan EIN: 13-3025780

Plan Number: 001

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% as of the participant's assumed retirement age.