

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 section 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;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input 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 <u>ORTHODONTIC SPECIALTIES, PA DEFINED BENEFIT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
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1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>ORTHODONTIC SPECIALTIES, PA</u> <u>625 EAST ALAMEDA ROAD</u> <u>POCATELLO, ID 83201</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) <u>82-0487721</u></td> </tr> <tr> <td>2c Plan sponsor's telephone number <u>208-237-0005</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>82-0487721</u>	2c Plan sponsor's telephone number <u>208-237-0005</u>	2d Business code (see instructions) <u>621210</u>	
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2c Plan sponsor's telephone number <u>208-237-0005</u>					
2d Business code (see instructions) <u>621210</u>					
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>ORTHODONTIC SPECIALTIES, PA</u> <u>625 EAST ALAMEDA ROAD</u> <u>POCATELLO, ID 83201</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3b Administrator's EIN <u>82-0487721</u></td> </tr> <tr> <td>3c Administrator's telephone number <u>208-237-0005</u></td> </tr> </table>	3b Administrator's EIN <u>82-0487721</u>	3c Administrator's telephone number <u>208-237-0005</u>		
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3c Administrator's telephone number <u>208-237-0005</u>					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name <u>SOUTHEAST IDAHO ORTHODONTICS, PLLC, DBA ID ORTHODONTICS PA</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN <u>82-0487721</u></td> </tr> <tr> <td>4c PN <u>001</u></td> </tr> </table>	4b EIN <u>82-0487721</u>	4c PN <u>001</u>		
4b EIN <u>82-0487721</u>					
4c PN <u>001</u>					
5a Total number of participants at the beginning of the plan year	5a <u>11</u>				
b Total number of participants at the end of the plan year.....	5b <u>10</u>				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">(a) Beginning of Year</th> <th style="text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a <u>1326071</u></td> <td><u>1649775</u></td> </tr> <tr> <td>b Total plan liabilities.....</td> <td>7b <u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td>7c <u>1326071</u></td> <td><u>1649775</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a <u>1326071</u>	<u>1649775</u>	b Total plan liabilities.....	7b <u>0</u>	<u>0</u>	c Net plan assets (subtract line 7b from line 7a).....	7c <u>1326071</u>	<u>1649775</u>																														
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8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">(a) Amount</th> <th style="text-align: center;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td>8a(1) <u>280435</u></td> <td></td> </tr> <tr> <td> (2) Participants</td> <td>8a(2) <u>0</u></td> <td></td> </tr> <tr> <td> (3) Others (including rollovers).....</td> <td>8a(3) <u>0</u></td> <td></td> </tr> <tr> <td>b Other income (loss).....</td> <td>8b <u>65542</u></td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>8c</td> <td><u>345977</u></td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</td> <td>8d <u>22273</u></td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td>8e <u>0</u></td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td>8f <u>0</u></td> <td></td> </tr> <tr> <td>g Other expenses.....</td> <td>8g <u>0</u></td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g).....</td> <td>8h</td> <td><u>22273</u></td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c).....</td> <td>8i</td> <td><u>323704</u></td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td>8j <u>0</u></td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	8a(1) <u>280435</u>		(2) Participants	8a(2) <u>0</u>		(3) Others (including rollovers).....	8a(3) <u>0</u>		b Other income (loss).....	8b <u>65542</u>		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u>345977</u>	d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d <u>22273</u>		e Certain deemed and/or corrective distributions (see instructions)	8e <u>0</u>		f Administrative service providers (salaries, fees, commissions)	8f <u>0</u>		g Other expenses.....	8g <u>0</u>		h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	<u>22273</u>	i Net income (loss) (subtract line 8h from line 8c).....	8i	<u>323704</u>	j Transfers to (from) the plan (see instructions)	8j <u>0</u>	
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Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		80000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

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)) ☒ Yes ☐ No**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 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ NoIf "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)

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.	06/29/2011	ERIC JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/29/2011	ERIC JOHNSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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>ORTHODONTIC SPECIALTIES, PA DEFINED BENEFIT 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>ORTHODONTIC SPECIALTIES, PA</u>	D Employer Identification Number (EIN) <u>82-0487721</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>2010</u>	
2 Assets:	
a Market value	2a <u>1326068</u>
b Actuarial value	2b <u>1326068</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>1</u> <u>14953</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>2959</u>
(2) Vested benefits	3c(2) <u>941016</u>
(3) Total active	3c(3) <u>10</u> <u>943975</u>
d Total	3d <u>11</u> <u>958928</u>
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.66</u> %
6 Target normal cost	6 <u>150227</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	<u>06/24/2011</u>
Signature of actuary <u>PATRICK J. MELE</u>	Date <u>11-06204</u>
Type or print name of actuary <u>MELE CONSULTING, INC.</u>	Most recent enrollment number <u>801-273-7005</u>
Firm name <u>4505 WASATCH BLVD. SUITE 270</u> <u>SALT LAKE CITY, UT 84124</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

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 (Item 13 from prior year)	97604	126035
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	97604	126035
10	Interest on item 9 using prior year's actual return of <u>4.18</u> %	4080	5268
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		106785
b	Interest on (a) using prior year's effective rate of <u>6.44</u> %		6877
c	Total available at beginning of current plan year to add to prefunding balance		113662
d	Portion of (c) to be added to prefunding balance.....		113662
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	101684	244965

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	102.13 %
15	Adjusted funding target attainment percentage.....	15	138.28 %
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	126.97 %
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
01/07/2010	29935	0			
02/19/2010	12500	0			
03/03/2010	12500	0			
04/02/2010	12500	0			
05/07/2010	30000	0			
12/03/2010	186000	0			
			Totals ►	18(b)	283435
				18(c)	

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 contribution 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 268586
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If 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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %	3rd segment: 6.77 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 58
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	129736
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (item 31 + item 32a + item 32b – item 33).....	34	129736
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	129736
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	268586
38 Interest-adjusted excess contributions for current year (see instructions).....	38	138850
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

**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

2010**This Form is Open to Public
Inspection**For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010► **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.

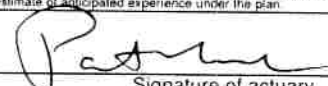
A Name of plan <u>Orthodontic Specialties, PA Defined Benefit Plan</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ <u>Orthodontic Specialties, PA</u>	D Employer Identification Number (EIN) <u>82-0487721</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> 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>2010</u>			
2 Assets:			
a Market value	2a	<u>1,326,068</u>	
b Actuarial value	2b	<u>1,326,068</u>	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	<u>0</u>	<u>0</u>
b For terminated vested participants	3b	<u>1</u>	<u>14,953</u>
c For active participants:			
(1) Non-vested benefits	3c(1)		<u>2,959</u>
(2) Vested benefits	3c(2)		<u>941,016</u>
(3) Total active	3c(3)	<u>10</u>	<u>943,975</u>
d Total	3d	<u>11</u>	<u>958,928</u>
4 If the plan is at-risk, 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 at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>6.66</u>	
6 Target normal cost	6	<u>150,227</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		<u>06/24/2011</u>
Signature of actuary		Date
<u>Patrick J. Mele</u>		<u>11-06204</u>
Type or print name of actuary		Most recent enrollment number
<u>Mele Consulting, Inc.</u>		<u>(801) 273-7005</u>
Firm name		Telephone number (including area code)
<u>4505 Wasatch Blvd. Suite 270</u>		
US <u>Salt Lake City</u> UT <u>84124</u>		
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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	97,604	126,035
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	97,604	126,035
10 Interest on item 9 using prior year's actual return of <u>4.18</u> %	4,080	5,268
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		106,785
b Interest on (a) using prior year's effective rate of <u>6.44</u> %		6,877
c Total available at beginning of current plan year to add to prefunding balance		113,662
d Portion of item (c) to be added to prefunding balance		113,662
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	101,684	244,965

14	Funding target attainment percentage	14	102.13	%
15	Adjusted funding target attainment percentage	15	138.28	%
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	126.97	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17		%

(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
01/07/2010	29,935				
02/19/2010	12,500				
03/03/2010	12,500				
04/02/2010	12,500				
05/07/2010	30,000				
12/03/2010	186,000				
			Totals ►	18(b) 283,435	18(c)

a	Contributions allocated toward unpaid minimum required contribution 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	268,586

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

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment 4.71 %	2nd segment 6.67 %	3rd segment 6.77 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 1
22 Weighted average retirement age			22 58
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	129,736
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (item 31 + item 32a + item 32b - item 33)	34	129,736
35 Balances used to offset funding requirement	Carryover balance 0	Prefunding Balance 0
36 Additional cash requirement (item 34 minus item 35)	36	129,736
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	268,586
38 Interest-adjusted excess contributions for current year (see instructions)	38	138,850
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

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

Orthodontic Specialties, PA Defined Benefit Plan

82-0487721 / 001

For the plan year 1/1/2010 through 12/31/2010

The age reported 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% of his/her assumed retirement age.

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Orthodontic Specialties, PA Defined Benefit Plan

82-0487721 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 1/1/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is Joint with 100% Survivor Benefit

Interest Rates -

Segment rates for the First Month Prior to Val
Date as permitted under IRC 430(h)(2)(C) &
(G)

Segment #	Year	Rate %
Segment 1	0 - 5	4.71
Segment 2	6 - 20	6.67
Segment 3	> 20	6.77

Pre-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Turnover/Disability - None

Salary Scale - 3%

Expense Load - None

Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Schedule SB, Part V Summary of Plan Provisions

Orthodontic Specialties, PA Defined Benefit Plan

82-0487721 / 001

For the plan year 1/1/2010 through 12/31/2010

<u>Employer:</u>	Orthodontic Specialties, PA		
	Type of Entity -	C-Corporation	
	EIN: 82-0487721	TIN: 20-0785621	Plan #: 001
<u>Dates:</u>	Effective - 1/1/2003	Year end - 12/31/2010	Valuation - 1/1/2010
	Top Heavy Years - 2005, 2006, 2007, 2008, 2010		
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union		
	Minimum age - 21	Months of service - 12	
Hours Required for -	Eligibility - 1000	Benefit accrual - 1000	Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<u>Retirement:</u>	Normal -	First of month coincident with or next following attainment of age 57 and completion of 5 years of participation	
	Early -	Not provided	
<u>Average Compensation:</u>	Highest 3 consecutive years of participation		
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation		
<u>Plan Benefits:</u>	Retirement -	Derived from the graded benefit formula below:	
	Employee Classification	Benefit Formula	
	A	5% of average monthly compensation per year of participation after 1/1/2009 limited to 10 year(s)	
	A	plus Fresh Start Accrued Benefit	
	B	5.25% of average monthly compensation per year of participation after 1/1/2009 limited to 10 year(s)	
	B	plus Fresh Start Accrued Benefit	
	C	per year of participation after 1/1/2009 limited to 10 year(s)	
	C	plus Fresh Start Accrued Benefit	
	D	0.5% of average monthly compensation per year of participation after 1/1/2009 limited to 10 year(s)	
	D	plus Fresh Start Accrued Benefit	
	Accrued Benefit -	Unit credit based on participation. Service prior to 1/1/2009 is excluded	
	Minimum Benefit -	None	
	Maximum Benefit -	None	
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum		
	Death Benefit -	100 times the Monthly Retirement Benefit	
<u>Top Heavy Minimum:</u>	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years		
<u>IRS Limitations:</u>	415 Limits -	Percent: 100	Dollar: \$195,000
	Maximum 401(a)(17) compensation - \$245,000		
<u>Normal Form:</u>	Joint and Survivor		

Schedule SB, Part V Summary of Plan Provisions

Orthodontic Specialties, PA Defined Benefit Plan

82-0487721 / 001

For the plan year 1/1/2010 through 12/31/2010

Optional Forms:

Life Annuity
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: Based on Actuarial Equivalence only

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) blended 50.00% male and 50.00% female rates