	Form 5500-SF			Report of Small Employ	/ee	OMB Nos.	1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_	Benefit	ctions 104 and 4065 of the Employee	`	2011	
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to	Public
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 5500)-SF.	Inspection	
		lentification Information			-		
For	calendar plan year 2011 or fisca		1	and ending 1	2/30/2	2012	
Α	This return/report is for:	X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan	
B	This return/report is:	the first return/report	the final r	eturn/report			
		an amended return/report	a short pla	n year return/report (less than 12 mo	onths)		
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC program	
		special extension (enter descriptio	n)				
Pa	rt II Basic Plan Inform	mation—enter all requested information	ation			I	
	Name of plan				1b	Three-digit	
MARI	K MERGLER DDS PC DEFINEI	D BENEFII PLAN				plan number (PN) ▶ 002	
					1c	Effective date of plan	
						01/01/2006	
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Nu (EIN) 13-3027868	umber
57 W	57TH ST, SUITE 702				2c	Sponsor's telephone num 212-688-3472	ber
	YORK, NY 10019				2d	Business code (see instru 621210	ctions)
	Plan administrator's name and MERGLER DDS	address (if same as plan sponsor, er 57 W 57TH S	T, SUITE I		3b	Administrator's EIN 13-3027868	
		NEW YORK,	NY 10019		3c	Administrator's telephone 212-688-3472	number
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan numb Sponsor's name	ber from the last return/report.			4c	PN	
	1	the beginning of the plan year			5a		5
b	Total number of participants at	the end of the plan year			5b		2
С		count balances as of the end of the p	• •	-	5c		
6a	1 /	luring the plan year invested in eligibl				X Ye	s No
b	•	ne annual examination and report of a					
		See instructions on waiver eligibility a				Ye	s No
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	orm 5500-	SF and must instead use Form 550)0.		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
a			7a	2178049			5761
b	•		7b	0			
с	Net plan assets (subtract line 7	7b from line 7a)	7c	2178049		72	5761
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or recei			675000			
			8a(1)	0/3000	_		
		······	8a(2)	0			
h)	8a(3)	135994			
b C		8a(2), 8a(3), and 8b)	8b 8c	100004		81()994
d	Benefits paid (including direct i	rollovers and insurance premiums	8d	2263282			
е	,	tive distributions (see instructions)	8e				
f		rs (salaries, fees, commissions)	8f	0			
g	•		8g	0			
h		8e, 8f, and 8g)	8h			2263	3282
i		e 8h from line 8c)	8i			-1452	2288
j	Transfers to (from) the plan (se	ee instructions)	8j	0			
-							

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

Form 5500-SF (2011) v.012611

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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 1D
- **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	Du	uring the plan year:		Yes	No		Amount			
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X					
С	W	/as the plan covered by a fidelity bond?	10c		Х					
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					
е	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See 10e 									
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))					X Yes	No		
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No		
а	Ìf a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver.								
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Duy					
b	En	ter the minimum required contribution for this plan year			12b					
С	En	ter the amount contributed by the employer to the plan for this plan year			12c					
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d					
е	Wi	II 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	Ha	as a resolution to terminate the plan been adopted in any plan year?			Y	′es X No)			
	lf '	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought t the PBGC?					Yes	X No		
C	lf (during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)					_			
1	3c(1) Name of plan(s):		13	c (2) El	N(s)	13c(3)	PN(s)		
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.				
Unde	r pe	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	oort, in	cluding	g, if applical	ole, a Sche	edule		

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	Filed with authorized/valid electronic signature.	09/30/2013	MARK MERGLER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/30/2013	MARK MERGLER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

				Single-Li	SCHEDULE SB Single-Employ										10. 1210	OMB No. 1210-0110			
(Form 5	500)						Inform								2011				
Department of th Internal Revenu		,	-	This schodulo is ro	auirod tr	ho fil	od undor se	oction 10/	1 of	the Employ	~~			-					
Department o Employee Benefits Secu		istration		This schedule is re etirement Income	Security	Act of	f 1974 (ERI	SA) and s					This F			n to Pu	ıblic		
Pension Benefit Guar							ue Code (th	,						In	spectio	on			
For calendar plan ye	r 2011	or fiscal pla	n vea		s an atta 12/31/20		nt to Form	5500 or :	550	and end	ina	12/30/2	2012						
Round off amou																			
Caution: A penal	y of \$1,	000 will be	asse	essed for late filing	of this re	eport u	inless reaso	onable ca	use	e is establish	ed.								
A Name of plan MARK MERGLER DI									в	Three-di	git				0	02			
MARK MERGEER DI	SFUD									plan nun	nbe	r (PN)	•						
C Plan sponsor's na		nown on line	e 2a	of Form 5500 or 5	500-SF				D	Employer	lde	entification	n Num	ber (E	IN)				
MARK MERGLER DI	S									13-3027868									
			. г			-							<u> </u>						
	ingle	Multiple-	A	Multiple-B		F F	Prior year pla	an size: 🗙	<mark><</mark> 1	00 or fewer		101-500	Μ	ore th	an 500				
Part I Basic	nform	ation																	
1 Enter the valuat	on date:	:	M	onth <u>12</u>	Day	30	Year_	2012	_										
2 Assets:											Г	0-					0014041		
												2a					2314043		
-								(4)).		·····		2b		(0) 5		-	2314043		
0 0 1	•						3a	(1) N	lum	ber of partic	ipai	nts 0		(2)⊦	unding	Target	(
-	•			ciaries receiving pa			3b					0					(
C For active		• •	ants				50					•							
						1	3c(1)					-					(
()							3c(2)					-					1816389		
()							3c(3)					2					1816389		
d Total							3d					2					1816389		
4 If the plan is in a	t-risk sta	atus, check	the I	box and complete	lines (a)	and (I	b)												
a Funding ta	get disre	egarding pre	escri	bed at-risk assum	ptions						[4a							
b Funding tar	get refle	ecting at-risk	k ass	sumptions, but disr	egarding	g trans	ition rule fo	r plans the	at I	have been in	1	4b							
		wer than fiv	e coi	nsecutive years ar	nd disreg	arding	g loading fa	ctor											
5 Effective interes												5					4.38 % 321388		
0												6					521500		
Statement by Enroll To the best of my know accordance with applica combination, offer my b	edge, the in ble law and	nformation supp d regulations. Ir	n my o	ppinion, each other assu															
SIGN																			
HERE													09/	18/20	13				
		Sig	gnatu	ure of actuary									Da	ate					
THEODORE ANDER	EN, M./	A.A.A, MSP	PA						_				11	-0203	34				
		Type or	r prin	nt name of actuary								Most rece	ent eni	ollme	nt num	ber			
PENSION ASSOCIAT	ES								_				20	3-356	-0306				
2001 W. MAIN STREI STAMFORD, CT 0690		FE 230	Fir	rm name						Т	ele	phone nu	mber (incluc	ling are	ea code	:)		
		A	ddre	ess of the firm															
f the actuary has not f	ully refle	cted anv re	qula	tion or rulina prom	ulgated	under	the statute	in comple	ətin	g this sched	ule	check th	e box :	and se	ee		Π		
	,				3					0	,				-		Ш		

Pa	art II	Beginning of year	carryov	er and prefunding ba	lances							
						(a) (Carryover balance		(b)	Prefundi	ng balance	
7		0 0 1 7		cable adjustments (line 13 f	•			0			420418	
8				funding requirement (line 35				0			0	
9	Amount r	emaining (line 7 minus li	ne 8)			0				420418		
10	Interest c	on line 9 using prior year's	s actual ret	turn of <u>5.00</u> %		•		0			21021	
11	Prior yea	r's excess contributions t	o be adde	d to prefunding balance:								
	a Prese	ent value of excess contri	butions (lir	ne 38 from prior year)							209916	
	b Interest on (a) using prior year's effective rate of <u>5.20</u> % except as otherwise provided (see instructions)											
	C Total	available at beginning of c	urrent plan	year to add to prefunding bala	ance	•					209916	
	d Portic	on of (c) to be added to p	refunding b	balance		•					209916	
12	Other rec	ductions in balances due	to election	s or deemed elections		•		0			0	
13	Balance	at beginning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12)	•		0			651355	
P	art III	Funding percenta	ages									
14	Funding	target attainment percent	age							14	89.96 %	
15	Adjusted	funding target attainmen	t percenta	ge						15	138.89 %	
16				s of determining whether car						16	123.17 %	
17	If the cur	rent value of the assets o	of the plan	is less than 70 percent of th	e funding ta	irget, enter s	such percentage			17	%	
P	art IV	Contributions an	d liquidi	ty shortfalls								
18	Contribut			vear by employer(s) and em	oloyees:							
()	(a) Date			(c) Amount paid by		Date	(b) Amount pai		(int paid by	
<u> </u>	/M-DD-YY)/10/2013	YY) employer	675000	employees		D-YYYY) employer(s)				emplo	oyees	
03	10/2013		075000	0								
					Totals ►	• 18(b)	6	675000	18(c)	1	0	
19	Discount	ad amplayor contribution		tructions for small plan with					(.)			
13				nimum required contributions			-	19a			0	
				djusted to valuation date				19b			0	
				uired contribution for current				190 190			655161	
20					ear aujuste			130			000101	
20		r contributions and liquidi		s: the prior year?						Г	Yes 🗙 No	
				stallments for the current yea		a umery mar	ווסוו:	Γ		·····L	Yes No	
	C If 20a i	s "res," see instructions	and comp	lete the following table as ap Liquidity shortfall as of e	•	er of this pla	n vear					
		(1) 1st		(2) 2nd		(3)	3rd		(4) 4th			
						. /						

Pa	rt V	Assumptio	ns used to determin	ne fund	ding target and tar	get n	ormal cost						
21		unt rate:				-							
	a Se	egment rates:	1st segment: 1.69%		2nd segment: 4.53%		3rd segment: 5.60 %			N/A, fu	ıll yield	curve	e used
	b Ap	plicable month	(enter code)					21b					1
22	Weigh	nted average ret	tirement age					22					65
23	Morta	lity table(s) (see	e instructions)	Prescri	bed - combined	Pres	scribed - separate	Substitu	ute				
Pa	rt VI	Miscellane	ous items										
24		•	nade in the non-prescribed		•		-					l Yes	X No
25	Has a	method change	e been made for the curren	nt plan y	ear? If "Yes," see instrue	ctions	regarding required attac	hment				Yes	× No
			provide a Schedule of Ac									Yes	X No
27	If the	plan is eligible fo	or (and is using) alternative	e funding	g rules, enter applicable	code a	and see instructions	27					
Pa	rt VII		ation of unpaid mini										
28	Unpai	d minimum requ	uired contributions for all p	rior year	s			28					0
29			contributions allocated tov					29					0
30	Rema	ining amount of	funpaid minimum required	contribu	utions (line 28 minus line	29)		30					0
Pa	rt VIII	Minimum	required contributio	on for	current year								
31	Targe	et normal cost a	nd excess assets (see inst	ructions):								
	a Tar	get normal cost	(line 6)					31a					321388
	b Exe	cess assets, if a	applicable, but not greater t	than 31a	l			31b					0
32	Amort	ization installme	ents:				Outstanding Bala	ince		l	nstallm	nent	
	a Ne	t shortfall amort	ization installment					0					0
	b Wa	aiver amortizatio	on installment					0					0
33			approved for this plan year Day Year					33					0
34	Total	funding requirer	ment before reflecting carry	yover/pr	efunding balances (lines	31a -	31b + 32a + 32b - 33)	34					321388
					Carryover balance		Prefunding balar	nce		Тс	tal bal	ance	
35			use to offset funding			0		0					0
36	Additi	onal cash requir	rement (line 34 minus line 3	35)				36					321388
37			ed toward minimum require					37					655161
38	Prese	nt value of exce	ess contributions for curren	it year (s	ee instructions)								
	a Tot	al (excess, if an	ny, of line 37 over line 36).					38a					333730
	b Po	rtion included in	line 38a attributable to use	e of pref	unding and funding stan	dard c	arryover balances	38b					0
39	Unpai	d minimum requ	uired contribution for currer	nt year (excess, if any, of line 36	over l	ine 37)	39					0
40	Unpai	d minimum requ	uired contributions for all ye	ears				40					
Par	't IX	Pension f	funding relief under	Pensi	on Relief Act of 20)10 (ទ	see instructions)						
41	If a sh	ortfall amortizati	ion base is being amortize	d pursua	ant to an alternative amo	ortizatio	on schedule:						
	a Sch	edule elected	-						2 p	olus 7 yea	irs	15	years
	b Elig	ible plan year(s)) for which the election in li	ine 41a	was made					2009	2010		2011
42			n adjustment					42					
			celeration amount to be ca					43					

Comparison and a second an	Form 5500-SF		eturn/F 3enefit	Report of Small Employ Plan	ee	OMB Nos. 1210-0110 1210-0089
Inspection Inspection Inspection Part II Annual Report Identification Information 12/31/2011 and ending 12/30/2012 Part II Annual Report Identification Information 12/31/2011 and ending 12/30/2012 A This inturinegents for If a single-majover plan 12/31/2011 and ending 12/30/2012 C Check best if filing under If a single-majover plan a single-majover plan D DFVC program If a single-majover plan If a single-majover plan D DFVC program D DFVC program If a single-majover plan If a single-majover plan D DFVC program D DFVC program If a single-majover plan If a single-majover plan D DFVC program D DFVC program If a single-majover plan If a single-majover plan D DFVC program D DFVC program If a single-majover plan If a single-majover plan D DFVC program D DFVC program If a single-majover plan If a single-majover plan D DFVC program D DFVC program If a single-majover plan If a single-majover plan D DFVC program D DFVC program If a single-ma	Internal Revenue Service	This form is required to be file Retirement income Security Act of	d under se of 1974 (El	ections 104 and 4065 of the Employe RISA), and section 6057(b) and 6058		· · · · · · · · · · · · · · · · · · ·
Perfetti Annual Report (den fiftication Information Information and ending 12/32/2012 A This returning on soft of sealing were togening 12/32/2011 and ending 12/32/2012 A This returning ont soft of sealing were togening 12/32/2011 and ending 12/32/2012 B This returning ont soft of sealing were returning ont an annoted returning ont an annoted returning ont a one panagement plan B This returning ont soft of sealing were returning ont a soft of sealing were returning ont DPCV program Part III Basis Plan Information a soft of sealing were returning ont DPVC program Part Sealing Plan soft of sealing were returning ont DPVC program D02 Check tool of plan Basis Plan Information D02 Mark Margler DDS PC Defined Benefit Plan D02 D02 CB Mark Social DDS DD This social densities induce non- os suite number (employer, if for shiple-amployer plan) DB Employer steatholation number (END) Star V Srth St., Stite 702 Str M Srth St., State 702 DB Administration Number (END) Star Social Administration in the last returning of the plan searce		me-+		. ,	0-SF.	Inspection
A This returningent is for: B a single-employer plan a multiple-employer plan (soft multiple single-employer plan (soft multiple single si	Part Annual Report	·····	201100 1111			
B This return/eport is: In a financed return/eport In a financed return/eport C Check box if filing under In a financed return/eport In a financed return/eport Filing Under In Sensor 2000 (dest shan 12 dronths) IDFVC program Filing Under In Sensor 2000 (dest shan 12 dronths) IDFVC program Filing Under In Sensor 2000 (dest shan 12 dronths) IDFVC program Filing Under IDFVC program Special stansion (reter description) Filing Under IDFVC program IDFVC program Special stansion (reter description) IDFVC program IDFVC program Mark Merg Lor DDS PC Defined Benofit: Plan IDFVC program IDFVC program IDFVC program IDFVC program Mark Merg Lor DDS IDFVC program Mark Merg Lor DDS IDFVC program Mark Merg Lor DDS IDFVC program Stans Second Stansis IDFVC program Mark Merg Lor DDS IDFVC program Stans Second Stansis IDFVC program Stans Second Stansis IDFVC program Stanstans IDFVC program IDFVC program <td></td> <td></td> <td>12/3</td> <td>1/2011 and ending</td> <td>12,</td> <td>/30/2012</td>			12/3	1/2011 and ending	12,	/30/2012
C Check box if filing under an amended returningport automatic sciencion DFVC program Part III Eastic Plan Information	A This return/report is for:	🗙 a single-employer plan	a multiple	employer plan (not multiemployer)] a one-participant plan
C Check bas if filing under: From 5558 automatic astension DFVC program Part III: Basic Plan Information	B This return/report is:	the first return/report	the final re	turn/report		
C Check box if filing under: From 5558 a submaße extension DFVC program Part HI Basic Plan Information		an amended return/report	a short pla	n year retum/report (less than 12 mon	ths)	
gecial extension (enter description) Paritif Basic Plan Information	C Check box if filing under:	x Form 5558			Г	DFVC program
Part III Basic Plan Information entor all resussed internation. 1a Name of plan Mark Margler DDS PC Defined Benefit Plan Mark Margler DDS PC Defined Benefit Plan 1b Three-dig plan number (0.2012)/2006 2a Plan sporsor's name and address; include room or sale number (employer, if for single employer plan) Mark Mergler DDS 2b Empoyer Merification Number (0.21)/0.12006 2a Plan sporsor's name and address; include room or sale number (employer, if for single employer plan) Mark Mergler DDS 2b Empoyer Merification Number (202) 688-3472 3a Plan administrator's name and address 0f same as plan sponsor, enter "Same") Same 3b Administrator's telephone number (202) 688-3472 4 If the name and/or EIN of the plan sponsor has changed once the lad return/report filed for this plan, enter the mark, EN, and the plan number from the last return/report. 3b Administrator's telephone number (3c Administrator's telephone on the last return/report. 5a Total number of participants at the adjor the plan year 5a S 5d Inter number of participants at the adjor the plan year 5a S 5d Arr vue distribution on maxie engles access? (Sen influxidion.) EVer 7 War Assets and Labities 7a 2,178,043 8d More nuclear adjores on the plan year worked the neighba acces? (Sen influxidion.) EVer 7 Park Assets and Labities 7a 2,178,043 8d Yot plan assets during the plan year 5a 2,178,0					L] . 2
1a Name of plan 1b Three of plan Mark Morgler DDS PC Defined Benefit Plan 1b Three digit plan number (PA) & 002 22 Plan sponsor's name and address, include room or suite number (employer, if for single-employer plan) 2b Employer identification Number (EIN) 13-3027868 23 Plan sponsor's name and address, include room or suite number (employer, if for single-employer plan) 2c Plan sponsor's haphone number (212) EB8-3472 24 Plan administrator's name and address (if same as plan sponsor, eater "Same") 3b Administrator's telephone number (212) EB8-3472 23 Rem administrator's name and address (if same as plan sponsor, eater "Same") 3b Administrator's telephone number (212) EB8-3472 24 Uthe 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 seturn/report. 5d 5c 5d Total number of participants at the begining of the plan year . 5d 5c 5d Total number of participants at the begining of the plan year (catality of the set administer total with account balances as of the end of the plan year (catality of the set eduptify and water eduptify adminer total water eduptify adminer total water eduptify adminer total total on the eduption on a mode catality of the set adminer total set of the plan set adminer total set of the plan water total set of the plan water (catality of tota	Dorf It Bacic Plan Inf					
Mark Marqler DDS PC Defined Benefit Plan 002 1 C Effortive data of plan 01/01/2006 10 C Effortive data of plan 01/01/2006 2A Plan sponsor's name and address, include room or suite number (employer, if for single-employer plan) Mark Marqler DDS 2D Employer identication Number (212) E88-3472 2B Wer York NY 10019 2D Employer identication Number (212) E88-3472 2B New York NY 10019 3D Administrator's telephone number (212) E88-3472 3B Administrator's name and address (if same as plan sponsor, enter "Same") Same 3D Administrator's telephone number (212) E88-3472 4 If the name and/or EIN of the plan sponsor has changed once the last return/report. 4D EIN 2 Grant number of participants at the beginning of the plan year 5d 5d 5d 2 5T rotal number of participants at the beginning of the plan year (defined benefit plan do not complete hump aways of the annual report of an displate sponsor. EVer N 6B Were all of the plan sponsor has changed once the start return/report. 5d 5d 2 5D rotal number of participants at the beginning of the plan year (defined benefit plan do not complete hump aways of the annual report of an displate sponsor. EVer N 7 Nan Assets and Liabites 7c 2,178,049 725,761 7 Han Assets and Liabites 7c 2,178,049 725,761 8 Intom aspasts (disbind in Fo the Pin Yaar 8a 135,994		21111auon enter all requested intor	mation.		1b 1	Three-digit
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Form 5500-SF 2011

Part IV Plan Characteristics

HERE Signature of employer/plan spons

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

b If the plan provides wetfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions.

Par	tV Compliance Questions						
10	During the plan year:		Yes	No	Ап	nount	
а		scribed in	Ja	x			
b	Were there any nonexempt transactions with any party-in-Interest? (Do not include transactions on line 10a.)	· · · · · · · · · · · · · · · · · · ·)ь	x			
с	Was the plan covered by a fidelity bond?	10)c	x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?	- 1)d	x			
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance car insurance services or other organization that provides some or all of the benefits under the plan instructions)	? (See)a	x			
f	Has the plan failed to provide any benefit when due under the plan?	10)f	x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end)		ła	x			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			x		a an	8.5.08365666666666
	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		li		ala ala an an an an ang ang an Lan an an an an an Andrei Marakan an an an ang ang		nie o Kielpodkie (* 18 Schola Scholar Agena Sozarialiae (* 1819)
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 5500))	ns and complete S	chedule	SB (Fo	erm	XYes	<u>No</u>
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of	of the Code or secti	on 302	of ERIS	A?	Yes	XNo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, granting the walver	Month					
b	Enter the minimum required contribution for this plan year		ſ	12b	r		•••••
			•••	12c			
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	to the left of a		12d	• •		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes [No	
Part						·	
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes	X 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, c	or brought under th				· · · · · · · · · · · · · · · · · · ·	
	of the PBGC?			• • •	••••	Yes	XNo
	which assets or liabilities were transferred. (See instructions.)		-				
	13c(1) Name of plan(s):		1	3c(2) E	(IN(s)	13c(3)	PN(6)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless re	easonable cause	is esta	blished	 I.	L	
Unde SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of th it is true, correct, and complete.	d this return/report	, includ	ing, if a	oplicable, a Sc		
SIG	N MM AMA 9/14/20/3 Ma	ark Mergler					
HE		ter name of individ	ual sigr	ung as i	plan administr	ator	
SIG	laaling Bay	ark Mergler		-			
HE		iter name of Individ	ual sigr	ling as	employer or pl	an spons	or

Schedule SB, line 19 -

Discounted Employer Contributions

Mark Mergler DDS PC Defined Benefit Plan

13-3027868 / 002

For the plan year 12/31/2011 through 12/30/2012

Valuation Date: 12/30/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	9/10/2013	\$675,000					
Applied to Additional Contribution	12/30/2012	343,880	333,773	0	0	4.38	0
Applied to MRC	12/30/2012	331,120	321,388	0	0	4.38	0
Totals for Deposited Contribution		\$675,000	\$655,161	\$0	\$0		

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

Mark Mergler DDS PC Defined Benefit Plan 13-3027868 / 002 For the plan year 12/31/2011 through 12/30/2012

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 Summary of Plan Provisions

Mark Mergler DDS PC Defined Benefit Plan

13-3027868 / 002

For the plan year 12/31/2011 through 12/30/2012

Employer: Type of Entity -	Mark Mergler DDS PC C-Corporation EIN: 13-3027868 TIN: Plan #: 002 Plan Type: Defined Benefit
<u>Dates:</u>	Effective - 1/1/2006 Year end - 12/30/2012 Valuation - 12/30/2012 Top Heavy Years - 2010, 2011 Valuation - 12/30/2012
Eligibility:	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 - 500 Vesting - 1000
Plan Entry -	12/31 or 06/30 the plan year on or next following eligibility satisfaction.
	Attainment of age 62 and completion of 10 years of participation Not provided
Average Compensation: Top Heavy Minimum Benefit -	Highest 3 consecutive years of service Highest 5 consecutive top heavy years of participation
Plan Benefits: Retirement -	Derived from the graded benefit formula below rounded to the nearest dollar:
	Employee Classification Benefit Formula
	001 not less than 8.5% of average monthly compensation per year of participation limited to 10 year(s)
	002 not less than 8.5% of average monthly compensation per year of participation limited to 10 year(s)
Accrued Benefit -	Unit credit based on participation
	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 -	Present Value of Accrued Benefit
Top Heavy Minimum:	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
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$200,000
	Maximum 401(a)(17) compensation - \$245,000
Normal Form:	Life Annuity
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit

Schedule SB, Part V Summary of Plan Provisions

Mark Mergler DDS PC Defined Benefit Plan

13-3027868 / 002

For the plan year 12/31/2011 through 12/30/2012

Vestina	Schedule:
vesung	Scheuule.

 Years
 Percent

 0-1
 0%

 2
 20%

 3
 40%

 4
 60%

 5
 80%

 6
 100%

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

<u>417(e):</u>

Interest Rates -Segment #YearsRate %Segment 10 - 52.20Segment 26 - 204.18Segment 3> 204.81

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Mark Mergler DDS PC Defined Benefit Plan

13-3027868 / 002

For the plan year 12/31/2011 through 12/30/2012

	For the plan	year 12/31/2011 through 12/30/2012			
Valuation Date:	12/30/2012				
Funding Method: Age	As prescribed in IRC Section 430 ge - Eligibility age at last birthday and other ages at last birthday				
7.90					
Retrospective Compensation	- Highest 3 consecuti	ve years of service			
Form of Payment	the greater of the pr Applicable Mortality equivalence discour exceed 415 maximu	ayment for funding is lump sum equivalent of normal form. Funding Target for lump sum is esent value of accrued benefit computed using funding segment rates and 417(e) Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial ted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will no im allowable distribution, which is the lesser amount computed using a) 5.5% interest and ality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)			
Interest Rates		ne First Month Prior to Val nder IRC 430(h)(2)(C)			
	Segment #	Year Rate %			
	Segment 1	0 - 5 1.69			
	Segment 2	6 - 20 4.53			
	Segment 3	> 20 5.60			
Pre-Retirement -	Mortality Table -	None			
	Turnover/Disability -	None			
	Salary Scale -	None			
	Expense Load -	None			
	Ancillary Ben Load	- None			
Post-Retirement -	Mortality Table -	12A - 2012 Funding Target - Annuitant - IRC 430(h)(3)(A)			
	Cost of Living -	None			
	Lump Sum -	12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A) at 5% or			
		11E - 2011 Applicable Mortality Table for 417(e) (unisex)			
Asset Valuation Method:	Fair market value of	assets adjusted for contributions under IRC 430(g)(4)			
Discrimination Test Assumption	<u>15:</u>				
HCE Determination -	Based on all employ	rees			
Otherwise Excludable -	Otherwise Excludab	le HCEs are included with the Not Otherwise Excludable employees			
410(b)/401(a)(4) Testing:					
Pre-Retirement -	Interest -	0%			
Post-Retirement -	Interest -	0%			
	Mortality Table -	G71M - 1971 Group Annuity (male)			
Permissively Aggregated Plans -	Tested as a Single I	Plan			
Compensation -	Use average compe	ensation to calculate the benefit accrual rate (annual method)			
Testing Age -	Normal retirement a	ge or attained age, if older			
Normal Form for MVAR -					

SCHEDULE SB	Single-Emplo	ver Define	od Rei	nefit Plan		OMB No. 1210-0110	
(Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information				-		
Department of the Treasury	2011					2011	
Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee						
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Internal Revenue Code (the Code). Inspection					This Form is Open to Public Inspection	
For calendar plan year 2011 or fiscal p	File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2011 or fiscal plan year beginning 12/31/2011 and ending 12/30/2012						
 Round off amounts to nearest do 		/31/2011			y 12/	30/2012	
Caution: A penalty of \$1,000 will be		port unless reaso	onable cau	use is established			
A Name of plan				B Three-digi			
Mark Mergler DDS PC Define	d Benefit Plan			plan numb	er (PN)	▶ 002	
		·····					
C Plan sponsor's name as shown on lin	ne 2a of Form 5500 or 5500-SF			D Employer Ide	entificati	ion Number (EIN)	
Mark Mergler DDS				1:	3-3027	7868	
E Type of plan: I Single Multiple	e-A 🔲 Multiple-B	F Prior year p	lan size: 💈	100 or fewer]101-5	00 🔲 More than 500	
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day	30 Year	2012				
2 Assets:							
a Market value					2a	2,314,043	
b Actuarial value			•••••		2b	2,314,043	
3 Funding target/participant count b	reakdown		(1) N	umber of participa	ants	(2) Funding Target	
a For retired participants and b	eneficiaries receiving payment	За			0		
b For terminated vested partici	pants	3b			0	c	
c For active participants:							
(1) Non-vested benefits		<u>3c(1)</u>				0	
(2) Vested benefits				1			
• • • • • • • • • • • • • • • • • • • •					1,816,389		
d Total		3d			2	1,816,389	
4 If the plan is in at-risk status, chec	k the box and complete lines (a)	and (b)	•••••				
a Funding target disregarding p	prescribed at-risk assumptions	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •		4a		
	sk assumptions, but disregarding ve consecutive years and disreg	· · · · · · · · · · · · · · · · · · ·		at have been	4b		
5 Effective interest rate		•••••••	•••••••		5	4.38	
6 Target normal cost				•••••	6	321,388	
Statement by Enrolled Actuary To the best of my knowledge, the information su accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opion, each other assumption is reas						
SIGN HERE	The a					09/18/2013	
S	Signature of actuary Date						
THEODORE ANDERSEN, M.A.A.A, MSPA 11-02034						11-02034	
Type or print name of actuary Most recent enrollment number PENSION ASSOCIATES (203) 356-0306							
Firm name Telephone number (including area co							
2001 W. MAIN STR					epriorie	number (including area code)	
US STAMFORD	CT 06902						
	Address of the firm	·····					
If the actuary has not fully reflected any r instructions	egulation or ruling promulgated u	under the statute	in comple	ting this schedule	e, check	the box and see	
For Paperwork Reduction Act Notice a	Ind OMB Control Numbers, see	e the instruction	s for For	m 5500 or 5500-5	SF.	Schedule SB (Form 5500) 2011 v.012611	

Page	2	

Pa	rt II	Beginning of year	carryove	er and prefunding bala	ances							
	•					(a) (Carryover balance		(b) F	Prefundi	ng balance	
7				cable adjustments (line 13 fro							400 410	
				•••••				0			420,418	
8	- · · · · · · · · · · · · · · · · · · ·								0			
	prior year)9 Amount remaining (line 7 minus line 8)										0	
9								0			420,418	
10				urn of <u>5.00</u> %	•••••			0			21,021	
11	11 Prior year's excess contributions to be added to prefunding balance:											
		ent value of excess contri	``	1 , ,	•••••			-			209,916	
				rate of <u>5.20</u> % excep	ot as						0	
		•	,	n year to add to prefunding b	alance			-			209,916	
				alance				-			209,916	
12				s or deemed elections				0			205,510	
				+ line 10 + line 11d - line 12)				0		651,355		
								Ů			0317333	
	art III	Funding percent	-							4.4		
-				••••••						14	89.96 %	
				ge						. 15	138.89 %	
16				of determining whether carry						16	123.17 %	
17				is less than 70 percent of the						17	%	
Pa	art IV	Contributions an	d liquidi	ity shortfalls	0	0						
			•	ear by employer(s) and employer	0.00005.							
	(a) Date	(b) Amount p		(c) Amount paid by	1	a) Date	(b) Amount	baid by		(c) Amo	unt paid by	
(M		(a) Date(b) Athount paid by(c) Athount paid by(c) Athount paid by <i>I</i> -DD-YYYY)employer(s)employees(MM-DD-YYYY)						employees				
09,	/10/201	.3 6	575,000									
					Totals	► 18(b)		675,0	00 18(c)		0	
19	Discoun	ted employer contributior	is see ins	structions for small plan with a	valuatior	date after t	he beginning of the	year:				
	a Contr	ibutions allocated toward	unpaid mir	nimum required contribution fr	om prior	/ears		19a			0	
	b Contr	ibutions made to avoid re	strictions a	djusted to valuation date			Г	19b			0	
				equired contribution for curre				19c			655,161	
20		y contributions and liquid		•	.,	,						
	a Did the plan have a "funding shortfall" for the prior year?											
								Yes No				
C If 20a is "Yes," see instructions and complete the following table as applicable:												
	• 1120a		ани сотпр	Liquidity shortfall as of end		er of this pla	n vear					
		(1) 1st		(2) 2nd		(3)	3rd			(4) 4t	h	

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

21	Discount rate:						
	a Segment rates:	1st segment:	2nd segment:	3rd segment:	. —	N/A, full yield curve used	
	L	1.69 %	4.53 %	5.60 %	-		
			••••••		21b	1	
			· · · · · · · · · · · · · · · · · · ·		22	65	
23	Mortality table(s) (see	e instructions)	escribed - combined X Pres	scribed - separate	Substitu	te	
Pa	rt VI Miscellane	eous items					
24	-		uarial assumptions for the current				
			•••••••				
25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment .	••••••••••••••••••••••••••••••••••••••	
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachmen	t • • • • • • • • • • • • • • • • • • •	
27	J		nding rules, enter applicable code		27		
			• • • • • • • • • • • • • • • • • • • •				
Pa	rt VII Reconcili	ation of unpaid minimu	Im required contributions	for prior years			
28			ears		28	0	
29			I unpaid minimum required contrib		29	0	
30			ntributions (line 28 minus line 29).		30	0	
		· · ·	,	• • • • • • • • • • • • •	50	0	
		required contribution					
31	-	adjusted, if applicable (see inst					
			• • • • • • • • • • • • • • • • • • •		31a	321,388	
	b Excess assets, if a	pplicable, but not greater than	31a		31b	0	
	Amortization installm			Outstanding Bala		Installment	
	a Net shortfall amorti	zation installment	••••••		0	0	
	b Waiver amortizatio		•••••		0	0	
33			ter the date of the ruling letter grar		33		
) and the waived amount .			0	
34	Total funding requirer	nent before reflecting carryover	/prefunding balances (lines 31a - 3		34	321,388	
			Carryover balance	Prefunding Bala	ince	Total balance	
35	Balances elected to u	•					
		• • • • • • • • • • • • • • •	0		0	0	
		, ,	•••••		36	321,388	
37			ontribution for current year adjuste		37	655,161	
38	· · · ·	ess contributions for current ye		•••••		0007101	
			, ,		38a	222 720	
	_		• • • • • • • • • • • • • • • • • • •		38b	333,730	
39					40		
<u>40</u>	· · · ·	uired contribution for all years			40		
		-	ension Relief Act of 2010 (,			
41	If a shortfall amortizati	on base is being amortized pu	rsuant to an alternative amortization	on schedule:			
	a Schedule elected .	•••••••••••••••••	•••••••	•••••••••••	<u></u>	2 plus 7 years 🔲 15 years	
b Eligible plan year(s) for which the election in line 41a was made							
42	Amount of acceleratio	n adjustment	••••••••••		42		
43	Excess installment ac	celeration amount to be carried	l over to future plan years		43		