### 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

2015

This Form is Open to Public Inspection

Parti	Annual Report	identification information				
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 1	2/31/2015	
<b>∆</b> This rot	turn/report is for:	x a single-employer plan		lan (not multiemployer) nployer information in ac		g this box must attach a
A THISTON	turi/report is for.	a one-participant plan	a foreign plan	ipioyor illiomation ill at	socialist min	ine term inerreducione,
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFV	C program
		special extension (enter descr	· ,			
Part II	Basic Plan Info	<b>ormation</b> —enter all requested inf	formation			
1a Name MERRILL O	•	INED BENEFIT CASH BALANCE	PLAN & TRUST		1b Three-di	
					(PN) 1c Effective	
					10 Encouve	01/01/2015
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	), Box)		<b>2b</b> Employe (EIN)	r Identification Number 91-2134404
City or		e, country, and ZIP or foreign post		ructions)	· ,	's telephone number
					2d Pusings	509-886-4746 s code (see instructions)
	ONT AVE., SUITE #B				Zu Dusiliess	s code (see instructions)
EAST WENA	ATCHEE, WA 98802					621210
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	sor.		<b>3b</b> Administ	rator's EIN
					3c Administ	rator's telephone number
		e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
	, ⊑iiv, and the plan hui or's name	mber from the last return/report.			4c PN	
		at the beginning of the plan year			<u> </u>	11
		at the end of the plan year			5b	11
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	
	,	rticipants at the beginning of the pla			5d(1)	11
	•	irticipants at the end of the plan yea	•		5d(2)	11
<b>e</b> Numb	per of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is establis	ned.
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instructed nd signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including,	if applicable, a Schedule
SIGN		/valid electronic signature.	05/06/2016	THOMAS E. MERRIL	L	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as p	lan administrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as e	mployer or plan sponsor
Preparer's	name (including firm n	name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's tele	ephone number

Form 5500-SF 2015		Page 2						
<ul> <li>Were all of the plan's assets during the plan year invested in 6</li> <li>Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eligible for the flam of the plan of the</li></ul>	rt of an independe pility and condition	ent qualified public a	account	ant (IQ	PA) 			X Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBC					_	_	No No	ot determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	n of Ye	ar			(b) End of \	Year
a Total plan assets	7a	(u) Dog	<u>,                                    </u>	0			(D) = 114 G1	109303
<b>b</b> Total plan liabilities				0				0
C Net plan assets (subtract line 7b from line 7a)				0				109303
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Tota	I
Contributions received or receivable from:     (1) Employers	8a(1)	`,		303			`,	
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
<b>b</b> Other income (loss)	8b			0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								109303
<b>d</b> Benefits paid (including direct rollovers and insurance premiun to provide benefits)				0				
Certain deemed and/or corrective distributions (see instruction				0				
f Administrative service providers (salaries, fees, commissions).				0				
g Other expenses				0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)								0
i Net income (loss) (subtract line 8h from line 8c)								109303
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applicable welf  Part V Compliance Questions	are feature codes	from the List of Pla	n Chara	acterist	ic Cod	es in the	instructions	S: 
10 During the plan year:				Yes	No	N/A	Ar	nount
Was there a failure to transmit to the plan any participant cordescribed in 29 CFR 2510.3-102? (See instructions and DO Program)	L's Voluntary Fidu	iciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Χ				100000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the p by fraud or dishonesty?	•		10d		X			
Were any fees or commissions paid to any brokers, agents, of carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of the	benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amou	unt as of vear end	l.)	10g		Χ			
h If this is an individual account plan, was there a blackout peri	od? (See instructi	ons and 29 CFR	10g					
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 252	ded the required n	otice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?			10j		Χ			
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)	•			•				X Yes No
<b>11a</b> Enter the unpaid minimum required contribution for all years	from Schedule SE	3 (Form 5500) line 4	0			11a	•	0
12 Is this a defined contribution plan subject to the minimum fur	ndina requirement	s of section 412 of t	he Cod	e or se	ction ?	302 of FR	SISA?	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## **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

2015

This Form is Open to Public Inspection

		r plan year 2015		ear beginning	01/01/2015		and endi	ng 12/3	1/2015	
		off amounts to r								
<u> </u>	Caution	: A penalty of \$1	,000 will be ass	sessed for late fili	ng of this report ur	nless reasonable ca	ause is establish	ed.		
	Name of   ERRILL C		S DEFINED BE	NEFIT CASH BA	ALANCE PLAN & T	TRUST	B Three-dig	•	•	002
C	Plan spor	nsor's name as s	shown on line 2a	a of Form 5500 c	or 5500-SF		<b>D</b> Employer	Identificat	ion Number (	EIN)
MI	ERRILL (	ORTHODONTIC:	S, PLLC					91-2134	1404	
E ·	Type of pl	an: X Single	Multiple-A	Multiple-B	F P	rior year plan size:	100 or fewer	101-50	00 More t	han 500
P	art I	<b>Basic Inform</b>	nation							
1	Enter t	he valuation date	e: <b>N</b>	Month 12	Day <u>31</u>	Year <u>2015</u>	_			
2	Assets	:								
	<b>a</b> Mark	et value						2a		0
	<b>b</b> Actu	arial value						2b		0
3	Fundin	g target/participa	ant count break	down		, ,	Number of rticipants	,	ted Funding arget	(3) Total Funding Target
	<b>a</b> For r	etired participan	ts and beneficia	aries receiving pa	ayment		0		C	0
	<b>b</b> For t	terminated veste	d participants				0		С	0
	<b>C</b> For a	active participant	s				11		C	0
	<b>d</b> Tota	l					11		C	0
4	If the p	lan is in at-risk s	tatus, check the	e box and comple	ete lines (a) and (b	)				
	<b>a</b> Fund	ding target disreg	garding prescrib	ed at-risk assum	ptions			4a		
						n rule for plans that loading factor		4b		
5	Effectiv	ve interest rate						5		6.13%
6	Target	normal cost						6		89280
Sta	tement b	y Enrolled Actu	ıary							
	accordance	with applicable law a	nd regulations. In my		ssumption is reasonable					bed assumption was applied in and such other assumptions, in
	SIGN								03/10/2	2016
			Signa	ture of actuary					Date	
DA	NIFI W.	BOLAND	<b>0</b> .ga.	.a.o o. aotaa.y					14-074	114
			Type or pr	int name of actua	arv		<del></del>	Most re	ecent enrollm	
BLI	JEPRINT	ACTUARIAL, L			,				267-93	
			F	irm name				elephone	number (inclu	iding area code)
SU	ITE 1-410	RK ROAD O VN, PA 19046						·	·	,
			Addı	ress of the firm			<del>_</del>			
If the	actuary	has not fully refl	ected any regul	ation or ruling or	omulgated under t	he statute in comple	eting this sched	ıle check	the hox and	see $\square$
	uctions	nas not runy ren	colod dily logul	and or running pr	omaigatou unuer t	no statuto in compi	cang and soned	aio, oricon	and box and	

Page	2	_
ı ayc	_	

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	Balances						
							(a) (	Carryover balance		(b) F	Prefundi	ng balance
7		•			cable adjustments (line 13	•			0			0
8					unding requirement (line 35							
			•	-					0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			0
10	Interes	t on line 9	using prior year's	actual ret	urn of0.00%				0			0
11	-				I to prefunding balance:							
				,	38a from prior year)	l l						0
					Ba over line 38b from prior $\frac{1}{2}$ interest rate of $\frac{0.00}{8}$ .							0
			·	•	nedule SB, using prior year							
					ear to add to prefunding bala							0
	_					-						0
	<b>u</b> Porti	ion of (c)	to be added to pre	erunding ba	llance							0
					s or deemed elections				0			0
					- line 10 + line 11d – line 12	2)			0			0
	art III		ding Percenta									
											14	100.00 %
			g target attainmen								15	121.19 %
16					of determining whether ca						16	80.00 %
17	If the c	urrent val	ue of the assets o	f the plan is	s less than 70 percent of th	ne funding tai	get, enter s	such percentage			17	%
Pá	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18					ear by employer(s) and em	<del>` `                                  </del>				1		
(M	<b>(a)</b> Da <sup>.</sup> IM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> [ (MM-DD		(b) Amount pa employer(s		(0		int paid by ovees
	3/02/201		, ,	109303	, ,	`	,	1 7 (	,			,
							-				1	
						Totals ▶	18(b)		109303	18(c)		0
19			•		ructions for small plan with			Ī	·			
	_			•	imum required contribution			F	19a			0
					ljusted to valuation date			F	19b			0
20					uired contribution for current	year adjusted	I to valuation	n date	19c			108204
20		•	outions and liquidit	•					L		Г	Von W Na
	_		-		he prior year?						L	Yes X No
					installments for the currer	-	-	manner?			······ <u></u>	Yes No
	C if line	e 20a is "	res," see instructi	ons and co	implete the following table Liquidity shortfall as of e			n vear				
		(1) 19	st		(2) 2nd	ond or quarte		3rd			(4) 4tl	า
		-		-						-		<del></del>

-	-4 V A	and and the Batamata	- F	4 N 1 O4				
		nptions Used to Determin	e Funding Target and Targe	et Normal Cost				
21		1st cogmont:	2nd cogmont:	3rd cogmont:				
	a Segment ra	tes: 1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	curve	used
	<b>b</b> Applicable	nonth (enter code)	1		21b			2
22	Weighted ave	age retirement age			22			62
23	Mortality table	s) (see instructions) X	Prescribed - combined Pre	scribed - separate	Substitute	Э		
Pa	rt VI Misce	llaneous Items						
24	J	•	actuarial assumptions for the current	•		~ ~ · ¬	l Yes	X No
25	Has a method	change been made for the current	plan year? If "Yes," see instructions	regarding required attac	hment		Yes	X No
26			ve Participants? If "Yes," see instruc				Yes	X No
27	If the plan is s	ubject to alternative funding rules, e	enter applicable code and see instruc	ctions regarding	27	<u> </u>		
Pa	rt VII Rec	nciliation of Unpaid Minir	num Required Contribution	s For Prior Years	•			
28		•	or years		28			0
29	Discounted er	ployer contributions allocated towa	ard unpaid minimum required contrib	utions from prior years	29			0
30	, ,		contributions (line 28 minus line 29)		30			0
		· · · · · · · · · · · · · · · · · · ·	,					0
31		num Required Contribution						
31		cost and excess assets (see instru			31a			00000
			- E 04-		31b			89280
32	Amortization i		ın line 31a	Outstanding Bala	l	Installm	ont	0
32				Outstanding Baile	0	IIIStallii	ieni	0
					0			0
22				4:	0			0
33	(Month		enter the date of the ruling letter grar ) and the waived amount		33			
34	Total funding	equirement before reflecting carryo	over/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			89280
			Carryover balance	Prefunding bala	nce	Total bal	ance	
35		ed for use to offset funding	. 0		0			0
36	Additional cas	n requirement (line 34 minus line 3	5)		36			89280
37	Contributions	allocated toward minimum required	contribution for current year adjuste	d to valuation date	37			108204
38	Present value	of excess contributions for current	year (see instructions)		I I			
			,		38a			18924
	_		of prefunding and funding standard c		38b			0
39			year (excess, if any, of line 36 over	•	39			0
40			ars		40			0
Pa	•	· · · · · · · · · · · · · · · · · · ·	Pension Relief Act of 2010		)			
41		as made to use PRA 2010 funding						
	a Schedule el	ected				2 plus 7 years	15 y	ears
	<b>b</b> Eligible plan	year(s) for which the election in lin	e 41a was made		2008	2009 2010	)	2011
42		<u> </u>			42	— Ш		
		nent acceleration amount to be care			43			

# 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

2015

This Form is Open to Public Inspection

For	calendar plan year 2015 or fiscal plan year beginning 01/01/201	5 and endi	ng	12/3	1/2015
•	Round off amounts to nearest dollar.				
	caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	sonable cause is establish	ed.		
A١	ame of plan	<b>B</b> Three-dig	git		
Me	crill Orthodontics Defined Benefit Cash Balance P	lan & Trust <b>plan num</b>	ber (PN)	•	002
C F	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer	Identificat	tion Number (E	EIN)
	crill Orthodontics, PLLC	91-213			•,
Ет	pe of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B <b>F</b> Prior year p	olan size: 🛛 100 or fewer	101-5	00 More th	nan 500
	rt I Basic Information		<u> </u>		
1		2015			
· 2	Assets:				
	a Market value		2a	and the same of the	0
	<b>b</b> Actuarial value		2b	-	0
3	Funding target/participant count breakdown	(1) Number of		ted Funding	(3) Total Funding
_		participants		arget	Target
	a For retired participants and beneficiaries receiving payment	0		0	0
	<b>b</b> For terminated vested participants	0		0	0
	C For active participants	11		0	0
	<b>d</b> Total	11		0	0
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	Π	4-4		
	a Funding target disregarding prescribed at-risk assumptions	ш	4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for		4b		
	at-risk status for fewer than five consecutive years and disregarding loading f				
_5	Effective interest rate				6.13%
6	Target normal cost		6		89,280
	ement by Enrolled Actuary				
6	o the best of my knowledge, the information supplied in this schedule and accompanying schedules, statemen ccordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into ombination, offer my best estimate of anticipated experience under the plan.	is and attachments, if any, is complib account the experience of the plan	and reason	able expectations)	and such other assumptions, in
CHORE.					
- 1	IGN 1 1 1 2 1 2		2/1	0/2016	
П	ERE Daniel W. Koland		3 [11		
_	Signature of actuary			Date	
Dan	iel W. Boland			14-0741	
Blu	Type or print name of actuary eprint Actuarial, LLC			ecent enrollme 267) 935-	-9001
	Firm name		·····	· · · · · · · · · · · · · · · · · · ·	
93	Old York Road	1	eiepnone	number (inclu	ding area code)
	te 1-410				
Jen	kintown PA 19046	## 100 M			
	Address of the firm				
	actuary has not fully reflected any regulation or ruling promulgated under the statut	e in completing this schedu	ule, check	the box and s	ее
ınstru	ctions				

Pa	ırt V	Assumptio	ns Used to Determine	Funding Target and Targ	et Normal Cost					
21		unt rate:					<u>-</u> -	,		
	a Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		□N/A, fu	ıll yield	curv	e used
	<b>b</b> App	olicable month (	enter code)			21b				2
22			······································			22				62
		lity table(s) (se		<del></del>	escribed - separate	Substitu	ıte.			- 02
			<u> </u>		occinoca coparato	Joubound				9 9 9
		Miscellane	····							
24		-		uarial assumptions for the currer					Yes	X No
25	122			an year? If "Yes," see instruction	<del></del>			<del> </del> -	Yes	No
				<u> </u>						
10	2.0			Participants? If "Yes," see instru		auacnmen	l		Yes	X No
27	•		_	ter applicable code and see instr		27				
Pa	ırt VII	Reconcilia	ation of Unpaid Minimu	um Required Contributio	ns For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		28				0
29		COLD TON		l unpaid minimum required contri		29				0
30	Rema	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30		-		0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct				820			
	-	et normal cost	(line 6)			31a		· · · · · · · · · · · · · · · · · · ·		39,280
				line 31a		31b				0
32		tization installme	<del></del>		Outstanding Bala	100 (0.00)	lı	nstallm	ent	
	a Net	shortfall amortiz	zation installment			0				0
	h Wai	iver amortization	n installment			0				0
·	W VVal	IVOI airioitizatioi								
33	2 4 4 50 5	aiver has been a	approved for this plan year, en	ter the date of the ruling letter gr	anting the approval	33				
	If a wa	aiver has been a	approved for this plan year, en Day Year		anting the approval	33 34		· .	{	39,280
	If a wa	aiver has been a	approved for this plan year, en Day Year	ter the date of the ruling letter gr	anting the approval	34	To	otal bala		39,280
34	If a wa (Montl Total f	aiver has been a h funding requirer	approved for this plan year, en Day Year	ter the date of the ruling letter gr) and the waived amount er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	To	otal bala		39,280
34	If a wa (Montl Total f	aiver has been a h funding requirer ces elected for	approved for this plan year, en Day Year nent before reflecting carryove	ter the date of the ruling letter gr) and the waived amount er/prefunding balances (lines 31a Carryover balance	- 31b + 32a + 32b - 33)	34	To	otal bala		39,280
34	If a wa (Montl Total f Baland require	aiver has been a h funding requirer ces elected for ement	approved for this plan year, en Day Year  nent before reflecting carryove use to offset funding	ter the date of the ruling letter gr) and the waived amount er/prefunding balances (lines 31a Carryover balance	- 31b + 32a + 32b - 33)  Prefunding balan	<b>34</b>	Тс	otal bala	ance	0
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34 35 36 37	If a wa (Montl Total f Balanc require Addition Contri (line 1	aiver has been a h funding requirer  ces elected for ement  onal cash required ibutions allocate (9c)	papproved for this plan year, en Day Year Year nent before reflecting carryove use to offset funding rement (line 34 minus line 35) and toward minimum required controls.	ter the date of the ruling letter gr) and the waived amount er/prefunding balances (lines 31a Carryover balance	- 31b + 32a + 32b - 33)  Prefunding balan  ed to valuation date	34 nce 0 36	To	otal bala	ance	0
34 35 36 37	If a wa (Montl Total f Baland require Addition Contri (line 1	aiver has been a h funding requirer  ces elected for ement  onal cash require butions allocate 9c)	papproved for this plan year, en Day Year nent before reflecting carryove use to offset funding rement (line 34 minus line 35) d toward minimum required co	ter the date of the ruling letter gr) and the waived amount er/prefunding balances (lines 31a Carryover balance	- 31b + 32a + 32b - 33)  Prefunding balar  ed to valuation date	34 nce 0 36	Тс	otal bala	ance	0
34 35 36 37	Balance require Additional Preservations and Total formal	aiver has been a h funding requirer  ces elected for ement  onal cash required buttons allocate 9c)  int value of excella (excess, if any	papproved for this plan year, en Day Year Year nent before reflecting carryove use to offset funding rement (line 34 minus line 35) at toward minimum required courses contributions for current year, of line 37 over line 36)	ter the date of the ruling letter gr) and the waived amount er/prefunding balances (lines 31a Carryover balance  ontribution for current year adjust ear (see instructions)	- 31b + 32a + 32b - 33)  Prefunding balar  of to valuation date	34 nce 0 36 37	Тс	otal bala	ance	089,280
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34 35 36 37 38	If a wa (Montl Total f Baland require Addition Contri (line 1 Present a Total b Port Unpai	aiver has been a h funding requirer  ces elected for ement  onal cash requirer butions allocate 9c)  ont value of excel al (excess, if any tion included in	papproved for this plan year, en Day Year  ment before reflecting carryove use to offset funding rement (line 34 minus line 35) and toward minimum required contributions for current year, of line 37 over line 36)	ter the date of the ruling letter gr) and the waived amount er/prefunding balances (lines 31a Carryover balance  ontribution for current year adjust ear (see instructions)	anting the approval  - 31b + 32a + 32b - 33)  Prefunding balar  ed to valuation date  carryover balances	34 nce 0 36 37 38a 38b	Тс	otal bala	ance	0 39,280 08,204
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34 35 36 37 38 39 40 Pa	If a wa (Montl Total f Balance require Addition Contri (line 1 Present a Total b Port Unpair Unpair Unpair If an el	funding requirer  ces elected for ement	papproved for this plan year, en Day Year Year Year nent before reflecting carryove use to offset funding rement (line 34 minus line 35) and toward minimum required contributions for current year, of line 37 over line 36)	ter the date of the ruling letter gr) and the waived amount er/prefunding balances (lines 31a Carryover balance  contribution for current year adjust ear (see instructions)  prefunding and funding standard ear (excess, if any, of line 36 over ension Relief Act of 201 elief for this plan:	ed to valuation date  carryover balances  line 37)	34 nce 0 36 37 38a 38b 39 40	2 plus 7 yea		1(	0 89,280 08,204 0 0 0
34 35 36 37 38 39 40 Pa 41	If a wa (Montl) Total f  Balance require Addition Contri (line 1 Present Total f  Unpaire Unpaire If an element a Scheller Beligie	aiver has been a h funding requirer  ces elected for ement onal cash require butions allocate 9c) ent value of excel al (excess, if any tion included in id minimum required	papproved for this plan year, en Day Year  ment before reflecting carryove use to offset funding  mement (line 34 minus line 35) and toward minimum required courses contributions for current year, of line 37 over line 36)	ter the date of the ruling letter gr	ed to valuation date  carryover balances  line 37)	34 nce 0 36 37 38a 38b 39 40	2 plus 7 yea	irs [	1(	0 39,280 08,204 0 0 0

Page	2	I

Pa	art II Beg	inning of Year	Carryov	er and Prefunding Ba	alances						
						(a) (	Carryover balance		(b)	refund	ing balance
7 ——	20			cable adjustments (line 13 f	Desirones (*) Lessesses		·	0			0
8				unding requirement (line 35				0			0
9							,	0			0
10	Interest on line	9 using prior year's	actual ret	urn of <u>0.00</u> %				0			0
11	Prior year's ex	cess contributions t	o be added	to prefunding balance:							
	a Present valu	e of excess contrib	utions (line	38a from prior year)							0
				Ba over line 38b from prior yee interest rate of $0.00\%$	ear	6					
	b(2) Interest	on line 38b from pri	or year Sch	edule SB, using prior year's	actual -						0
					1						0
	C Total availab	le at beginning of cur	rent plan ye	ear to add to prefunding balan	ice						0
	<b>d</b> Portion of (c	) to be added to pre	funding ba	lance							0
12	Other reduction	ns in balances due	to elections	or deemed elections				0			0
13	Balance at be	inning of current ye	ear (line 9 +	line 10 + line 11d – line 12	)	3 8		0			0
P	art III Fu	nding Percenta	ages								
14	Funding targe	attainment percent	age							14	100.00 %
15	Adjusted fundi	ng target attainmen	t percentag	je						15	121.19 %
16				of determining whether can						16	80.00 %
17				s less than 70 percent of the						17	%
Pa	art IV Co	ntributions an	d Liquid	ity Shortfalls							
18				ear by employer(s) and emp	oloyees:						
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	( <b>a)</b> D: (MM-DD-		(b) Amount pa employer(s		(		int paid by loyees
<u>:</u>	3/02/2016		09,303		(	,,,,,		-/	<del> </del>		
						3	-				
						4					
						W 10 200000 11 20		***			
					Totals ▶	18(b)	10	09,303	18(c)		0
19	Discounted en	ployer contributions	s – see inst	ructions for small plan with	a valuation d	ate after th	ne beginning of the	year:	·		
	a Contribution	s allocated toward	unpaid min	imum required contributions	from prior ye	ears		19a			0
	<b>b</b> Contribution	s made to avoid res	trictions ac	ljusted to valuation date				19b			0
	C Contribution	allocated toward m	nimum requ	uired contribution for current y	ear adjusted	to valuation	date	19c			108,204
20	Quarterly cont	ibutions and liquidit	y shortfalls	:							
		_		he prior year?							Yes X No
				installments for the current			manner?				Yes No
	C If line 20a is	"Yes," see instructi	ons and co	mplete the following table a							
	/41	1et		Liquidity shortfall as of e	nd of quarter					/4) 4*	<u> </u>
	(1)	101		(2) 2nd	<del>-  </del>	(3)	3rd			(4) 4t	

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

### 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

2015

This Form is Open to Public Inspection

		Identification Information				
For calenda	ar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/20	15
•	_	X a single-employer plan		an (not multiemployer)		
A This ret	urn/report is for:	a one-participant plan		ployer information in ac	cordance with the for	m instructions)
		L a one-participant plan	a foreign plan			
D This set	um/conort in	X the first return/report	The final return/report			
D This retu	ırn/report is		the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check b	pox if filing under:	X Form 5558	automatic extension		☐ DFVC pro	rram
		special extension (enter desc				granı
Part II	Recia Blan Info	<u>. 🗀                                     </u>	<u> </u>			
1a Name		rmation—enter all requested in	nrormation		dla sa u u	<del></del>
		Defined Benefit Cas	ah Dalaman		1b Three-digit plan number	
Plan &		Delined Benefit Cas	sn balance		(PN)	002
11411 4	11400				1c Effective date	<del></del>
					01/01/201	•
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)			2b Employer Iden	<del></del>
		m, apt., suite no. and street, or P.			(EIN) 91-21	
		e, country, and ZIP or foreign pos	stal code (if foreign, see instr	uctions)	2c Sponsor's tele	phone number
Merrill	Orthodontics	, PLLC			(509) 886	
					2d Business code	(see instructions)
801 Eas	tmont Ave., S	wite #B			621210	
	·	, and a second				
East We			<u>WA</u>	98802	Ol-	
Ja Pian ad	aministrators name ar	nd address Same as Plan Spon	nsor.		3b Administrator's	EIN
					3c Administrator's	tolonhone number
					i an Uninipididi â	reight forte traitings
						•
				:		•
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A If the r	ama and/ar Ethl of the		she last values in a st St of St			
		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
	EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN	
name, a Sponse	EIN, and the plan nur or's name	mber from the last return/report.			4b EIN 4c PN	
a Sponso	EIN, and the plan nur or's name number of participants	at the beginning of the plan year.			4b EIN 4c PN 5a	11
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	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes	X No	Not dete	ermined	
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea			(b) End of					
а	Total plan assets	. 7a				0				109,303	
b	Total plan liabilities	7b				0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c			0	109,303					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount			(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)		109							
	(2) Participants	8a(2)				0					
	(3) Others (including rollovers)	8a(3)				0					
b	Other income (loss)	8b									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-	109,303	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d				0					
	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g				0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							109,303		
j	Transfers to (from) the plan (see instructions)	8j				0					
Par	t IV Plan Characteristics										
9a B	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  1C										
	B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	Part V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amoun	t	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest					Х					
	reported on line 10a.)			10b		Λ					
с	Was the plan covered by a fidelity bond?				Х					100,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		21					
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							
j	Did the plan trust incur unrelated business taxable income?					Х					
Part	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)										
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40										
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No										

#### Schedule SB, Part V - Statement of Actuarial Assumptions

**Target Assumptions:** 

**Options:** 

Male Nonannuitant: 2015 Nonannuitant Male **Female Nonannuitant:** 2015 Nonannuitant Female

Use discount rate transition:

Yes No

**Setback** 

Setback

0

2015 Annuitant Male **Male Annuitant:** 

Lump sums use proposed regulations: Yes

Use optional combined mortality table for small plans:

2015 Annuitant Female **Female Annuitant:** 

Stability period:

Actuarial Equivalent Floor

**Applicable months from valuation month:** 

plan year

100.00% **Probability of lump sum:** 

Lookback months:

2

N/A

Use pre-retirement mortality: No

Nonannuitant: **Annuitant:** 

2015 Applicable

<u>1st</u> <u>3rd</u> <u>2nd</u> **Segment rates:** 1.35 4.01 5.04 **High Quality Bond rates:** N/A N/A N/A **Final rates:** 4.72 6.81 6.11

0.00

**Current:** 

0.00

0.00

3.88

<u>1st</u>

1.40

0.00

<u>3rd</u> 4.96

Override:

0.00

<u>2nd</u>

0.00

Override:

Salary Scale 0.00% Male:

Female: 0.00%

Withdrawal

Male: N/A Female: N/A

Withdrawal-Select

Male: N/A Female: N/A

**Early Retirement Rates** 

Male: N/A Female: N/A

**Subsidized Early Retirement Rates** 

Male: N/A Female: N/A **Late Retirement Rates** 

N/A Male: Female: N/A

**Marriage Probability** 

Male: 0.00% Female: 0.00% **Expense loading:** 0.00%

**Disability Rates** 

Male: N/A N/A Female:

**Mortality** 

0 Male: N/A N/A 0 Female:

Name of Plan: Merrill Orthodontics DB Cash Bal

Plan Sponsor's EIN: 91-2134404

Plan Number: 000

#### Schedule SB, Part V - Summary of Plan Provisions

**Eligibility Requirements** Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months):0Continuing hours:1,000Wait (months):12Excluded classes:Other

Two year eligibility: No

**Earnings** 

**Total compensation excluding:** Prior to participation

415 prior to participation

<u>Retirement</u> <u>Normal</u> <u>Early</u> <u>Subsidized Early</u> <u>Disability</u> <u>Death</u>

Age: 62 Service: 0 Participation: 10

**Defined:** Plan year start

nearest

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

 Rates - Male:
 N/A
 N/A
 N/A

 Rates - Female:
 N/A
 N/A
 N/A

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 3 Year Cliff Pre-retirement death benefit

Vesting Definition: Hours Worked Percentage of accrued benefit: 0.00%

**Death Benefit Payment method:** PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Merrill Orthodontics DB Cash Balance Plan

**Plan Sponsor's EIN:** 91-2134404

Plan Number: 000

# Schedule SB, Part V - Summary of Plan Provisions

## **Benefit Formula**

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are based on \$0.00 to be allocated amongst the participants.

Name of Plan: Merrill Orthodontics DB Cash Balance Plan

**Plan Sponsor's EIN:** 91-2134404

Plan Number: 000

### Attachment to 2015 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Merrill Orthodontics Defined Benefit Cash Balance Plan &	TEIN: t91-2134404							
Plan Sponsor's Name Merrill Orthodontics, PLLC	<b>PN:</b> 002							
The weighted average retirement age is equal to the normal retirement age of 62.								
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.								
All participants are assumed to retire at their Normal Retirement Age which is								
the Participant's 62nd birthday, or the Participant's 10th anniver	rsary of joining							
the Plan, if later, but in no event later than the Participant's	65th birthday or							

the Participant's 5th anniversary of joining the Plan, if later.