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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		Identification Information					
For calenda	ar plan year 2016 or fis	scal plan year beginning 01/01/20	016 	and ending 12	2/31/2016		
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating em a foreign plan	n (not multiemployer) (l bloyer information in ac			
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return	/report (less than 12 m	onths)		
C Check b	pox if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program		
Part II	Basic Plan Info	rmation—enter all requested info	. ,				
1a Name	of plan	NED BENEFIT CASH BALANCE P			1b Three-digit plan number (PN) ▶	002	
					1c Effective date	e of plan /01/2015	
Mailing City or	ponsor's name (emplo g address (include room town, state or province RTHODONTICS, PLLC	uctions)	(EIN) 91 2c Sponsor's tel				
	ONT AVE., SUITE #B TCHEE, WA 98802		2d Business cod	le (see instructions)			
3a Plan ad	dministrator's name ar		3b Administrator's EIN				
name,	EIN, and the plan nur	e plan sponsor has changed since t mber from the last return/report.	he last return/report filed fo	r this plan, enter the	4b EIN 4c PN		
a Sponso					5a	12	
		at the beginning of the plan year		ľ	5b	11	
C Number		at the end of the plan yearaccount balances as of the end of the		ſ	5c		
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	12	
d(2) Tota	al number of active pa	rticipants at the end of the plan yea	r		5d(2)	11	
than 1	100% vested	terminated employment during theor incomplete filing of this return			5e	1	
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instructed signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	port, including, if ap	plicable, a Schedule	
SIGN	Filed with authorized/	valid electronic signature.	03/13/2017	THOMAS E. MERRILL	-		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan a	administrator	
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as empl	oyer or plan sponsor	
Preparer's i	name (including firm n	ame, if applicable) and address (inc	clude room or suite numbe	•)	Preparer's telepho	one number	

Form 5500-SF 2016 Page **2**

b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FT 250:104-44 FQ (See instructions on waiver etigibility and conditions). If you answered "No" to either line 8 a or line 8b, the plan cannot use Form 5500-5F and must instead use Form 5500. If the plan is a defined benefit plan, is a covered under the PBGC insurance program (see ERIK) acction 4217		Were all of the plan's assets during the plan year invested in eligib								X Ye	es No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Ye	es No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) Tender (b) End of Year (b) End of Year (b) End of Year (c) End of Year (d) End of Year (d) End of Year (d) End of Year (d) End of Year (e) End of Y	_						_	_	_		
7 Plan Assets and Liabilities		<u>_</u>	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	∐ Not de	termined
a Total plan assets	<u> Pa</u>			1							
D Total plan liabilities	7_	Plan Assets and Liabilities		(a) Beginning				((b) End		77
E Net plan stationary (b) Total E Net plan stationary (c) Trough plan stationary (c) Total E Contributions received or receivable from: (1) Employers (2) Participants (3) Other (including relievers) (3) Other (including relievers) (3) Other (including relievers) (4) Expenses (including relievers) (5) Other (including relievers) (6) Other (including relievers) (7) Expenses (including relievers) (8) Other (including relievers) (9) Other (including relievers) (10) Other (including relievers) (11) Net (income (ioss) (subtract line 8th from line 8c) (12) Other (ioss) (subtract line 8th from line 8c) (13) Other (ioss) (subtract line 8th from line 8c) (14) Other (ioss) (subtract line 8th from line 8c) (15) Other (ioss) (subtract line 8th from line 8c) (16) Other (ioss) (subtract line 8th from line 8c) (17) Other (ioss) (subtract line 8th from line 8c) (18) Other (ioss) (subtract line 8th from line 8c) (19) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8c) (10) Other (ioss) (subtract line 8th from line 8		·								22900	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 111498 (2) Participants. (2) Participants. (3) Others (including rollovers). 8a(2) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										2200	
a Contributions received or receivable from: (1) Employers (2) Participants			7c) (
(1) Employers				(a) Amour	(a) Amount					Total	
(2) Participants	а		8a(1)		111498	3					
(3) Other s(including rollovers)					0)					
b Other income (loss)					0)					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b		1		8913	3					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)										1204	11
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)			- 55								
f Administrative service providers (salaries, fees, commissions)		· · · ·	8d		0)					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		707	'					
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0)					
Transferse to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								07
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: 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: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1197	04
9a	j	Transfers to (from) the plan (see instructions)	8j		C)					
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	Pai	rt IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: 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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	tructions:	
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10	During the plan year:				Yes	No	N/A		Amoun	t
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					1000000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Hif this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d					X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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									
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan? 10f									
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		X						
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	·		10h							
	i	If 10h was answered "Yes," check the box if you either provided to	he require	d notice or one of the							

Page 3-	1	

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

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

	. onoich Bohom Guaranty Corporation	File as ar	n attachment to Forn	1 5500 or	5500-SF.				
For	calendar plan year 2016 or fiscal pla	n year beginning 01/0	01/2016		and ending	12/3	31/2016		
	Round off amounts to nearest dolla Caution: A penalty of \$1,000 will be a		nis report unless reaso	nable cau	se is established				
_	ame of plan	acceptation rate mining or an			B Three-dig				
	ERRILL ORTHODONTICS DEFINE	D BENEFIT CASH BALAN	CE PLAN & TRUST		plan num) •	002	
C P	lan sponsor's name as shown on line	e 2a of Form 5500 or 5500-	SF		D Employer I	dentific	ation Number (E	EIN)	
N	ERRILL ORTHODONTICS, PLLC					91-213	34404		
Ету	/pe of plan: X Single Multiple-A	A Multiple-B	F Prior year p	lan size:	100 or fewer	101-	500 More th	nan 500	
Pa	art I Basic Information								
1	Enter the valuation date:	Month 12 Day	v 31 Year 2	2016					
2	Assets:								
	a Market value					2a		117509	
	b Actuarial value					2b		117509	
3	Funding target/participant count bre			(1) 1	Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target	
	a For retired participants and benef	iciaries receiving payment.			0		0	0	
	b For terminated vested participants	s			0		0	0	
	C For active participants				11		1254	97031	
	d Total				11		1254	97031	
4	If the plan is in at-risk status, check						1201	37001	
•	a Funding target disregarding preso	·	. , . , ,	<u> </u>	_	4a			
	b Funding target reflecting at-risk as								
	status for fewer than five consecu					4b			
5	Effective interest rate					5		5.93%	
6	Target normal cost					6		93077	
T a c	ement by Enrolled Actuary of the best of my knowledge, the information supposed ance with applicable law and regulations. In pombination, offer my best estimate of anticipated	my opinion, each other assumption							
	ERE						09/24/201	7	
	Si	gnature of actuary					Date		
DA	NIEL W. BOLAND						17-07414	1	
	Type o	r print name of actuary				Most ı	recent enrollme	nt number	
BL	UEPRINT ACTUARIAL, LLC				_		267-935-90	001	
SL	OLD YORK ROAD JITE 1-410 NKINTOWN, PA 19046	Firm name			Tel	ephone	number (includ	ling area code)	
	A	Address of the firm			-				
	actuary has not fully reflected any reg	gulation or ruling promulgat	ted under the statute i	n completi	ing this schedule	, check	the box and see	е	

age	2 -	1
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Pa	art II	Begir	nning of Year	Carryov	er and Prefunding B	alances								
7	Dalanas	at baging	sing of prior year a	fter englise	abla adjustmenta (line 12 fra	um mriar		(a) C	arryover bala	nce	(b) F	Prefundir	ng balance	
		_			able adjustments (line 13 fro		-			0			0	
8			•	•	nding requirement (line 35 f	•				0			0	
9	, ,						1			0			0	
10		`	•		rn of <u>9.08</u> %		+			0			0	
11					to prefunding balance:								-	
	•				88a from prior year)								18924	
	b(1) Int	erest on t	the excess, if any,	of line 38a	a over line 38b from prior ye interest rate of 6.13	ar							0	
					edule SB, using prior year's								0	
					ar to add to prefunding balanc								18924	
	d Portio	n of (c) to	be added to prefu	unding bala	ance								0	
12	Other re	ductions i	in balances due to	elections	or deemed elections					0			0	
					line 10 + line 11d – line 12)					0			0	
	art III		ding Percenta		,						I			
												14	121.10%	
)							15	119.80%	
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	100.00%				
17					less than 70 percent of the							17	%	
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18					ar by employer(s) and empl									
(1)	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees			Date (b) Amount paid by employer(s)				(c) Amount paid by employees		
0	1/03/2017	7		20000	0									
0	2/01/2017	7		20000	0									
0	3/01/2017	7		20000	0									
	4/03/2017			20000	0									
	5/01/2017			20000	0									
U	6/01/2017			11498	0	Totals 1	-	18(b)		111498	18(c)		0	
19	Discount	ed emplo	over contributions	– see instr	uctions for small plan with a	valuation (date		beginning of					
					num required contributions					19a			0	
b Contributions made to avoid restrictions adjusted to valuation date									0					
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date								110257						
20	20 Quarterly contributions and liquidity shortfalls:													
a Did the plan have a "funding shortfall" for the prior year?								Yes X No						
	b If line	20a is "Y	es," were required	l quarterly	installments for the current	year made	in a t	imely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as									
		(1) 1s	t I		Liquidity shortfall as of en (2) 2nd	d of quarte	r of t		year 3rd	<u> </u>		(4) 4th		
		(1) 15	ı		(Z) ZIIU			(3)	Jiu			(+) 4 111		

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21										
	a Segment rates: 1st segment: 2nd segment: 3rd segmen	t:	DN/A full yield ourse used							
	4.43% 5.91% 6.65		N/A, full yield curve used							
	b Applicable month (enter code)	21b	2							
22	Weighted average retirement age	22	62							
23	Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate	Substit	tute							
Pa	art VI Miscellaneous Items									
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see attachment									
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attached	chment	Yes X No							
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment									
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27								
P	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	5								
28	Unpaid minimum required contributions for all prior years		0							
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0							
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0							
Pa	art VIII Minimum Required Contribution For Current Year									
31	Target normal cost and excess assets (see instructions):									
	a Target normal cost (line 6)	31a	93077							
	b Excess assets, if applicable, but not greater than line 31a	31b	20478							
32	Amortization installments: Outstanding Ba	ance 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	0							
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	72599							
	Carryover balance Prefunding bala	ance	Total balance							
35	Balances elected for use to offset funding requirement	0	0							
36	Additional cash requirement (line 34 minus line 35)	36	72599							
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	110257							
38	Present value of excess contributions for current year (see instructions)	1	1							
	a Total (excess, if any, of line 37 over line 36)	38a	37658							
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0							
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0							
40	Unpaid minimum required contributions for all years	40	0							
Pa	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instruction	ıs)								
41	If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected		2 plus 7 years 15 years							
	b Eligible plan year(s) for which the election in line 41a was made	2	008 2009 2010 2011							
42	Amount of acceleration adjustment	42								
43	Excess installment acceleration amount to be carried over to future plan years	43								

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

DocuSign Envelope ID: 8365BBD0-D876-4B25-9424-DF3A77ECC31B Form 5500-SF | 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).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

		Complete all entries in		tructions to the Form 3	J00-3F.	
Part I		Identification Information				
For calend	ar plan year 2016 or fis	scal plan year beginning	01/01/2016	and ending	12/31	./2016
Δ This rot	:urn/report is for:	X a single-employer plan		olan (not multiemployer) of mployer information in ac		
A IIIISTEI	uni/report is for.	a one-participant plan	a foreign plan	mployer information in a	cordance with	ine form instructions.
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)	
C Check	box if filing under:	∑ Form 5558	automatic extension		DFVC progr	ram
		special extension (enter desc	ription)			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name Merrill	of plan	Defined Benefit Cas			1b Three-diplan num	
Plan &	Trust				(PN) •	002
					1c Effective 01/01	/2015
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	O. Box)			r Identification Number
-	town, state or provinc	e, country, and ZIP or foreign pos	tal code (if foreign, see ins	structions)	2c Sponsor	's telephone number
METITIT	Ofthodoneles	, 1000				886-4746
801 Eas	tmont Ave., S	uite #B			62121	s code (see instructions)
East We	natchee		WA	A 98802		
		nd address ᡌ Same as Plan Spo			3c Administ	rator's telephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	
	or's name				4c PN	
5a Total i	number of participants	at the beginning of the plan year.			. 5a	12
		at the end of the plan year			. 5b	11
		account balances as of the end of			5c	
d(1) Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	12
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	11
		terminated employment during the			5e	1
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca	use is establis	hed.
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.				
SIGN	Dr. Thomas E. Me		3/13/2017	Thomas E. Mer	rill	
HERE Signature of individual signing as plan administrator Date Enter name of individual signing as plan administrator						
SIGN HERE						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as e	employer or plan sponsor
Preparer's	name (including firm n	name, if applicable) and address (i	nclude room or suite numb	per)	Preparer's tel	ephone number

b Total plan liabilities		6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)												
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	D									ΧY	es No			
Part III Financial Information (a) Beginning of Year (b) End of Year a Total plan lassets and Liabilities 7a 109,303 229,00° (c) End plan lassets 7a 109,303 229,00° (c) End plan lassets (b) End plan lassets (b) End plan sested (cubract line 7b from line 7a) 7b 0 (c) End plan sested (cubract line 7b from line 7a) 7c 109,303 229,00° (d) End plan sested (cubract line 7b from line 7a) 7c 109,303 229,00° (e) End plan sested (cubract line 7b from line 7a) 7c 109,303 229,00° (e) End plan sested (cubract line 7b from line 7a) 7c 109,303 229,00° (e) End plan sested (cubract line 7b from line 7a) 7c 109,303 229,00° (e) End plan sested (cubract line 7b from line 7a) 7c 111,498 (e) End plan sested (cubract line 8a(1) 8a(2) 0 (e) End plan sested (cubract line 8a(1) 8a(2) 0 (e) End plan sested (cubract line 8a(1) 8a(2) 8a(3) 0 (e) End plan sested (cubract line 8a(1) 8a(2) 8a(3) 0 (e) End plan sested (cubract line 8a(1) 8a(2) 8a(3) 8a(_	_				
7	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not d	etermined			
a Total plan assets	Pa	rt III Financial Information												
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year				
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	a Total plan assets									229,007			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Participants (6) Other income (loss) (6) Other income (loss) (7) Others (including rollovers) (8) Bb 8, 913 (8) O O O O O O O O O O O O O O O O O O O	b	Total plan liabilities	7b			Ŭ					0			
a Contributions received or receivable from: (1) Employers	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		109,	303					229,007			
(2) Participants				(a) Amoun	ıt				(b) T	otal				
(2) Participants. 8a(2) 0 (3) Others (including rollovers). 8a(3) 0 (b) Other income (loss). 8a(3) 0 (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 120, 41: 41: 45: 45: 45: 45: 45: 45: 45: 45: 45: 45	а		8a(1)		111.	498								
(3) Others (including rollovers)														
b Other income (loss)		·	` ′			0								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	, , , , , , , , , , , , , , , , , , , ,			8,	913								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` ,	8c		•						120,411			
e Certain deemed and/or corrective distributions (see instructions) 8e	d										·			
f Administrative service providers (salaries, fees, commissions)														
g Other expenses	<u>e</u>	·				Ŭ								
h Total expenses (add lines 8d, 8e, 8f, and 8g)			1											
i Net income (loss) (subtract line 8h from line 8c)		· · · · · · · · · · · · · · · · · · ·				0								
Transfers to (from) the plan (see instructions)	_ <u>n</u>													
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: 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 V Compliance Questions 10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10 During the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10 During the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10 During the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10 During the plan Characteristic Codes in the instructions in	+										119,704			
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Description If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Description If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Description If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: Description If the plan Characteristic Codes in the instructions: De		, , , , , , , , , , , , , , , , , , , ,	8j			0								
Description Description			f 1	and a contract of District of Di	01		-1'- 0-		the street					
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	эа		reature co	des from the List of Pi	an Cna	racteri	Stic Co	aes in	tne insti	uctions:				
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	les in t	he instru	ictions:				
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h														
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)	Par	t V Compliance Questions												
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	N/A		Amou	nt			
Program)	а													
reported on line 10a.)		_ `	-	•	10a		Х							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.). h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.). 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		Х							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 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	С	Was the plan covered by a fidelity bond?			10c	Х				1,	000,000			
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.)	d				10d		Х				·			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	ns by an insurance the benefits under	10e		Х							
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х							
2520.101-3.)	9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g									
	h	·	•		10h									
	i	·			10i									

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).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

For	r calendar plan year 2016 or fiscal plan year beginning 01/01/201	- Committee of the comm		12/2	1/2016
	Round off amounts to nearest dollar.	una chair	9	12/3	1/2010
	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	sonable cause is establishe	d.		
	Name of plan	B Three-di			
М	errill Orthodontics Defined Benefit Cash Balance E			, • I	002
		1 2 3 2 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		/	002
M	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF errill Orthodontics, PLLC	D Employer 91-213		ation Number (I	EIN)
Ет	Type of plan: X Single Multiple-A Multiple-B F Prior year	plan size: X 100 or fewer	☐ 101-	500 More th	nan 500
P	art I Basic Information				
1	Enter the valuation date: Month 12 Day 31 Year	2016			
2	Assets:				
	a Market value		. 2a		117,509
	b Actuarial value		2b		
3	Funding target/participant count breakdown	(1) Number of		ted Funding	(3) Total Funding
_		participants		Target	Target
	a For retired participants and beneficiaries receiving payment	0		0	0
	b For terminated vested participants	0		0	0
	c For active participants	11		1,254	97,031
	d Total	11		1,254	97,031
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			1,254	<u> </u>
	a Funding target disregarding prescribed at-risk assumptions		4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for status for fewer than five consecutive years and disregarding loading factor	plans that have been in at-ri	Sk 41	-	
5	Effective interest rate				5.93%
6	Target normal cost		6		93,077
	ement by Enrolled Actuary				
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.	and attachments, if any, is complete account the experience of the plan at	and accura d reasonal	ate. Each prescribed ble expectations) and	assumption was applied in a such other assumptions, in
	SIGN Agricl W. Roland		9	24/20	17
	Signature of actuary			Date	
Dar	niel W. Boland			17-0741	4
	Type or print name of actuary		Most re	ecent enrollmer	
Blι	ueprint Actuarial, LLC			267) 935-9	
	Firm name	Te		number (includi	
93	Old York Road				
	ite 1-410				
Jer	nkintown PA 19046 Address of the firm				

ostru	actuary has not fully reflected any regulation or ruling promulgated under the statute	in completing this schedule	, check t	he box and see	

Page 2 -

P	art II Begir	nning of Year C	Carryove	r and Prefunding Ba	lances						
				<u> </u>		(a) Ca	rryover balance		(b) Pr	refundi	ng balance
7 —				le adjustments (line 13 fron				0			0
8	• • • • • • • • • • • • • • • • • • • •	A DAMESTO DESCRIPTION OF PRODUCTS		ling requirement (line 35 fro				0			0
9	9 Amount remaining (line 7 minus line 8)										0
10	O Interest on line 9 using prior year's actual return of 9.08%										0
11											
	a Present value of	of excess contribution	ons (line 38	a from prior year)							18924
				over line 38b from prior year nterest rate of 6.13 %							0
	b(2) Interest on	line 38b from prior y	year Sched	ule SB, using prior year's a	ctual						0
											0
	C Total available a	it beginning of curren	nt plan year t	to add to prefunding balance							18924
	d Portion of (c) to	be added to prefur	nding balan	ce							0
12	Other reductions	in balances due to	elections or	deemed elections				0			0
13	Balance at begin	ning of current year	(line 9 + lin	e 10 + line 11d – line 12)				0			0
F	Part III Fun	ding Percenta	ges								
14	Funding target at	tainment percentage	e							14	121.10%
15	Adjusted funding	target attainment pe	ercentage							15	119.80%
16				determining whether carryo		-				16	100.00%
17	If the current valu	e of the assets of th	he plan is le	ess than 70 percent of the fu	ınding targe	et, enter sucl	n percentage			17	%
P	art IV Cor	tributions and	Lliquidit								•
		ili ibulions anu	ı Liaululu	v Shortfalls							
18			-	y Shortfalls by employer(s) and emplo	yees:						
-			ie plan year	y Shortfalls by employer(s) and emplo (c) Amount paid by employees	yees: (a) [(MM-DD		(b) Amount paid employer(s)	i by	(c)		int paid by oyees
	Contributions ma	de to the plan for the (b) Amount pa employer(s	ie plan year	by employer(s) and emplo (c) Amount paid by	(a) [by	(c)		
(1	Contributions ma (a) Date MM-DD-YYYY)	de to the plan for th (b) Amount pa employer(s	ne plan year nid by	by employer(s) and emplo (c) Amount paid by employees	(a) [l by	(c)		
(1	Contributions ma (a) Date MM-DD-YYYY)	de to the plan for th (b) Amount pa employer(s 2	ne plan year nid by s)	by employer(s) and emplo (c) Amount paid by employees	(a) [by	(c)		
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017	de to the plan for th (b) Amount pa employer(s) 2	e plan year nid by s)	by employer(s) and emplo (c) Amount paid by employees 0	(a) [d by	(c)		
(1	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017	de to the plan for the (b) Amount pa employer(s 2 2 2 2 2 2 2	e plan year (id by s) (20,000) (20,000	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 0	(a) [l by	(c)		
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 04/03/2017	de to the plan for the (b) Amount pa employer(s 2 2 2 2 2 2 2	e plan year iid by s) 20,000 20,000 20,000	by employer(s) and emplo (c) Amount paid by employees 0 0 0	(a) [employer(s)		(c)		
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 04/03/2017 05/01/2017	de to the plan for th (b) Amount pa employer(s 2 2 2 2 1	ee plan year (id by s) (20,000) (20,000 (20,000 (20,000 (20,000 (20,000 (20,000 (20,000 (20,00	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 0 0	(a) □ (MM-DD	-YYYY)	employer(s)	,498			
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 06/01/2017	de to the plan for the (b) Amount pa employer(s 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	e plan year aid by s) 20,000 20,000 20,000 20,000 20,000 20,000 20,000	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 0	(a) □ (MM-DD) Totals ► valuation da	18(b)	employer(s)	, 498 ar:			
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 06/01/2017 Discounted emploa Contributions a	de to the plan for th (b) Amount pa employer(s) 2 2 2 2 2 2 2 another the plan for the	ee plan year id by id by id 0,000 id 0,000	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 c) continuous for small plan with a second continuous for	(a) □ (MM-DD) Totals ► raluation da om prior ye	18(b)	employer(s) 111 peginning of the ye	, 498 ar:			oyees 0
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 Discounted emploa Contributions a	de to the plan for th (b) Amount pa employer(s) 2 2 2 2 2 2 2 2 2 allocated toward unpercade to avoid restricted.	ee plan year lid by s) 20,000 20,000 20,000 20,000 1,498 - see instructions adjusticitions	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 ctions for small plan with a variations for small plan with a variation of the small pla	(a) □ (MM-DD) Totals ► valuation dates of the prior ye	18(b)	employer(s) 111 peginning of the ye	, 498 ar: Da			oyees0
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 Discounted emploa Contributions a b Contributions a	de to the plan for th (b) Amount pa employer(s) 2 2 2 2 2 2 2 2 2 allocated toward unpercade to avoid restricted.	le plan year lid by (0,000 (0,000 (0,000 (0,000 (1,498) (by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 ctions for small plan with a var required contributions for steed to valuation date	(a) □ (MM-DD) Totals ► valuation dates of the prior ye	18(b)	employer(s) 111 peginning of the ye	, 498 ar: Da			0 0
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 Discounted emple a Contributions a b Contributions a Quarterly contributions	de to the plan for the (b) Amount paremployer(s) 2 2 2 2 2 2 2 2 2 2 2 2 1 2 byer contributions — allocated toward unprinced to avoid restrict located toward minimutions and liquidity s	ee plan year id by s) 20,000 20,000 20,000 20,000 21,498 - see instructions adjusticum require shortfalls:	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 ctions for small plan with a var required contributions for steed to valuation date	(a) E (MM-DD) Totals valuation date of prior ye radjusted to	18(b) Ite after the lars	111 Deginning of the ye	, 498 ar: Oa Ob	18(c)		0 0
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 Discounted empla a Contributions a C Contributions a Quarterly contributions a Did the plan ha	de to the plan for th (b) Amount pa employer(s 2 2 2 2 2 2 2 2 byer contributions— allocated toward unp nade to avoid restrict located toward minimutions and liquidity s ave a "funding short	ee plan year id by s) 20,000 20,000 20,000 20,000 21,498 - see instructions adjustions adjusting the see instructions adjusting the second sec	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 0 ctions for small plan with a vum required contributions for surface to valuation date	(a) □ (MM-DD) Totals ► raluation da om prior ye r adjusted to	18(b) ate after the lars	2 111 Deginning of the ye	, 498 ar: Da Db	18(c)	empl	0 0 0 110,257
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 Discounted emple a Contributions a b Contributions a Quarterly contributions a Did the plan ha b If line 20a is "Y	de to the plan for the (b) Amount paremployer(s) 2 2 2 2 2 2 2 2 2 byer contributions— allocated toward unproducted toward minimulations and liquidity save a "funding short" (es," were required to the contribution of	ee plan year id by s) 20,000 2	to by employer(s) and employer (c) Amount paid by employees 0 0 0 0 0 ctions for small plan with a value required contributions for sted to valuation date	(a) E (MM-DD) Totals valuation da com prior ye r adjusted to ear made in	18(b) ate after the lars	2 111 Deginning of the ye	, 498 ar: Da Db	18(c)	empl	0 0 110,257
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 Discounted emple a Contributions a b Contributions a Quarterly contributions a Did the plan ha b If line 20a is "Y	de to the plan for the (b) Amount paremployer(s) 2 2 2 2 2 2 2 2 2 byer contributions— allocated toward unproducted toward minimulations and liquidity save a "funding short" (es," were required to the contribution of	ee plan year id by s) 20,000 2	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 0 ctions for small plan with a value required contributions for sted to valuation date	Totals > valuation da com prior ye r adjusted to car made in applicable:	18(b) Ite after the lars	employer(s) 111 peginning of the ye 19 19 tte 19	, 498 ar: Da Db	18(c)	empl	0 0 110,257 Yes X No Yes No
(1)	Contributions ma (a) Date MM-DD-YYYY) 01/03/2017 02/01/2017 03/01/2017 05/01/2017 Discounted emple a Contributions a b Contributions a Quarterly contributions a Did the plan ha b If line 20a is "Y	de to the plan for the (b) Amount paremployer(s) 2 2 2 2 2 2 2 2 2 2 2 2 2	ee plan year id by s) 20,000 2	by employer(s) and emplo (c) Amount paid by employees 0 0 0 0 0 ctions for small plan with a value required contributions for sted to valuation date	Totals > valuation da com prior ye r adjusted to car made in applicable:	18(b) ate after the tars	employer(s) 111 peginning of the ye 19 19 tte 19	, 498 ar: Da Db	18(c)	empl	0 0 110,257 Yes X No Yes No

F	art V	Assumpti	ons Used to Determi	ne Funding Target and Tar	get Normal Cost		
21	Discount	rate:					
	a Segme	ent rates:	1st segment: 4.43 %	2nd segment: 5 . 91 %	3rd segment: 6.65 %		N/A, full yield curve used
17-	b Applica	able month (er	nter code)			21b	2
22	Weighted	average retire	ement age			22	62
23	Mortality	table(s) (see	instructions) 🛛 Pro	escribed - combined Pres	cribed - separate	Substitu	te
Pá	art VI I	Miscellane	ous Items				
24				uarial assumptions for the current p			
25	Has a me	thod change l	been made for the current pl	an year? If "Yes," see instructions	egarding required attach	ment	Yes 🔀 No
26	Is the pla	n required to p	provide a Schedule of Active	Participants? If "Yes," see instructi	ons regarding required a	ıttachment	Yes X No
27				ter applicable code and see instruct		27	
P	art VII	Reconcilia	ation of Unpaid Minin	num Required Contribution	s For Prior Years		
28	Unpaid m	inimum requir	red contributions for all prior	years		28	0
29				l unpaid minimum required contribu		29	0
30	Remainin	g amount of u	inpaid minimum required cor	ntributions (line 28 minus line 29)		30	0
Pa	art VIII	Minimum	Required Contribution	on For Current Year			
31	Target no	ormal cost and	d excess assets (see instruct	ions):			
	a Target r	normal cost (lii	ne 6)			31a	93,077
	b Excess	assets, if app	licable, but not greater than	line 31a		31b	20,478
32	Amortizat	ion installmen	its:		Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	tion installment			q	0
						q	0
33				ter the date of the ruling letter grant) and the waived amount		33	0
34	Total fund	ding requireme	ent before reflecting carryove	er/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	72,599
				Carryover balance	Prefunding balar	ice	Total balance
35			se to offset funding	0		0	0
36	Additiona	I cash require	ment (line 34 minus line 35).			36	72,599
37				ontribution for current year adjusted		37	110,257
38	Present v	alue of excess	s contributions for current ye	ar (see instructions)	÷		
	a Total (e	xcess, if any,	of line 37 over line 36)			38a	37,658
	b Portion	included in lin	ne 38a attributable to use of	prefunding and funding standard ca	rryover balances	38b	0
39	Unpaid m	inimum requir	red contribution for current y	ear (excess, if any, of line 36 over li	ne 37)	39	0
40	Unpaid m		····	·		40	0
Pa	rt IX	Pension I	Funding Relief Under	Pension Relief Act of 2010	(See Instructions)	
41	If an elect	ion was made	to use PRA 2010 funding re	elief for this plan:			
	a Schedu	le elected					2 plus 7 years 15 years
	b Eligible	plan year(s) f	for which the election in line	41a was made		200	08 2009 2010 2011
			•			42	
43	Excess in	stallment acce	eleration amount to be carrie	d over to future plan years		43	

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant: 2016 Nonannuitant Male **Female Nonannuitant:** 2016 Nonannuitant Female Use optional combined mortality table for small plans: Use discount rate transition:

2016 Annuitant Male **Male Annuitant:**

Lump sums use proposed regulations: Yes

Yes

No

Setback

0

2016 Annuitant Female **Female Annuitant:**

Stability period: plan year

Actuarial Equivalent Floor

Applicable months from valuation month:

Lookback months: 2

100.00% **Probability of lump sum:**

Use pre-retirement mortality: No

2016 Applicable **Annuitant:**

<u>1st</u> <u>3rd</u> <u>2nd</u> **Segment rates:** 1.52 3.78 4.76

N/A

0.00

<u>2nd</u> <u>3rd</u> <u>1st</u> 1.76 4.15 5.13 **Current:**

High Quality Bond rates:

Override:

Nonannuitant:

N/A

Final rates:

4.43 5.91 6.65

N/A

0.00

0.00 0.00

Override:

Salary Scale

0.00 0.00

N/A

Late Retirement Rates

0.00% Male:

N/A Male: Female: N/A

Withdrawal

Female:

N/A

0.00%

Marriage Probability

Male: Female: N/A Male: 0.00% Female: 0.00%

Withdrawal-Select

Expense loading: 0.00%

Disability Rates

Male: N/A Female: N/A

Male: N/A

Early Retirement Rates

N/A Female:

Male: N/A

Setback **Mortality** 0 Male: N/A N/A 0 Female:

Female: N/A **Subsidized Early Retirement Rates**

> Male: N/A Female: N/A

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.

Allocation Class	<u>Default</u>	Allocation Formula
Group A		37.73%
Group B		3.00%
Group C	X	\$1,000.00

Name of Plan: Merrill Orthodontics DB Cash Balance Plan

Plan Sponsor's EIN: 91-2134404

Plan Number: 000

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Fo	r calendar p	lan year 2010	6 or fiscal plan y	ear beginning				and endir	ng			
•	Round off	amounts to	nearest dollar.									
•	Caution: A	penalty of \$	1,000 will be as:	sessed for late filing of t	this report unless re	asonable cau	ıse is	establishe	ed.			
A I	A Name of plan								igit			
					plan nur	mber (Pl	N)	•				
C	Plan snonsc	ır's name as	shown on line 2	a of Form 5500 or 5500)-SF		D	Employe	r Identifi	cation	Number (FINI)
	i iaii spoiisc	i s riarric as	3110WIT 011 III1C 2	a of 1 offit 5500 of 5500	7 01			Lilipioyo	i identiii	cation	rvarriber (LIIV)
Ε.	Type of plan:	Single	Multiple-A	Multiple-B	F Prior year	ar plan size:	10	0 or fewer	101	1-500	More ti	han 500
		Basic Info		<u> </u>	,	<u>. </u>			<u> </u>			
1		valuation dat		Month Da	ay Yea	r						
2	Assets:	Taraariori da			.,	·						
	a Market	value							2a			
	b Actuari	al value							2b			
3			ant count break			(1)		ber of			unding	(3) Total Funding
	0		ata and banafis				ırticip	ants		Targe	et	Target
				aries receiving payment								
	d Total											
4	If the plar	is in at-risk	status, check the	e box and complete line	es (a) and (b)							
	a Funding	g target disre	garding prescrib	ed at-risk assumptions	8				4a	1		
				umptions, but disregard re years and disregardir)		
5	Effective	interest rate.							5			%
6	Target no	rmal cost							6			
	To the best of raccordance wit	n applicable law a	e information supplied and regulations. In my	d in this schedule and accompa opinion, each other assumption perience under the plan.								
	SIGN HERE						_					
			Sign	ature of actuary							Date	
			Type or p	rint name of actuary			_		Most	recent	t enrollme	ent number
				Firm name			_	Т	elephon	e numl	ber (includ	ding area code)
			۸۵	dress of the firm								
	e actuary ha uctions	s not fully ref	lected any regu	lation or ruling promulga	ated under the statu	te in complet	ting th	nis schedu	ie, chec	k the b	ox and se	ее

ale SB (Form 5500) 2016	Page 2 -

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

P	art V	Assumpti	ons Used to Det	ermine	Funding Target an	d Targ	et Normal Cost					
21	Discount	rate:										
	a Segme	ent rates:	1st segment:		2nd segment: %		3rd segment: %			N/A, ful	l yield o	curve used
	b Applica	able month (er	nter code)					21k	,			
22 Weighted average retirement age												
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined	Presc	ribed - separate	Sub	stitute			
Pa	art VI	Miscellane	ous Items									
24	Has a cha	ange been ma	ide in the non-prescrib	ed actua	arial assumptions for the c	urrent pla	an year? If "Yes," see ii	nstruc	tions re	egarding re	quired	
	attachme	nt									···· 📗	Yes No
25	Has a me	thod change l	been made for the cur	rent plan	n year? If "Yes," see instru	uctions re	garding required attach	ment.				Yes No
26	Is the pla	n required to p	provide a Schedule of	Active P	articipants? If "Yes," see	instructio	ns regarding required a	ıttachr	nent			Yes No
27			_		r applicable code and see			27				
P	art VII				ım Required Contri				<u> </u>			
		l.	•		ears			28				
29					unpaid minimum required o			29				
30					ibutions (line 28 minus line			30				
Pa	art VIII	Minimum	Required Contri	bution	For Current Year							
31	Target no	ormal cost and	d excess assets (see in	nstructio	ns):							
	a Target r	normal cost (li	ne 6)					31	3			
				r than lin	ne 31a			31k)			
32	Amortizat	tion installmen	its:				Outstanding Bala	nce		In	stallme	ent
33					er the date of the ruling lett) and the waived am			33				
34	Total fund	ding requireme	ent before reflecting ca	arryover/	prefunding balances (lines	s 31a - 3	1b + 32a + 32b - 33)	34				
					Carryover balance)	Prefunding balan	се		Total balance		
35			se to offset funding									
36	<u>'</u>							36				
37					ntribution for current year a							
	19c)				······································	•	`	37				
38			s contributions for curi					20.				
								388	_			
39	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances											
40					ir (excess, ii any, or line 30		·	40				
	rt IX	· · ·		·	Pension Relief Act o		l l					
		l .	to use PRA 2010 fun				(000	,				
									\ \ 2	plus 7 year	rs	15 years
	b Eligible	plan year(s) f	for which the election i	n line 41	a was made				2008		2010	_
42								42				
					over to future plan years			43				

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

Plan Name Merrill Orthodontics Defined Benefit Cash Balance Plan &	; TEU	k t91−2134404
Plan Sponsor's Name Merrill Orthodontics, PLLC	PI	N: 002
The weighted average retirement age is equal to the normal retirement age of62		
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement age.	_	hted average
All participants are assumed to retire at their Normal Retirement the Participant's 62nd birthday, or the Participant's 10th annive:	-	

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.