#### 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

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2017 or fis	scal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac	_	
		a one-participant plan	a foreign plan			- · · · · · · · · · · · · · · · · · · ·
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC progra	m
5 ( !!	T	special extension (enter description)	• •			
Part II		rmation—enter all requested in	formation		T	
1a Name ANDOLINO		DEFINED BENEFIT PLAN			<b>1b</b> Three-digi plan numb (PN) ▶	
					1c Effective of	date of plan 07/01/2013
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		<b>2b</b> Employer (EIN)	Identification Number 13-3087317
-	town, state or province ORTHODONTICS, PC	e, country, and ZIP or foreign post	tal code (if foreign, see ins	structions)	2c Sponsor's	telephone number
					2d Business	code (see instructions)
41 EAST 577 NEW YORK,	TH STREET, SUITE 26 , NY 10022	300				621210
3a Plan a	dministrator's name an	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	itor's EIN
					<b>3c</b> Administra	ator's telephone number
		e plan sponsor or the plan name ha			4b EIN	
	lan, enter the plan spor or's name	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan N	lame					
<b>5a</b> Total i	number of participants	at the beginning of the plan year			5a	5
_		at the end of the plan year			5b	5
		account balances as of the end of			5c	
	,	rticipants at the beginning of the pl			5d(1)	5
		rticipants at the end of the plan ye			5d(2)	5
		terminated employment during the			5e	0
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assesse	d unless reasonable car		
SB or Sche		ner penalties set forth in the instruind signed by an enrolled actuary, ablete.				
SIGN	Filed with authorized/	valid electronic signature.	06/28/2018	FRANK ANDOLINO		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN HERE	Filed with authorized/	valid electronic signature.	06/28/2018	FRANK ANDOLINO		
NEKE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor

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_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public a	ccount	ant (IC	PA)		
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance p	rogram (see ERISA se	ection 4	021)?		Yes X No	Not determined . (See instructions.)
Pa	rt III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	l of Year
a	Total plan assets	7a	30	08603				440726
<u>b</u>	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	30	08603				440726
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
a	Contributions received or receivable from:  (1) Employers	8a(1)	10	00000	_			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		32123	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						132123
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g			_			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						132123
J	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Pla	an Cha	racteri	stic Cod	des in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acterist	ic Code	es in the insti	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
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		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g		-		10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So (Form 5500) and line 11a below)	hedule S	SB	X	′es		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?	on 302 o	f 	Y	′es X No		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		the date	of the lette Year _			
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	. 12b					
С	Enter the amount contributed by the employer to the plan for this plan year	. 12c					
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part '	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X N	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to					
1	<b>3c(1)</b> Name of plan(s): 13c(	2) EIN(s)		13c(3	<b>)</b> PN(s)		

#### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

This schedule is required to be filed under section 104 of the Employee

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

This Form is Open to Public Inspection

OMB No. 1210-0110

2017

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. For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 ▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit ANDOLINO ORTHODONTICS, PC DEFINED BENEFIT PLAN 001 plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) ANDOLINO ORTHODONTICS, PC 13-3087317 **F** Prior year plan size: **E** Type of plan: X Single 100 or fewer Multiple-A Multiple-B 101-500 More than 500 Part I **Basic Information** Enter the valuation date: Month 01 Year 2017 Day . Assets: 2a 308603 a Market value ..... 2b **b** Actuarial value ..... 308603 (1) Number of (2) Vested Funding (3) Total Funding Funding target/participant count breakdown participants Target Target a For retired participants and beneficiaries receiving payment ..... **b** For terminated vested participants 2813 2813 4 C For active participants..... 153140 263778 155953 266591 **d** Total..... If the plan is in at-risk status, check the box and complete lines (a) and (b)..... 4a a Funding target disregarding prescribed at-risk assumptions..... **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor ...... 5 5 Effective interest rate ..... 6.26% 6 6 Target normal cost ..... 95302 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN **HERE** 05/28/2018 Signature of actuary Date MICHAEL FRANK, F.S.A. 17-02440 Most recent enrollment number Type or print name of actuary **PENSION STRATEGIES** 212-681-7976 Telephone number (including area code) Firm name 1430 BROADWAY, SUITE 1509 NEW YORK, NY 10018 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

instructions

Page 2	? - ·
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P	art II	Beginning of Yea	r Carryov	er and Prefunding Bal	ances							_
	•					(a) Ca	arryover balance		<b>(b)</b> Pr	efundir	g balance	
7		,		able adjustments (line 13 from							3586	
8			•	nding requirement (line 35 from								
9	Amount r	emaining (line 7 minus li	ne 8)								3586	
10	Interest o	n line 9 using prior year'	s actual retu	rn of							-51	
11	Prior yea	r's excess contributions	o be added	to prefunding balance:								
	<b>a</b> Presen	t value of excess contrib	utions (line 3	88a from prior year)							4633	
				a over line 38b from prior year interest rate of6.28\%							291	
	<b>b(2)</b> Inte	erest on line 38b from pri	or year Sche	edule SB, using prior year's ac	tual							
				ar to add to prefunding balance .							4924	
	<b>d</b> Portion	of (c) to be added to pro	efunding bala	ance							4924	_
12	12 Other reductions in balances due to elections or deemed elections								0	_		
13									8459			
Р	art III	Funding Percen		,	l.			I.				_
14		· · · · · ·								14	112.59%	 o
				·						15	112.59%	, o
16								urrent	16	107.47%	, o	
17				less than 70 percent of the fu						17	0.00%	, D
Р	art IV	Contributions a	nd Liquid	ity Shortfalls								
18				ar by employer(s) and employ								
(1	(a) Date MM-DD-YY			(c) Amount paid by employees	(a) Dat (MM-DD-Y		(b) Amount paid employer(s)		(c)	Amour emplo	nt paid by eyees	
0	8/18/2017		3400		11/16/2017			3400				
0	9/29/2017		3400		11/30/2017			3400				
1	0/06/2017		3400		12/15/2017	•		3400				
	0/16/2017		3400		01/12/2018	1		3400				
	0/27/2017		3400		01/19/2018	1		3400				
1	0/31/2017		3400		01/31/2018	1		6800	40(-)			
40					Totals ▶	18(b)		100000	18(c)			_
19		. ,		uctions for small plan with a va			, , , , , , , , , , , , , , , , , , ,	ar: 9a				
	_			num required contributions frousted to valuation date								
			•	red contribution for current year				9c			93859	_
20		contributions and liquidi		rea contribution for current year	adjusted to v	aluation de	1	<i>30</i>			33033	
_•	•	•	•	e prior year?						П	Yes X No	
				installments for the current ye							Yes No	
	C If line 2	20a is "Yes," see instruct	ions and con	nplete the following table as a	pplicable:							
				Liquidity shortfall as of end	of quarter of							
		(1) 1st		(2) 2nd		(3) 3	Brd		(4	4) 4th		

age 2	2 - 2
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D.											
Г	art II	Begin	ning of Year (	Carryov	er and Prefunding Ba	ances	(a) C	arm cover helenee	/b) [	Draft in din	a halanaa
7		•	. ,		able adjustments (line 13 from	•	( <b>a</b> ) Ca	arryover balance	(b) i	Pretunair	ng balance
8			•	•	nding requirement (line 35 fro	•					
9	Amount r	remaining	(line 7 minus line	8)							
10	Interest of	on line 9 u	sing prior year's a	ctual retur	rn of%						
11	Prior yea	ır's excess	contributions to b	oe added t	to prefunding balance:						
	<b>a</b> Preser	nt value of	excess contribution	ons (line 3	88a from prior year)						
					over line 38b from prior year interest rate of%						
	` '		•	•	dule SB, using prior year's ac						
	C Total available at beginning of curre			nt plan yea	r to add to prefunding balance						
<b>d</b> Portion of (c) to be added to prefunding balance											
12											
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											
Р	Part III	Func	ding Percenta	ges							
14 Funding target attainment percentage							14	%			
15 Adjusted funding target attainment percentage								15	%		
16					of determining whether carryo					16	%
17	If the cur	rent value	of the assets of the	he plan is	less than 70 percent of the fu	nding target,	enter sucl	n percentage		17	%
P	art IV	Cont	ributions and	l Liquid	ity Shortfalls						
18	Contribut	tions made		a alaa ya	ar by employer(s) and employ						
/N		lions made	e to the plan for th	ie pian yea	ar by employer(s) and employ	/ees:					
(1	(a) Date MM-DD-Y	е	e to the plan for the <b>(b)</b> Amount pa employer(s	aid by	(c) Amount paid by employees	/ees: <b>(a)</b> Da (MM-DD-Y		(b) Amount paid employer(s)	,	c) Amour emplo	nt paid by byees
,		e YYY)	(b) Amount pa	aid by	(c) Amount paid by	<b>(a)</b> Da		` '	,		
0	MM-DD-Y	e YYY)	(b) Amount pa	aid by s)	(c) Amount paid by	<b>(a)</b> Da		` '	,		
0	MM-DD-Y\ 02/15/2018	e YYY) 3	(b) Amount pa	aid by s) 3400	(c) Amount paid by	<b>(a)</b> Da		` '	,		
0	MM-DD-Y\ 02/15/2018 02/16/2018	e YYY) 3 3	(b) Amount pa	3400 3400	(c) Amount paid by	<b>(a)</b> Da		` '	,		
0	MM-DD-YY 02/15/2018 02/16/2018 02/28/2018	e YYY) 3 3	(b) Amount pa	3400 3400 3400	(c) Amount paid by	<b>(a)</b> Da		` '	,		
0	MM-DD-YY 02/15/2018 02/16/2018 02/28/2018	e YYY) B	(b) Amount pa	3400 3400 3400	(c) Amount paid by	<b>(a)</b> Da		` '	,		
0	MM-DD-Y\\ 02/15/2018\\ 02/16/2018\\ 02/28/2018\\ 03/06/2018\\	e YYY) 3 3 3 3	(b) Amount pa employer(s	3400 3400 3400 45600	(c) Amount paid by	(a) Da (MM-DD-Y	18(b)	employer(s)	18(c)		
0 0 0 0	MM-DD-Y\\ 02/15/2018\\ 02/16/2018\\ 02/28/2018\\ 03/06/2018\\ Discount	e YYY)  B B B B B B B B B B B B B B B B B	(b) Amount pa employer(s	3400 3400 3400 45600	(c) Amount paid by employees	(a) Da (MM-DD-Y	18(b)	employer(s)	18(c)		
0 0 0 0	02/15/2018 02/15/2018 02/16/2018 02/28/2018 03/06/2018 Discount <b>a</b> Contril	e YYY)  B B B B B B B B B B B B B B B B B	(b) Amount pa employer(s	3400 3400 3400 45600	(c) Amount paid by employees	(a) Da (MM-DD-Y  Totals ▶  aluation date om prior year	18(b)	peginning of the ye	18(c)		
0 0 0 0	MM-DD-Y\\ 02/15/2018\\ 02/16/2018\\ 02/28/2018\\ 03/06/2018\\ Discount\\ <b>a</b> Contrib	e YYY)  B B B B B B B B B B B B B B B B B	(b) Amount pa employer(s	aid by s) 3400 3400 45600 45600	(c) Amount paid by employees  uctions for small plan with a vnum required contributions from	(a) Da (MM-DD-Y  Totals ▶  aluation date om prior year	18(b) after the b	peginning of the ye	18(c) ar:		
0 0 0 0	Discount  a Contrib  C Contrib	e (YYY)  B B B B B B B B B B B B B B B B B	(b) Amount pa employer(s	3400 3400 3400 45600  - see instrupaid minin ctions adjumum requi	(c) Amount paid by employees  uctions for small plan with a vnum required contributions frousted to valuation date	(a) Da (MM-DD-Y  Totals ▶  aluation date om prior year	18(b) after the b	peginning of the ye	18(c) ar: 9a		
19	Discount  a Contrib  C Contrib  Quarterly	ee (YYY)  B B B B B B B B B B B B B B B B B	(b) Amount pa employer(s /er contributions - ocated toward un ade to avoid restri	3400 3400 3400 45600  - see instrupaid minin ctions adjumm requishortfalls:	(c) Amount paid by employees  uctions for small plan with a vnum required contributions frousted to valuation date	(a) Da (MM-DD-Y  Totals ▶  aluation date om prior year  r adjusted to v	18(b) a after the base	peginning of the ye	18(c) ar: 9a 9b 9c	emplo	
19	Discount a Contrib C Contrib Quarterly a Did the	ee (YYY)  B B B B B B B B B B B B B B B B B	(b) Amount pa employer(s	3400 3400 3400 45600  - see instrupaid minin ctions adjumum requishortfalls:	(c) Amount paid by employees  uctions for small plan with a vnum required contributions frousted to valuation date	(a) Da (MM-DD-Y  Totals ►  aluation date om prior year  r adjusted to v	18(b) after the tas.	peginning of the ye	18(c) ar: 9a 9b 9c	emplo	oyees
19	Discount  a Contrib  C Contrib  Quarterly  a Did the  b If line 2	ee (YYY)  B B B B B B B B B B B B B B B B B	(b) Amount pa employer(s /er contributions – ocated toward un ade to avoid restri ocated toward mining ions and liquidity see a "funding shorts," were required	3400 3400 3400 45600  - see instructions adjumm requires shortfalls: tfall" for the quarterly in the second	uctions for small plan with a vnum required contribution for current yeare prior year?	(a) Da (MM-DD-Y  Totals ►  aluation date om prior year  r adjusted to v  ear made in a	18(b) after the tas.	peginning of the ye	18(c) ar: 9a 9b 9c	emplo	Yes No
19	Discount  a Contrib  C Contrib  Quarterly  a Did the  b If line 2	ed employ butions all butions allow contribute plan have 20a is "Ye	(b) Amount pa employer(s /er contributions – ocated toward un ade to avoid restri ocated toward mining ions and liquidity see a "funding shorts," were required	3400 3400 3400 45600  - see instructions adjumm requires shortfalls: tfall" for the quarterly in the second	uctions for small plan with a vnum required contributions for current year e prior year?	(a) Da (MM-DD-Y  Totals   aluation date om prior year  r adjusted to v  ear made in a	18(b) after the tas. raluation datimely ma	peginning of the ye  11  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	18(c) ar: 9a 9b 9c	emplo	Yes No No
19	Discount  a Contrib  C Contrib  Quarterly  a Did the  b If line 2	ee (YYY)  B B B B B B B B B B B B B B B B B	(b) Amount pa employer(s /er contributions – ocated toward un ade to avoid restri ocated toward mining ions and liquidity see a "funding shorts," were required	3400 3400 3400 45600  - see instructions adjumm requires shortfalls: tfall" for the quarterly in the second	uctions for small plan with a volume required contributions for current year e prior year?	(a) Da (MM-DD-Y  Totals   aluation date om prior year  r adjusted to v  ear made in a	18(b) after the tas. raluation datimely ma	peginning of the ye	18(c) ar: 9a 9b 9c	emplo	Yes No No

В	art V	Accumpti	one Head to	n Dotormine	Funding Target ar	nd Target	Normal Cost						
21	Discount	-	ons oseu u	Determine	Funding ranger an	iu raigei	Normal Cost						
	a Segme		1st se	gment:	2nd segment:		3rd segment:				1		
				4.16%	5.72%		6.48 %	1		N/A, fu	ı yıeı	d cur	ve used
	<b>b</b> Applica	able month (er	nter code)					211				3	
22	Weighted	d average retire	ement age					22			6	3	
23	Mortality	table(s) (see	instructions)	X Pres	cribed - combined	Prescribe	ed - separate	Sub	stitute				
Pa	art VI	Miscellane	ous Items										
24		•			arial assumptions for the o	•						-	s 🛚 No
25	Has a me	ethod change l	been made for	the current plar	n year? If "Yes," see instr	uctions rega	rding required attach	nment.				Ye	s X No
26	Is the pla	n required to p	orovide a Sched	dule of Active P	articipants? If "Yes," see	instructions	regarding required a	attachr	nent			Ye	s X No
27					r applicable code and see			27					
Pa	art VII	Reconcilia	ation of Un	paid Minimu	ım Required Contri	butions F	or Prior Years						
28	Unpaid m	ninimum requir	red contribution	s for all prior ye	ears			28					
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior yea (line 19a)							29					
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)							30					
Pa	Part VIII Minimum Required Contribution For Current Year												
31	Target n	ormal cost and	d excess assets	(see instructio	ns):								
	<b>a</b> Target	normal cost (li	ne 6)					31a	1				95302
				greater than lir	ne 31a			311	)				33553
32	Amortiza	tion installmen	nts:				Outstanding Bala	nce		Ir	stallı	ment	
	_												
						L		l					
33					r the date of the ruling let ) and the waived am			33					
34	Total fund	ding requireme	ent before refle	cting carryover/	prefunding balances (line	s 31a - 31b	+ 32a + 32b - 33)	34					61749
					Carryover balance	е	Prefunding balar	nce		То	tal ba	alance	Э
35			se to offset fund	•									
36	Additiona	al cash require	ment (line 34 m	ninus line 35)				36					61749
37					tribution for current year a			37					93859
38	Present v	alue of excess	s contributions	for current year	(see instructions)			I	<u> </u>				
	a Total (e	excess, if any,	of line 37 over	line 36)				388	a				32110
	<b>b</b> Portion	included in lir	ne 38a attributa	ble to use of pr	efunding and funding star	ndard carryo	ver balances	381	)				
39	Unpaid m	ninimum requir	red contribution	for current year	r (excess, if any, of line 3	6 over line 3	7)	39					
40	Unpaid m	ninimum requir	red contribution	s for all years				40					
Pa	rt IX	Pension	Funding Re	lief Under F	Pension Relief Act of	of 2010 (S	ee Instructions	5)					
41	If an elect	tion was made	to use PRA 20	010 funding reli	ef for this plan:								
	<b>a</b> Schedu	ule elected							2	plus 7 yea	rs	1	5 years
	<b>b</b> Eligible	plan year(s) f	for which the ele	ection in line 41	a was made				2008	2009	20	10	2011
42	Amount o	f acceleration	adjustment					42					
43	Excess installment acceleration amount to be carried over to future plan years												

	Andolino Orthodontics, PC Defined Benefit Plan	
	Schedule SB, Part V - Statement of Actuarial Assumptions/Methods	
	Normal Retirement Benefit	
	Actuarial Cost Method: PPA06 Funding Rules	
	IRC430 Funding Yield Curve Segmented Rates	
	First Segment: 4.43%	
	Second Segment: 5.91%	
	Third Segment: 6.65%	므
	IRC404 Funding Yield Curve Segmented Rates	$\perp$
브	First Segment: 1.35%	브
브	Second Segment: 4.01%	븯
	Third Segment: 5.04%	븓
	PBGC Segmented Rates	븓
브	First Segment: 1.69%	븓
<u> </u>	Second Segment: 4.11%	片
<u>Ц</u>	Third Segment: 5.07%	븜
븜	Pre-Retirement Valuation Assumptions	븜
		븜
믐	Retirement Valuation Assumptions  Mortality Table 2017 430(h)(3)(A)-Optional combined	븜
믐		믐
ᆷ	Optional Forms Assumption	H
	100% of participants will elect the Plan Normal Form	H
片	Pre-Retirement Actuarial Equivalence Assumptions	H
믐	Investment Earnings 5% Effective annual rate	H
	Retirement Actuarial Equivalence Assumptions	H
一	Investment Earnings 5% Effective annual rate	H
〒	Mortality Table 1994 GAR PROJ 2002	H
	Assumptions for IRC415 Maximum Benefit Actuarial Adjustments	〒
一	Investment Earnings 5% Effective annual rate	$\overline{\Box}$
	Mortality Table 2017 417(e)(3) Applicable Mortality Table	
	Detinance at Dante sting Ant of 4004 laters at Date for your life constitue.	
	Retirement Protection Act of 1994 Interest Rate for non-life annuities  Investment Earnings 5% Effective annual rate	
	Investment Earnings 3 // Enective annual rate	
	Pension Strategies Corp. Rpt530 Pg2	
	a a a a a a a a a a a a a a a a a a a	

### 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

2017

This Form is Open to Public Inspection

	Part I Annual Rep	ort Identification Informatio	on		
Fo	r calendar plan year 2017 or	fiscal plan year beginning	and ending		
Α	This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		· ·
		a one-participant plan	a foreign plan		
В	This return/report is:	the first return/report	the final return/report		
		an amended return/report	a short plan year return/report (less than 12	months)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC program
		special extension (enter des	scription)		
	Part II Basic Plan	nformation—enter all requested	information		
	Name of plan  dolino Orthodontics, PC D	efined Benefit Plan	O	1b Three plan r	e-digit number • 001
	domic Grandadinace, i o b	omied Berleikt lan			tive date of plan 7/1/2013
2		nployer, if for a single-employer plan room, apt., suite no. and street, or P		2b Emple (EIN)	oyer Identification Number 13-3087317
		vince, country, and ZIP or foreign po	ostal code (if foreign, see instructions)		sor's telephone number
An	dolino Orthodontics, PC			212-753-5	
4.4	Foot 57th Charact Cuits 00	200		<b>2d</b> Busin	ess code (see instructions)
	East 57th Street, Suite 26 w York, NY 10022	00		621210	
3	a Plan administrator's nam	ne and address X Same as Plan	Sponsor.	<b>3b</b> Admir	nistrator's EIN
Sa	me	•		3c Admir	nistrator's telephone number
4	If the name and/or EIN o	f the plan sponsor or the plan name	has changed since the last return/report filed for	4b EIN	
	this plan, enter the plan  a Sponsor's name  C Plan Name	sponsor's name, EIN, the plan name	and the plan number from the last return/report.	4d PN	
5	a Total number of participa	ants at the beginning of the plan year	r	5a	5
				5b	5
	complete this item)		of the plan year (only defined contribution plans	5c	
	` '		e plan year	5d(1)	5
	` '		year	5d(2)	5
	less than 100% vested.		ne plan year with accrued benefits that were	5e	0
17:			return/report will be assessed unless reasonable		
			ctions, I declare that I have examined this return/reports well as the electronic version of this return/report.		

belief, it is true, correct, and complete.

SIGN	Frank Andolino	6/28/2018	Frank Andolino
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Frank Andolino	6/28/2018	Frank Andolino
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

_	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	(IQPA)		X Y	es No				
	you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  he plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes X No Not determined								
С	If the plan is a defined benefit plan, is it covered under the PBGC insurar	nce program	(see ERISA section 4021)?	·	Y	es X	No Not de	etermined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC pr	emium filing for this plan	year			(See	instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year		•	(b) End of Ye	ear	
а	Total plan assets	7a			8,603			440,726	
b	•	7b			0			0	
	Net plan assets (subtract line 7b from line 7a)	7c		30	8,603		)	440,726	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		,,,,,,		(b) Total	,	
	Contributions received or receivable from:		(a) Amoun				(b) Total		
	(1) Employers	8a(1)		10	0,000				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b		8b		3	32,123				
		8c			72, 120			122 122	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80						132,123	
u	to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions) .	8e							
<del></del> f	Administrative service providers (salaries, fees, commissions)	8f.							
<u>g</u>	Other expenses	8g							
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						132,123	
	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan C	haracte	eristic C	odes in	the instructions:		
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Amou	nt	
а	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fidเ	ciary Correction						
	Program)			10a		Χ			
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Χ			100,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other								
	carrier, insurance service, or other organization that provides some								
	the plan? (See instructions.)			10e		Χ			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-en	d.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (\$	See instruc	ions and 29 CFR						
	2520.101-3.)			10h		Χ			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	•		10i					

Form	5500	SE	201	7

3 -
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Pa	t VI   Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and				X Yes	No
440	Schedule SB (Form 5500) and line 11a below)					
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a	I		<u> </u>
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C of ERISA?		on 302		Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, a	nd ente	er the dat	te of the letter r	uling
	granting the waiver.	Month		Day	Year	_
lf '	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.				
	Enter the minimum required contribution for this plan year		12b	7		
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d	•		0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<b>&gt;</b>	Yes	No	N/A
	t VII Plan Terminations and Transfers of Assets		-	•		-4
	Has a resolution to terminate the plan been adopted in any plan year?			Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	. 00	<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	control of the PBGC?	)		□ `	Yes X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(	s) to			
1;	c(1) Name of plan(s):	13c(2)	) EIN(s	)	<b>13c(3)</b> PN	(s)

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Fo	r calendar plan year 2017 or fiscal plan year beginning			and end	ding		
•	Round off amounts to nearest dollar.						
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	sonable c	ause is	establish	ed.		
Α	Name of plan		<b>B</b> Th	ree-digit			
And	olino Orthodontics, PC Defined Benefit Plan		pla	an numbe	er (PN)	00	)1
			_				
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		<b>D</b> En	nployer I	dentificati	on Number (E	in)
And	olino Orthodontics, PC		13-30	37317	1		
Ε	Type of plan: X Single Multiple-A Multiple-B F Prior year	plan size:	X 100	or fewe	er 🔲	101-500	More than 500
Pá	art I Basic Information						·
1	Enter the valuation date: Month 01 Day 01 Year	2017					
2	Assets:						
	a Market value				2a		308,603
	<b>b</b> Actuarial value				2b		308,603
3	Funding target/participant count breakdown	(1) N	lumber c	of		ed Funding	(3) Total Funding
	a maning tanger permapana seam si samasim		ticipants		. ,	rget	Target
	a For retired participants and beneficiaries receiving payment			0		0	0
	<b>b</b> For terminated vested participants			1		2,813	2,813
	C For active participants			4		153,140	263,778
	d Total			5		155,953	266,591
			П	J		100,900	200,391
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)				40		
	a Funding target disregarding prescribed at-risk assumptions				4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for in at-risk status for fewer than five consecutive years and disregarding loading fa				4b		
5	Effective interest rate				5		6.26%
6	Target normal cost				6		95,302
	tement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statement accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into assumptions, in combination, offer my best estimate of anticipated experience under the plan.						
	BIGN HERE Michael Frank					5/28/201	8
	Signature of actuary					Date	
Mich	nael Frank, F.S.A.			170244	0		
	Type or print name of actuary				Most	ecent enrollm	ent number
Pen	sion Strategies			212-681	I-7976		
	Firm name			Т	elephone	number (inclu	uding area code)
1430	0 Broadway, Suite 1509						
	•	018					
	Address of the firm						
	e actuary has not fully reflected any regulation or ruling promulgated under the statute uctions	e in compl	eting this	s schedu	ile, check	the box and s	ее

Pa	rt II	Begir	nning of Year	Carryove	r and Prefunding Ba	alances					
_							(6	a) Carryover balanc	е	(b) Prefu	nding balance
7		`		• • • • • • • • • • • • • • • • • • • •	cable adjustments (line 13	•			0		3,586
8					unding requirement (line 3						0,000
									0		0
9	9 Amount remaining (line 7 minus line 8)						0		3,586		
10 Interest on line 9 using prior year's actual return of1.41%						o.		-51			
11 Prior year's excess contributions to be added to prefunding balance:											
a Present value of excess contributions (line 38a from prior year)								4,633			
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.28%					.(			291			
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return											
	c T	otal avail	able at beginning	of current pla	an year to add to prefundir	ng balance					4,924
	<b>d</b> P	ortion of	(c) to be added to	prefunding b	palance						4,924
12	Other re	ductions	in balances due t	to elections o	r deemed elections				0		0
13	Balance	at begin	ning of current ye	ar (line 9 + lir	ne 10 + line 11d – line 12)			<u> </u>	0		8,459
Pa	rt III	Fund	ing Percenta	ges							
14	Funding	target at	tainment percenta	age						14	112.59%
15 Adjusted funding target attainment percentage						15	112.59%				
	<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balancurrent year's funding requirement					_	•		16	107.47%	
17	If the cu	rrent valu	ie of the assets o	f the plan is le	ess than 70 percent of the	funding target	t, enter su	ch percentage		17	%
Pai	rt IV	Cont	ributions and	Liquidity	Shortfalls						
18					r by employer(s) and empl			d statement			
(MI	<b>(a)</b> Dat M-DD-Y		( <b>b</b> ) Amount p employer		(c) Amount paid by employees	<b>(a)</b> Da (MM-DD-Y		(b) Amount paid employer(s)	l by		ount paid by ployees
(		,	5p.o.y 5.	0	0	( 22 .	,	Gp.G y G. (G)	0	<u> </u>	0
				0	0				0		0
				0	0				0		0
				0	0				0		0
				0	0				0		0
				0	0				0	1	0
						Totals >	18(b)		00,000 18(	c)	0
_			-		ctions for small plan with a						
					um required contributions				19a 19b		0
b Contributions made to avoid restrictions adjusted to valuation date								02.950			
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date										
a Did the plan have a "funding shortfall" for the prior year?									Yes X No		
			_		nstallments for the current						Yes No
(	<b>c</b> If line	20a is "\	es," see instructi	ions and com	plete the following table as	s applicable:					
		(1) 1-	×+	1	Liquidity shortfall as of e	nd of quarter o	•	•		(4)	1th
		(1) 1s	ol .		(2) 2nd		(3) 3	oi u		(4)	4th

Do	wt V Accumptions Used to Determine Funding Target and Target Normal Cost							
21	rt V Assumptions Used to Determine Funding Target and Target Normal Cost  Discount rate:							
21	<b>a</b> Segment rates: 1st segment: 2nd segment 3rd segment	: !8%	N/A, full yield curve used					
	<b>b</b> Applicable month (enter code)	21b	3					
22	Weighted average retirement age	22	63					
23	Mortality table(s) (see instructions)  X Prescribed - combined Prescribed - separate	Substit	l .					
	Part VI Miscellaneous Items							
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see in	nstructions	regarding required					
	attachment							
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attach	ment	Yes X No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required							
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding		103 [X] 140					
	attachment	27						
Pai	t VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years							
28	Unpaid minimum required contributions for all prior years	28	0					
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0					
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0					
Par	t VIII Minimum Required Contribution For Current Year							
31	Target normal cost and excess assets (see instructions):							
	a Target normal cost (line 6)	31a	95,302					
-	b Excess assets, if applicable, but not greater than line 31a	31b	33,553					
32	Amortization installments:  Outstanding Bala		Installment					
	a Net shortfall amortization installment							
	b Waiver amortization installment							
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval							
	(Month Day Year ) and the waived amount	33						
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	61,749					
	Carryover balance Prefunding bala	nce	Total balance					
35	Balances elected for use to offset funding requirement		0					
36	Additional cash requirement (line 34 minus line 35)	36	61,749					
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	93,859					
38	Present value of excess contributions for current year (see instructions)							
	a Total (excess, if any, of line 37 over line 36)	38a	32,110					
	<b>b</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 Instructions)							
41	If an election was made to use PRA 2010 funding relief for this plan:							
	a Schedule elected		2 plus 7 years 15 years					
	<b>b</b> Eligible plan year(s) for which the election in line 41a was made	20						
42	Amount of acceleration adjustment	42						
43		43						

### **Schedule SB, Line 18 - Contributions Made to the Plan**

Name of Plan Andolino Orthodontics, PC Defined Benefit Plan

Plan Sponsor's EIN 13-3087317 Plan Number 001

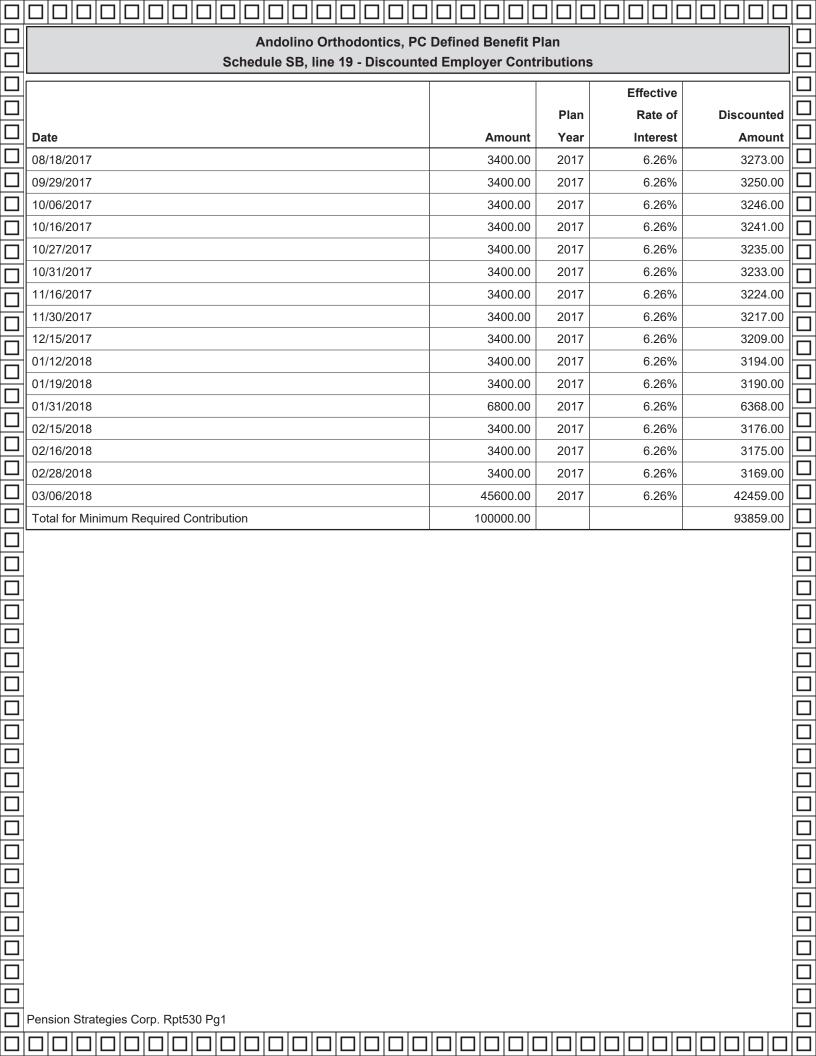
	Totals	100,000	0
	(a) Date	(b) Amount paid by	(c) Amount paid by
	(MM-DD-YYYY)	employer(s)	employees
1	08-18-2017	3,400	
2	09-29-2017	3,400	
3	10-06-2017	3,400	
4	10-16-2017	3,400	
5	10-27-2017	3,400	
6	10-31-2017	3,400	
7	11-16-2017	3,400	
8	11-30-2017	3,400	
9	12-15-2017	3,400	
10	01-12-2018	3,400	
11	01-19-2018	3,400	
12	01-31-2018	6,800	
13	02-15-2018	3,400	
14	02-16-2018	3,400	
15	02-28-2018	3,400	
16	03-06-2018	45,600	

### **Schedule SB, Line 18 - Contributions Made to the Plan**

Name of Plan Andolino Orthodontics, PC Defined Benefit Plan

Plan Sponsor's EIN 13-3087317 Plan Number 001

	Totals	100,000	0
	(a) Date	(b) Amount paid by	(c) Amount paid by
	(MM-DD-YYYY)	employer(s)	employees
1	08-18-2017	3,400	
2	09-29-2017	3,400	
3	10-06-2017	3,400	
4	10-16-2017	3,400	
5	10-27-2017	3,400	
6	10-31-2017	3,400	
7	11-16-2017	3,400	
8	11-30-2017	3,400	
9	12-15-2017	3,400	
10	01-12-2018	3,400	
11	01-19-2018	3,400	
12	01-31-2018	6,800	
13	02-15-2018	3,400	
14	02-16-2018	3,400	
15	02-28-2018	3,400	
16	03-06-2018	45,600	



	Andolino Orthodontics, PC Defined Benefit Plan	
	Schedule SB, line 22 - Description of Weighted Average Retirement Age	
	The weighted average retirement age of 63 is the average of the assumed retirement ages for all active participants as of the	
	valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the	
$\overline{\sqcap}$	Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% as of the participant's assumed	
一	retirement age.	
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<u> </u>		브
<u>Ц</u>		Ш
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一		H
믐		H
片		븜
븐		분
<u>닏</u>		쁜
<u>닏</u>		븯
	Pension Strategies Corp. Rpt530 Pg5	

	Andolino	Orthodontics, PC Defined Benefit Plan	
	Schedule	SB, Part V - Summary of Plan Provisions	
	Plan Effective Date	July 1, 2013	
	Plan Anniversary Date	January 1, 2017	
	Participation Eligibility	Minimum age: 18 and	
	Participation Enginity	Minimum months of service: 12	ᆜ
	Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements	븜
	Normal Retirement Date	First day of the month coincident with or following age 63 and the completion	금
		of 5 years of participation  Not to exceed the later of age 65 and 5 years of participation	
	Normal Form of Benefit	Single Life Annuity	ᆜ
		(Qualified Joint and Survivor annuity is the required standard option)	
	Normal Retirement Benefit	3% per year of service times comp	
		Benefit reduced before offset by 1/0 for each year of service less than 0	
		Maximum total years of service: 25	
		Maximum years of past service: 5	
		Minimum benefit: \$833.00 per month	
		IRC415 maximum annual benefit: \$215,000	
		Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form	
		Benefit limited to 100% of compensation	
		Minimum benefit: 2% of compensation per year of topheavy plan service up to 10 (actuarially adjusted for benefit form)	
브	Componentian Definition		븜
브	Compensation Definition	Highest consecutive 3 year average salary over all service  Annual salary up to \$270,000 considered	屵
브	De Date and Death Description		빝
Щ	Pre-Retirement Death Benefit	Lump sum payable on death of participant  Qualified pre-retirement survivor annuity is payable to the surviving spouse,	브
$\sqsubseteq$		unless waived with spousal consent.	
	Benefit Amount	100 times the normal retirement benefit	
	Bollonk / Willoank	Minimum death benefit: \$2,000.00	
	Vested Retirement Benefit	Vesting Schedule:	
	vested Retirement Benefit	20% a year after 2 years (100% after 6 years)	
		Exclude service before effective date	
		Computation Period: Elapsed Time Method	
		Based on periods of service rounded to nearest year	
	Accrued Retirement Benefit	Pro-rated on participation	
		Maximum number of years of past credited benefit accrual service is 5	
			〒
$\exists$			H
	Pension Strategies Corp. Rpt530 Pg3		H
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