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		dentification Information							
For calend	lar plan year 2017 or fisc	cal plan year beginning 01/01/2			2/31/2017				
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (employer information in ac					
		a one-participant plan	a foreign plan						
B This ret	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	box if filing under:	Form 5558	automatic extension		DFVC prog	ıram			
		special extension (enter descri							
Part II		mation—enter all requested info	ormation		I				
1a Name MERRILL O		NED BENEFIT CASH BALANCE P	PLAN & TRUST		1b Three-d plan nu (PN) ▶	mber			
					1c Effective	e date of plan 01/01/2015			
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O	Pov)			er Identification Number			
		e, country, and ZIP or foreign posta		structions)	(EIN)	91-2134404			
•	RTHODONTICS, PLLC		, ,	,	2C Sponso	r's telephone number 509-886-4746			
					2d Busines	s code (see instructions)			
	ONT AVE., SUITE #B					621210			
EAST WEIN	ATCHEE, WA 98802								
3a Plan a	administrator's name and	d address X Same as Plan Spon	sor.		3b Adminis	trator's EIN			
					3c Adminis	trator's telephone number			
					JC Adminis	trator s telepriorie riumber			
		_							
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN				
	sor's name			·	4d PN				
C Plan N	Name								
5a Total	number of participants a	at the beginning of the plan year			5a	13			
b Total	number of participants a	at the end of the plan year			5b	12			
C Numb	per of participants with a	ccount balances as of the end of t	he plan year (only define	ed contribution plans	5c				
d(1) Tot	al number of active part	ticipants at the beginning of the pla	an year		5d(1)	13			
d(2) Tot	tal number of active part	ticipants at the end of the plan yea	ır		5d(2)	12			
		terminated employment during the			5e	1			
Caution: A	A penalty for the late o	r incomplete filing of this return	/report will be assessed	d unless reasonable cau					
SB or Scho		er penalties set forth in the instruc d signed by an enrolled actuary, a lete.							
SIGN HERE	Filed with authorized/v	valid electronic signature.	03/02/2018	THOMAS E. MERRILI	L				
HERE	Signature of plan ad	lministrator	Date	Enter name of individ	ual signing as	plan administrator			
SIGN									
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing as	employer or plan sponsor			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes X No										
	If "Yes" is checked, enter the My PAA confirmation number from the		= '			11		Not determined . (See instructions.)			
Pa	rt III Financial Information										
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of										
а	Total plan assets	. 7a	22	29007				387113			
b	Total plan liabilities										
С	Net plan assets (subtract line 7b from line 7a)	7c	22	29007				387113			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	1;	39182							
	(2) Participants	8a(2)		0	_						
	(3) Others (including rollovers)	8a(3)		0	_						
b	Other income (loss)	8b	:	20398							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						159580			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0	_						
f	Administrative service providers (salaries, fees, commissions)	8f		1474							
g	Other expenses	8g		0	_						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1474			
_	Net income (loss) (subtract line 8h from line 8c)	8i						158106			
	Transfers to (from) the plan (see instructions)	8j		0							
	t IV Plan Characteristics	_									
9a	If the plan provides pension benefits, enter the applicable pension 1C	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in the inst	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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X					
С				10c	Χ			1000000			
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.)	X									
f	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.) 10g X										
h	1 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 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 Sci (Form 5500) and line 11a below)		В	X	es No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(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 instructions, an granting the waiver	d enter t Day		of the letter Year	ruling			
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
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)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	\Box	Yes	No	N/A			
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s)	•	13c(3)	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

Fc	or calendar p	lan year 201	7 or fiscal plan y	ear beginning 01/	/01/2017		and endin	g 12/3	31/2017		
•	Round off	amounts to	nearest dollar.								
•	Caution: A	penalty of \$	1,000 will be ass	essed for late filing of	this report unless reason	able cause is	established	d.			
	Name of pla					В	Three-dig	git			
	MERRILL C	RTHODONT	ICS DEFINED E	BENEFIT CASH BALAN	NCE PLAN & TRUST		plan num	ber (PN) •	002	
										•	
_	Dian anana	r'o nomo oo	ahawa an lina 2	a of Form 5500 or 5500) CE	D	Employer	Idontifio	ation Number	(EINI)	
	•	RTHODONT		3 01 F01111 5500 01 5500	J-3F		Employer			(EIIV)	
			,					91-213	34404		
Е	Type of plan	X Single	Multiple-A	Multiple-B	F Prior year pla	n size: X 10	0 or fewer	101-	500 More	than 500)
		Basic Info	rmation	· ·		<u>L</u>					
1		valuation da		Month 12 Da	ay <u>31</u> Year <u>20</u>)17					
2	Assets:				<u>,</u>						
	a Market	value						. 2a			246251
	b Actuari	al value						2b			246251
3	Funding t	arget/particip	ant count break	down		(1) Num particip			sted Funding Target	(3)	Total Funding Target
	a For reti	red participa	nts and beneficia	aries receiving paymen	t	ραιτισιρ	0			0	0
	b For ter	minated vest	ed participants				0		0	0	
	c For act	ve participan	its				12		20440	7	207430
	d Total						12		20440	7	207430
4	If the plar	is in at-risk	status, check the	box and complete line	es (a) and (b)						
	a Fundin	g target disre	garding prescrib	ed at-risk assumptions	3			4a			
					ling transition rule for plane			4b			
5	Effective	interest rate						5			5.74 %
6	Target no	rmal cost						6			98995
Sta	•	Enrolled Act	•								
	accordance wit	h applicable law	and regulations. In my		anying schedules, statements and on is reasonable (taking into acco						
	SIGN										
	HERE								09/24/2	018	
			Signa	ature of actuary					Date		
	DANIEL W. I	BOLAND							17-074	14	
			Type or p	rint name of actuary				Most i	ecent enrolln	nent num	ber
E	BLUEPRINT	ACTUARIAL	_, LLC						267-935-	9001	
	20 01 0 1/05	IK DOAD	1	Firm name			Te	lephone	number (incl	uding are	ea code)
	93 OLD YOF SUITE 1-410										
	JENKINTOW	N, PA 19046	6								
			Ado	lress of the firm							
If th	e actuary ha	s not fully ref	flected any regul	ation or ruling promula	ated under the statute in	completing t	nis schedule	e, check	the box and	see	П
	ructions	o hot rany roi		and or raining profitting	alog andor the statute in	comploung t	Joriodali	, o. 100K	o box and		Ш

P	art II	Beginning of Year	Carryov	rer and Prefunding Ba	alances							
•		<u> </u>	ou.i.yor	or and restanding De		(a) Ca	arryover balance		(b) P	refundir	ng balai	nce
7				able adjustments (line 13 fro			0					0
8		•	•	nding requirement (line 35 fr			0					0
9	Amount re	maining (line 7 minus line	8)				0					0
10	Interest or	line 9 using prior year's a	actual retu	rn of%			0					0
11	Prior year	s excess contributions to	be added	to prefunding balance:								
	a Present	value of excess contribut	ions (line 3	38a from prior year)							37	658
b(1) 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												0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual												
return C Total available at beginning of current plan year to add to prefunding balance									07	0		
										371	658	
d Portion of (c) to be added to prefunding balance												0
12				or deemed elections			0					0
				line 10 + line 11d – line 12).			0					0
	art III	Funding Percenta										
										14		8.71%
15 Adjusted funding target attainment percentage										15	12	6.16%
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	12	1.10%
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
	art IV	Contributions and		•								
18				ar by employer(s) and employer			(In) A		1-	.		L
(1	(a) Date MM-DD-YY	(b) Amount pa employer((c) Amount paid by employees	(a) Da '-MM-DD)		(b) Amount paid employer(s)	т Бу	(0	Amoui emplo		бу
0	6/01/2017		8502	0	12/01/201	12/01/2017						0
0	7/03/2017		20000	0	03/09/201	8		50680				0
0	8/01/2017		12000	0								
0	9/01/2017		12000	0								
1	0/02/2017		12000	0								
1	1/01/2017		12000	0						1		
					Totals ►	18(b)		39182	18(c)			0
19				uctions for small plan with a								
			•	num required contributions f								0
				usted to valuation date				-				0
20				ired contribution for current ye	ar adjusted to	valuation da	ate 19	JC			140)339
20	-	contributions and liquidity plan have a "funding shor		e prior year?						П	Yes	X No
		-		installments for the current y							Yes	No
				mplete the following table as						Ц		
	U II III IE Z	oa is 163, see ilistidelloi	is and col	Liquidity shortfall as of end		this plan v	ear					
		(1) 1st		(2) 2nd			Brd			(4) 4th		
							I					

P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	get Normal Cost							
21	Discount	rate:										
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48 %		N/A, full yield curve used					
	b Applica	able month (er	iter code)			21b	2					
22	Weighted	average retire	ement age			22	62					
23	Mortality	table(s) (see i	nstructions) X Pres	cribed - combined Preso	cribed - separate	Substitu	ute					
Pa	art VI	Miscellane	ous Items									
24		•	·	arial assumptions for the current p	•		· · · — —					
25	Has a me	thod change b	peen made for the current plar	n year? If "Yes," see instructions r	egarding required attach	ment	Yes X No					
26	6 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27				r applicable code and see instructi		27						
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years											
			•	ears		28	0					
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribut	tions from prior years	29	0					
30	, ,			ibutions (line 28 minus line 29)		30	0					
Pa	art VIII	Minimum	Required Contribution	For Current Year		<u> </u>						
31			excess assets (see instruction									
	a Target r	normal cost (lii	ne 6)			31a	98995					
	b Excess	assets, if app	licable, but not greater than lir	ne 31a		31b	38821					
32	Amortizat	ion installmen	ts:		Outstanding Bala	nce	Installment					
	a Net sho	ortfall amortiza	tion installment		•	0	0					
	b Waiver	amortization i	nstallment			0	0					
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	r the date of the ruling letter grant) and the waived amount	ing the approval	33						
34	Total fund	ding requireme	ent before reflecting carryover/	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	60174					
				Carryover balance	Prefunding balar	ice	Total balance					
35			e to offset funding	0		0	0					
36	-					36	60174					
37	Contribut	ions allocated	toward minimum required con	tribution for current year adjusted	to valuation date (line	37	140339					
38			s contributions for current year									
				(See Instructions)		38a	80165					
	,	•		efunding and funding standard ca		38b	0					
39				r (excess, if any, of line 36 over lin		39	0					
40	40 Unpaid minimum required contributions for all years											
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)											
41	41 If an election was made to use PRA 2010 funding relief for this plan:											
			- -			Г	2 plus 7 years 15 years					
	b Eligible	plan year(s) f	or which the election in line 41	a was made			 					
42						42						
			•	over to future plan years		43						

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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

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

2017

OMB No. 1210-0110

Department of Labor Employee Benefits Security Administration										
Pension Benefit Guaranty Corporation		an attachment to Form	,	500-SF.			msp	Dection		
For calendar plan year 2017 or fiscal pla		01/01/2017		and ending	9	12	/31	/2017		
▶ Round off amounts to nearest doll										
▶ Caution: A penalty of \$1,000 will be	assessed for late filing of	this report unless reaso	nable cause	is established	d.					
A Name of plan			ı	3 Three-dig	jit					
Merrill Orthodontics De	fined Benefit C	ash Balance Pl	an & Tr	ustplan num	ber (PN) 🕨		002		
C Plan sponsor's name as shown on lin	e 2a of Form 5500 or 550	0-SF		D Employer	Identific	ation Numb	er (El	N)		
Merrill Orthodontics, F				91-2134			(· · · ·		
E Type of plan: X Single Multiple-	A Multiple-B	F Prior year pl	an size: 🏻	100 or fewer	101-	500 Mc	re tha	n 500		
Part I Basic Information		E Banach Colored								
1 Enter the valuation date:	Month 12 Da	av 31 Year	2017							
2 Assets:		.,								
a Market value					2a			246,251		
b Actuarial value					2b			246,251		
3 Funding target/participant count bro				mber of		sted Fundir	g	(3) Total Funding		
				cipants		Target	_	Target		
a For retired participants and bene				0			0	0		
b For terminated vested participan				0			0	0		
C For active participants				12		204,40	7	207,430		
d Total			. <u> </u>	12		204,40	7	207,430		
4 If the plan is in at-risk status, check	the box and complete line	es (a) and (b)								
a Funding target disregarding pres	cribed at-risk assumptions	S			4a					
b Funding target reflecting at-risk a					4b					
at-risk status for fewer than five of					_					
5 Effective interest rate 6 Target normal cost					-			5.74 %		
Statement by Enrolled Actuary						1		98,995		
To the best of my knowledge, the information sup	plied in this schedule and accomp	anying schedules, statements a	nd attachments	, if any, is complete	and accu	rate. Each pres	cribed a	assumption was applied in		
accordance with applicable law and regulations. I combination, offer my best estimate of anticipated		on is reasonable (taking into ac	count the exper	ience of the plan ar	nd reasona	ible expectation	s) and	such other assumptions, in		
SIGN	$\overline{\bigcirc}$,		i 1				
). Volan)				9	124	201	R		
	ignature of actuary	14				Date		•		
Daniel W. Boland						17-0	7414	1		
	or print name of actuary	-31.11 - 11.11			Most	recent enro				
Blueprint Actuarial, LLC						(267) 93	5-9	001		
	Firm name		-	Te	lephone	number (ir	cludir	ng area code)		
93 Old York Road								-		
Suite 1-410										
Jenkintown	Address of the firm	PA 19046								
		-1-111111111111		- 41-1 1 1 1						
If the actuary has not fully reflected any re instructions	guiation or ruling promulg	ated under the statute in	n completin	g this schedule	e, cneck	tne box an	a see			

Pad	e	2		Г
ay		_	_	

P	art II	Begin	ning of Year	Carryove	er and Prefunding Ba	lances							
								(a) C	arryover balanc	е	(b) F	refundi	ng balance
		_			ble adjustments (line 13 fror					0			0
8				-	ding requirement (line 35 fro					0			0
9	Amount	remaining	(line 7 minus line	e 8)						0			0
10	Interest	on line 9 u	sing prior year's	actual retur	n of0.00%					0			0
11	Prior yea	ır's exces	s contributions to	be added to	o prefunding balance:	5					2.30		
	a Preser	nt value o	f excess contribut	tions (line 3	8a from prior year)			i i					37658
	Scl	hedule SE	B, using prior year	r's effective	f line 38a over line 38b from prior year effective interest rate of 5 · 93 _%								0
				-	dule SB, using prior year's a								
					r to add to prefunding balance						-		0
										- 1		37	37658
					nce			2.4	1000				0
					or deemed elections					0			0
Service Control		92			ne 10 + line 11d – line 12)					0			0
TOTAL PROPERTY.	art III		ding Percent									14	
												118.71%	
												15	126.16%
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce curry year's funding requirement									16	121.10%			
	AND ARRESTS	10			less than 70 percent of the f	unding targ	et, er	iter suc	h percentage			17	%
	art IV	100	tributions an										
18	(a) Date		le to the plan for t (b) Amount p		ar by employer(s) and emplo		Date		(h) Amount	noid by	1 4	\ Amou	nt noid by
(1	MM-DD-Y		employer				Date (b) Amount paid by employer(s)				by (c) Amount paid by employees		
	6/01/2	2017		8,502	0				12,00		0		0
	7/03/2	2017		20,000	0	03/09	/20:	18	50,6		0		0
	8/01/2	2017		12,000	0					-			
	9/01/2	2017		12,000	0								
1	0/02/2	2017		12,000	0								
1	1/01/2	2017		12,000	0						1		
	ha sala	TR. Sandar				Totals ►		18(b)		39.18	2 18(c)		0
19		•	•		ictions for small plan with a				т т				
				•	num required contributions fr				-	19a			0
					isted to valuation date				F	19b			0
20				<u> </u>	ed contribution for current year	ar adjusted t	o valu	lation da	ate	19c			140,339
20			tions and liquidity		neige voor?					L		П	Yes X No
			_		e prior year?							□	=
					nstallments for the current y			nely ma	anner?	г			Yes No
	C If line	20a is "Ye	es," see instruction	ns and com	plete the following table as			e plan :	/oar			- 50	
(1) 1st					Liquidity shortfall as of end (2) 2nd	oi quarter	or trill		grd			(4) 4th	l
			1					• •					

P	art V	Assumpti	ions Used to Determine	Funding Target and Targ	et Normal Cost							
21	Discount ra	ate:										
	a Segmer	nt rates:	1st segment: 4.16 %	2 nd segment: 5 . 72 %	3rd segment: 6.48 %		□N/A,	full yield o	curve u	used		
	b Applicat	ble month (er	nter code)			21b	21b					
22	Weighted a	average retire	ement age			22				62		
23	Mortality ta	able(s) (see	instructions) X Pres	cribed - combined Preso	ribed - separate	Substitu	ute					
Pa	art VI M	liscellane	ous Items									
24		•	·	arial assumptions for the current pl	•		-	_	Yes [X No		
25	Has a met	thod change l	been made for the current plan	n year? If "Yes," see instructions re	egarding required attach	nment			Yes [X No		
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27				r applicable code and see instruction		27						
P				um Required Contribution			36	,				
28	AND DESCRIPTION OF THE PERSON		· · · · · · · · · · · · · · · · · · ·	ears		28				0		
29	Discounte	d employer c	contributions allocated toward	unpaid minimum required contribut	ions from prior years	29				0		
30				ributions (line 28 minus line 29)		30				0		
Pa	art VIII	Minimum	Required Contribution	For Current Year			7					
E FORD LTS			d excess assets (see instruction			9						
	a Target no	ormal cost (li	ine 6)			31a			98	8,995		
	b Excess a	assets, if app	olicable, but not greater than li	ne 31a		31b				8,821		
32	Amortization	on installmen	nts:		Outstanding Bala	nce		Installme		•		
	a Net shor	rtfall amortiza	ation installment			O				0		
	b Waiver a	amortization i	installment			O				0		
33	If a waiver (Month	has been ap	oproved for this plan year, ente bay Year	er the date of the ruling letter granti) and the waived amount	ng the approval	33	» 85					
34	Total fundi	ing requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34			60	0,174		
		Ç		Carryover balance	Prefunding balar	nce	1	otal bala	nce			
35			se to offset funding	0		0	1			0		
36						36			60	0,174		
37	Contributio	ons allocated	I toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37				0,339		
38			s contributions for current yea							0,003		
				(occ mondonoro)		38a			80	0,165		
						38b				0		
39										0		
40												
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)											
41	41 If an election was made to use PRA 2010 funding relief for this plan:											
	a Schedule	e elected					2 plus 7 ye	ars	15 ye	ars		
	b Eligible	plan year(s) f	for which the election in line 4	la was made		20	008 2009	2010	20	011		
42						42						
43	Excess ins	tallment acce	eleration amount to be carried	over to future plan years		43						

DocuSign Envelope ID: 5BFAA5EE-8318-456D-BD59-998B9E14460E Form 5500-SF Short Form Annua

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporatio	► Complete all entries in	accordance with the in	structions to the Form 5500-SF.	. all in openion	
Part I Annual Repo	rt Identification Information	n			
For calendar plan year 2017 o	r fiscal plan year beginning	01/01/2017	and ending 1	2/31/2017	
A This return/report is for:	plan (not multiemployer) (Filers che employer information in accordance	=			
B This return/report is	a one-participant plan	a foreign plan			
This return/report is	rt				
C Check box if filing under:	an amended return/report		turn/report (less than 12 months)		
Crieck box if filling under.		automatic extension	n DFVC	program	
Part II Basic Plan In	formation—enter all requested in				
1a Name of plan	enter all requested in	niormation	1h Th	ree-digit	
•	cs Defined Benefit Ca	sh Palanco		an number	
	cs Delined Benefit Ca	isii balance	·	N) • 002	
Plan & Trust			\	fective date of plan	
				1/01/2015	
2a Plan sponsor's name (emi	ployer, if for a single-employer plan)			ployer Identification Number	
Mailing address (include r	oom, apt., suite no. and street, or P.	O. Box)	(EI	N)91-2134404	
	ince, country, and ZIP or foreign pos	stal code (if foreign, see in	nstructions)	onsor's telephone number	
Merrill Orthodonti	.cs, PLLC		·	509) 886-4746	
			2d Bu	siness code (see instructions)	
801 Eastmont Ave.,	Suite #B				
East Wenatchee	VA 98802 63	621210			
3a Plan administrator's name	3b Ad	3b Administrator's EIN			
			3c Ad	ministrator's telephone number	
	the plan sponsor or the plan name honsor's name, EIN, the plan name			N	
a Sponsor's name	, , , , ,		4d PN	1	
C Plan Name					
5a Total number of participar	nts at the beginning of the plan year		5a	13	
			F1	12	
·	nts at the end of the plan year th account balances as of the end o			12	
, ,			E 1/4)	1 2	
	participants at the beginning of the p	-	F 1(0)	13	
` '	participants at the end of the plan ye			12	
Number of participants w than 100% vested	5e	1			
	te or incomplete filing of this retu				
SB or Schedule MB completed belief, it is the substitute of the state of the substitute of the substit	other penalties set forth in the instrud and signed by an enrolled actuary, complete.	as well as the electronic	version of this return/report, and to	the best of my knowledge and	
SIGN Dr. Thomas E.	. Merrill	3/2/2018	Thomas E. Merrill		
HERE RCITAGE 11054 488 plan		Data	Enter name of individual cianin	a as plan administrator	
23ignature 37 piai	n administrator	Date	Enter name of individual signir	ly as plan auministrator	
SIGN	ployer/plan sponsor	Date		ng as employer or plan sponsor	

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligib		,					X	Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							[2]	Ц
С	If the plan is a defined benefit plan, is it covered under the PBGC in							o Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from th						_		structions.)
	at III. Financial Information								
Pal	rt III Financial Information				1				
	Plan Assets and Liabilities		(a) Beginning				(b) E	nd of Year	200 112
	Total plan assets	7a 		229,					387,113
<u>b</u>	Total plan liabilities	7b		000	0				0
	Net plan assets (subtract line 7b from line 7a)	7c		229,	007		-		387,113
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t			<u>(b</u>) Total	
а	(1) Employers	8a(1)		139,	182				
	(2) Participants	8a(2)		·	0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		20,	398				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u> </u>					159,580
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		1,	474				
g	Other expenses	8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1,474
i	Net income (loss) (subtract line 8h from line 8c)	8i							158,106
j	Transfers to (from) the plan (see instructions)	8j			0				
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of PI	an Cha	racteri	stic Co	des in the i	nstructions	
	1C								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Coc	des in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	utions within	the time period					Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V		·						
	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			1	,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h					
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	he required	notice or one of the	10i					
_									

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Annuitant:

Options:

Male Nonannuitant: 2017 Nonannuitant Male

No **Use discount rate transition:**

Female Nonannuitant: 2017 Nonannuitant Female

Lump sums use proposed regulations: Yes

N/A

<u>2nd</u>

Female Annuitant: 2017 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 100.00%

2017 Annuitant Male

Lookback months: 2

Use pre-retirement mortality: No

Use optional combined mortality table for small plans:

Nonannuitant: Annuitant:

2017 Applicable

<u>3rd</u>

Yes

0

<u> 3rd</u> <u>1st</u> 2nd 1.76 4.63 **Segment rates:** 3.74 **High Quality Bond rates:** N/A N/A N/A 6.48 Final rates: 4.16 5.72 0.00 0.00 Override: 0.00

1.79 **Current:** 3.80 4.71 Override: 0.00 0.00 0.00

1st

Salary Scale

Late Retirement Rates

Male: 0.00% Female: 0.00%

N/A Male: Female: N/A

Withdrawal

Marriage Probability Setback

Male: N/A Female: N/A

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

Withdrawal-Select

Disability Rates

Male: N/A Female: N/A

Male: N/A

Early Retirement Rates

Female: N/A

Male: N/A Female: N/A

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

Subsidized Early Retirement Rates

Male: N/A Female: N/A

Name of Plan: Merrill Orthodontics DB Cash Balance

91-2134404 Plan Sponsor's EIN:

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

Retirement Normal Early Subsidized Early Disability Death

Age: 62 Service: 0 Participation: 10

Defined: Plan year start

nearest

Interest Crediting Rules

Plan Year Rate

Past: 5.00% Current: 5.00% Future: 5.00% Interest credited to: Termination date

Benefit Reduction / Mortality table & setback

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

Rates - Male: N/A N/A N/A N/A Rates - Female: N/A 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 WorkedPercentage of accrued benefit:0.00%Death Benefit Payment method:PVAB

Name of Plan: Merrill Orthodontics DB Cash Balance Plan

Plan Sponsor's EIN: 91-2134404

Schedule SB, Part V - Summary of Plan Provisions

	<u>Annuity</u>	Percent	Years
Normal: QJSA:	Life only	0.00%	0
	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Merrill Orthodontics DB Cash Balance Plan

Plan Sponsor's EIN: 91-2134404

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

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

For	calendar plan year 2017 or fiscal plan year beginning		and ending	g				
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	e cause is	s established	d.				
	lame of plan	В	Three-dig	git) •			
C P	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	D Employer Identification Number (EIN)					
Ет	ype of plan: Single Multiple-A Multiple-B F Prior year plan siz	ze: 10	00 or fewer	101-	500 More th	nan 500		
Pa	art I Basic Information							
1	Enter the valuation date: Month Day Year							
2	Assets:							
	a Market value			. 2a				
	b Actuarial value			2b				
3	Funding target/participant count breakdown	(1) Num particip		. ,	sted Funding Target	(3) Total Funding Target		
	a For retired participants and beneficiaries receiving payment							
	b For terminated vested participants							
	C For active participants							
	d Total							
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)							
	a Funding target disregarding prescribed at-risk assumptions			4a				
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans the at-risk status for fewer than five consecutive years and disregarding loading factor			4b				
5	Effective interest rate			5		%		
6	Target normal cost			6				
T a	ement by Enrolled Actuary on the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and atta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account to combination, offer my best estimate of anticipated experience under the plan.							
	BIGN IERE							
	Signature of actuary				Date			
	Type or print name of actuary		Most recent enrollment number					
	Firm name		Te	lephone	number (includ	ding area code)		
	Address of the firm							
	actuary has not fully reflected any regulation or ruling promulgated under the statute in conctions	mpleting tl	his schedule	e, check	the box and se	е		

Page 2 -				
-----------------	--	--	--	--

Pa	art II	Begin	ning of Year	Carryov	ver and Prefunding B	alances								
			g 0 0		<u> </u>			(a) C	arryover balance	,	(b) F	Prefundir	ng bala	nce
7		•			able adjustments (line 13 fr									
8				•	nding requirement (line 35	•								
9	Amount i	emaining	g (line 7 minus line	8)										
10	Interest of	on line 9 ເ	using prior year's	actual retu	rn of%									
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) Into Sch	erest on t nedule SE	he excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior ye e interest rate of	ear _%								
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual	-							
	C Total a	vailable at	t beginning of curre	ent plan yea	ar to add to prefunding baland	œ	-							
	d Portion	n of (c) to	be added to pref	unding bala	ance									
12	Other red	ductions i	n balances due to	elections	or deemed elections									
13	Balance	at beginn	ing 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		%
15	Adjusted	funding t	target attainment	percentage	ə							15		%
16					of determining whether carr							16		%
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding targ	get, e	enter suc	ch percentage			17		%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribut	ions mad	de to the plan for t	he plan ye	ar by employer(s) and emp	loyees:								
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Date (b) Amount paid by (MM-DD-YYYY) employer(s)					(c) Amount paid by employees		
(,	Ginpleyer	(0)	Cimpioyece	(IVIIVI D		,	omployo	(0)		Ompic	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						Totals ▶	•	18(b)			18(c)			
19	Discount	ed emplo	yer contributions	– see instr	ructions for small plan with a	a valuation o	late	after the	beginning of the	year:				
	_			•	mum required contributions				F	19a				
				-	usted to valuation date					19b				
					ired contribution for current ye	ear adjusted	to va	luation d	ate	19c				
20	•		tions and liquidity										V [7
		•	-		ne prior year?							느	Yes	∐ No
				-	installments for the current	-		timely ma	anner?				Yes	No
	C If line	20a is "Ye	es," see instructio	ns and cor	nplete the following table as			nio nic	100r					
		(1) 1st	<u> </u>		Liquidity shortfall as of er (2) 2nd	iu oi quarter	UI (I		year 3rd			(4) 4th	l	
		. ,			, ,			. ,				. ,		
						•				•				

P	art V	Assumpti	ons Used to Dete	ermine	e Funding Target and Ta	arget Normal Cost						
21	Discount	rate:										
	a Segme	ent rates:	1st segment:		2nd segment: %	3rd segment: %		N/A, full yield curve used				
	b Applica	able month (er	nter code)				21b					
22							22					
23	Mortality	table(s) (see	instructions)	Pres	cribed - combined Pre	escribed - separate	Substit	ute				
Pa	art VI	Miscellane	ous Items									
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment											
25	Has a me	thod change I	been made for the curr	ent plar	n year? If "Yes," see instruction	s regarding required attach	nment					
26	Is the pla	n required to p	provide a Schedule of	Active F	Participants? If "Yes," see instru	ctions regarding required a	attachmer	nt				
27		•	-		r applicable code and see instru		27					
P	art VII	Reconcilia	ation of Unpaid N	/linim	um Required Contribution	ons For Prior Years						
28	Unpaid m	inimum requir	red contributions for all	prior ye	ears		28					
29					unpaid minimum required contril	' '	29					
30	Remainin	g amount of u	ınpaid minimum requir	ed cont	ributions (line 28 minus line 29)		30					
Pá	art VIII	Minimum	Required Contril	oution	For Current Year							
31			d excess assets (see in					T				
	_						31a					
				than lii	ne 31a		31b					
32		ion installmen				Outstanding Bala	nce	Installment				
	_											
33					er the date of the ruling letter gra							
	(Month _	D	ay Year) and the waived amount .		33					
34	Total fund	ding requireme	ent before reflecting ca	rryover	/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34					
					Carryover balance	Prefunding balar	nce	Total balance				
35			se to offset funding									
36	Additiona	l cash require	ment (line 34 minus lin	e 35)			36					
37			•		ntribution for current year adjuste	,	37					
38	Present v	alue of excess	s contributions for curr	ent yea	r (see instructions)							
	a Total (e	xcess, if any,	of line 37 over line 36)				38a					
	b Portion	included in lir	ne 38a attributable to u	se of pr	efunding and funding standard	carryover balances	38b					
39	Unpaid m	inimum requir	red contribution for cur	rent yea	ar (excess, if any, of line 36 over	line 37)	39					
							40					
Pa	rt IX	Pension	Funding Relief U	nder l	Pension Relief Act of 20	10 (See Instructions	5)					
41	If an elect	ion was made	to use PRA 2010 fund	ding reli	ef for this plan:			_				
	a Schedu	le elected					[2 plus 7 years 15 years				
	b Eligible	plan year(s) f	or which the election in	n line 4	la was made		20	008 2009 2010 2011				
42	Amount o	f acceleration	adjustment				42					
43	Excess in	stallment acce	eleration amount to be	carried	over to future plan years		43					

Attachment to 2017 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Merrill Orthodontics Defined Benefit Cash Balance Plan &	≀ T EllN st	91-2134404	
Plan Sponsor's Name Merrill Orthodontics, PLLC	PN:	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.	•	ed average	
All participants are assumed to retire at their Normal Retirement	Age wh	nich is	

the Participant's 62nd birthday, or the Participant's 10th anniversary of joining the Plan, if later, but in no event later than the Participant's 65th birthday or

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