#### 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	t Identification Information									
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017						
A This ret	urn/report is for:	X a single-employer plan	<u></u>	plan (not multiemployer) ( employer information in ac							
		a one-participant plan	a foreign plan								
<b>B</b> This retu	ırn/report is	the first return/report	the final return/repor	t							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	12 months)						
C Check b	oox if filing under:	X Form 5558	automatic extension	1	DFVC progra	ım					
		special extension (enter descr	• /								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name SULLIVAN C	•	CASH BALANCE PLAN			1b Three-dig plan numb (PN) ▶						
					1c Effective date of plan 01/01/2010						
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	) Boy)			Identification Number					
	town, state or province	structions)	(EIN)	91-1972494							
SULLIVAN C	PRTHODONTICS, PS			telephone number 25-385-2641							
					2d Business	code (see instructions)					
	STREET, SUITE 302 (, WA 98012-7332	<del>}</del>				621210					
	,										
3a Plan a	dministrator's name a	ınd address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN					
					3c Administra	ator's telephone number					
					SC Administra	ator's telephone number					
		ne plan sponsor or the plan name ha			4b EIN						
<b>a</b> Spons		,, F			4d PN						
C Plan N	lame										
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	10					
<b>b</b> Total r	number of participants	s at the end of the plan year			5b	10					
		account balances as of the end of	. , , ,		5c						
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	10					
		articipants at the end of the plan yea			5d(2)	9					
		o terminated employment during the			5e	0					
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca							
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and lete.									
SIGN	Filed with authorized	d/valid electronic signature.	10/08/2018	TERENCE SULLIVAN	TERENCE SULLIVAN						
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator					
SIGN	Filed with authorized	d/valid electronic signature.	10/08/2018	TERENCE SULLIVAN	١						
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	vidual signing as employer or plan sponsor						

Form 5500-SF 2017 Page **2** 

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	rm 5500.
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Yes No Not determined . (See instructions.)  (b) End of Year  1201830
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(b) End of Year 1201830
7 Plan Assets and Liabilities (a) Beginning of Year  a Total plan assets 7a 912285  b Total plan liabilities 7b from line 7a) 7c 912285	1201830
7 Plan Assets and Liabilities (a) Beginning of Year  a Total plan assets 7a 912285  b Total plan liabilities 7b from line 7a) 7c 912285	1201830
a Total plan assets 7a 912285   b Total plan liabilities 7b   c Net plan assets (subtract line 7b from line 7a) 7c 912285	1201830
b Total plan liabilities	
8 Income Evaposes and Transfers for this Plan Year	(b) Total
and transfers for this Flant feat	
a Contributions received or receivable from: (1) Employers	
(2) Participants	
(3) Others (including rollovers)	
<b>b</b> Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	297944
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
Certain deemed and/or corrective distributions (see instructions)      8e	
f Administrative service providers (salaries, fees, commissions) 8f 8399	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8399
i Net income (loss) (subtract line 8h from line 8c)	289545
j Transfers to (from) the plan (see instructions)	
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 1B 1C 3D	Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic C	odes in the instructions:
Part V Compliance Questions	
10 During the plan year: Yes No.	Amount
<ul> <li>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)</li> </ul>	
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?	125000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	

Form 5500-SF 2017 Page 3	-	1	1		
--------------------------	---	---	---	--	--

Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (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 ERISA?			Y	es 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 instructions, and enter the date of the letter ruling granting the waiver									
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?		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	<b>3c(1)</b> 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 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).

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

	rension bei	lent Guaranty Corporation	File as	s an attach	ment to Form	5500 or	5500-SF.					
For	r calendar p	olan year 2017 or fiscal plan	year beginning (	01/01/2017			and ending	g 12/3	1/2017			
	Round off	amounts to nearest dolla	r.									
•	Caution: A	a penalty of \$1,000 will be a	ssessed for late filing of	of this repor	rt unless reason	able cau	se is established	d				
	Name of pla						<b>B</b> Three-dig	git				
	SULLIVAN	ORTHODONTICS, PS CAS	3H BALANCE PLAN				plan num	ber (PN)	) •	002		
) F	Plan sponso	or's name as shown on line	2a of Form 5500 or 55	500-SF			<b>D</b> Employer	Identifica	ation Number (E	 EIN)		
5	SULLIVAN	ORTHODONTICS, PS					, ,	91-197	2494	,		
Ξ Τ	Гуре of plan	: X Single Multiple-A	Multiple-B		<b>F</b> Prior year pla	n size: 🛚	100 or fewer	101-	500 More th	nan 500		
Р	art I	Basic Information										
1	Enter the	valuation date:	Month [	Day <u>31</u>	Year <u>20</u>	17						
2	Assets:											
	<b>a</b> Market	value						2a		1006316		
	<b>b</b> Actuari	al value						2b		1006316		
3	Funding t	target/participant count brea	akdown			` '	Number of	. ,	sted Funding	(3) Total Funding		
	<b>a</b> For reti	ired participants and benefic	ciaries receiving navm	ent	_	ра	rticipants 0		Target 0	Target 0		
	_	minated vested participants	3.,		F		1		2215	2215		
		ive participants			-		9		815867	815876		
	_				Ī							
4		n is in at-risk status, check t				Г	10 <u> </u>		818082	818091		
•		•	•	( )	( )	L		40				
		g target disregarding presci	•					<u>4a</u>				
		g target reflecting at-risk as status for fewer than five co						4b				
5	Effective	interest rate						5		5.73 %		
6	Target no	ormal cost						6		96238		
	•	Enrolled Actuary										
	accordance wit	my knowledge, the information suppl th applicable law and regulations. In	my opinion, each other assum									
		ffer my best estimate of anticipated of	experience under the plan.									
	SIGN											
ŀ	HERE								09/08/201	8		
	LIOTIN' 5 :	•	nature of actuary						Date	•		
Jl	USTIN F.J.	GREINDL, FSA, EA, MAAA						NA+ ::	17-07528			
_	IDI IC ACTI	• •	print name of actuary					iviost r	ecent enrollme			
- [	IDO9 ACIL	JARIAL SOLUTIONS, LLC							480-550-88	) <b>Z</b> U		

4814 N GOMEZ AVE TAMPA, FL 33614

instructions

Firm name

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

Telephone number (including area code)

Page	2 -	ľ
------	-----	---

Р	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances								
	<b>!</b> !							(a) Ca	arryover balanc	e	(b) F	(b) Prefunding balance		
7		•			able adjustments (line 13 fro					0			159912	
8			•	•	nding requirement (line 35 f	•				0			0	
9	Amount i	remainin	g (line 7 minus line	8)						0			159912	
10	Interest o	on line 9	using prior year's	actual retu	rn of <u>5.62</u> %					0			8987	
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:									
	<b>a</b> Preser	nt value o	of excess contribut	ions (line 3	88a from prior year)							51151		
					a over line 38b from prior ye interest rate of								0	
	` ,		•	•	edule SB, using prior year's								0	
	C Total available at beginning of current plan year to add to prefunding balance												51151	
	<b>d</b> Portion of (c) to be added to prefunding balance										0			
12	Other red	Other reductions in balances due to elections or deemed elections									0			
13					line 10 + line 11d – line 12)		1			0			168899	
	Part III Funding Percentages													
	14 Funding target attainment percentage										14	101.17%		
					·							15	131.30%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										90.02%				
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										17	%			
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls							•		
18					ar by employer(s) and empl									
1)	(a) Date MM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	( <b>a</b> ) (MM-D	Date D-Y		(b) Amount paid by employer(s)		(0	(c) Amount paid employees		
C	03/14/2017	7		15000	0	08/22/2	017		25000		00		0	
(	04/20/2017	7		25000	0	09/05/2	017			250	00		0	
	)5/01/2017			25000	0									
	06/20/2017			25000	0									
	)7/17/2017			25000	0									
	)8/14/2017			25000	0	Totals >		18(b)		1900	)0 18(c)		0	
19	Discount	ad ample	over contributions	_ see instr	uctions for small plan with a				seginning of the		10(0)		U	
		•	•		num required contributions					19a			0	
	_				usted to valuation date					19b			0	
					red contribution for current ye					19c			195512	
20			itions and liquidity	•		<b>,</b>							.000.12	
	-				e prior year?								Yes X No	
			_		installments for the current								Yes No	
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as	applicable	<u>:</u>							
	-	(4)			Liquidity shortfall as of en	d of quarte	r of th					(4)		
		(1) 1s	t		(2) 2nd			(3) 3	Brd			(4) 4th		

P	art V	V Assumptions Used to Determine Funding Target and Target Normal Cost											
21	Discount	rate:											
	<b>a</b> Segme	ent rates:	1st segment: 4.16%		2nd segment: 5.72%		3rd segment: 6.48 %			N/A, fu	ll yie	eld cui	ve used
	<b>b</b> Applica	able month (er	nter code)					21	b			0	
22	Weighted	l average retire	ement age					22	2			62	
23	Mortality	table(s) (see i	instructions)	Pres	cribed - combined	Presc	ribed - separate	Sub	stitute				
Pá	art VI	Miscellane	ous Items										
24	Has a cha	ange been ma	de in the non-prescribe	ed actua	arial assumptions for the c	urrent pla	an year? If "Yes," see i	nstruc	tions re	egarding re	quir	ed	
	attachme	nt										Ye	es X No
25	Has a me	ethod change b	peen made for the curre	ent plar	n year? If "Yes," see instru	uctions re	garding required attach	ment.				Ye	es X No
26	Is the pla	n required to p	provide a Schedule of A	ctive P	articipants? If "Yes," see	instructio	ns regarding required a	ıttachr	nent		[	Ye	es 🛚 No
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment												
P	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years												
28	Unpaid m	ninimum requir	ed contributions for all	prior ye	ears			28	3				0
29	9 Discounted employer contributions allocated toward unpaid minimum required contributions from prior year (line 19a)								)				0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								)				0
Pá	art VIII	Minimum	Required Contrib	ution	For Current Year								
31	1 Target normal cost and excess assets (see instructions):												
	<b>a</b> Target normal cost (line 6)												
	<b>b</b> Excess	assets, if app	licable, but not greater	than lir	ne 31a			31	b				8648
32	Amortiza	tion installmen	ts:				Outstanding Bala	nce		Ir	stal	lment	
									0				0
								(	)				0
33					er the date of the ruling lett ) and the waived am			33	3				
34	Total fund	ding requireme	ent before reflecting car	rryover/	prefunding balances (line	s 31a - 3	1b + 32a + 32b - 33)	34	,				87590
					Carryover balance	)	Prefunding balan	ice		То	tal b	alanc	e
35			e to offset funding			0		0					0
36	Additiona	l cash require	ment (line 34 minus line	e 35)				36	;				87590
37	Contribut	ions allocated	toward minimum requi	red con	ntribution for current year a	djusted t	o valuation date (line	37	,				195512
38			s contributions for curre										
								38	а				107922
					efunding and funding stan			38	b				0
39					ar (excess, if any, of line 36			39	)				0
40	Unpaid m	ninimum requir	ed contributions for all	years				40	)				0
Pa	rt IX	Pension	Funding Relief Ur	nder F	Pension Relief Act o	of 2010	(See Instructions	5)					
41	If an elect	tion was made	to use PRA 2010 fund	ing relie	ef for this plan:								
	<b>a</b> Schedu	ile elected							2	plus 7 yea	rs	1	5 years
	<b>b</b> Eligible	plan year(s) f	or which the election in	line 41	a was made				2008	2009	20	010	2011
42	Amount o	f acceleration	adjustment					42	: [	-			
43	Excess in	stallment acce	eleration amount to be	carried	over to future plan years.			43	3				

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

#### Sullivan Orthodontics, P.S. Cash Balance Plan 91-1972494 / 002

For the plan year 01/01/2017 through 12/31/2017

Valuation Date: 12/31/2017

As prescribed in IRC Section 430 **Funding Method:** 

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.79
Segment 2	6 - 20	3.70
Segment 3	> 20	4.56

Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA							
Segment #	Year	Rate %					
Segment 1	0 - 5	4.16					
Segment 2	6 - 20	5.72					
Segment 3	> 20	6.48					

Pre-Retirement - Mortality Table -None

> Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None

Interest Credit Rate -Current Yr - 5% Projected Yrs - 5%

Expense Load -None Ancillary Ben Load -None

17C - 2017 Combined Post-Retirement - Mortality Table -

> Cost of Living -None

#### **Asset Valuation Method:**

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5% CB Projection Rate - 5%

Post-Retirement - Interest -8.5%

> Mortality Table -G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Sullivan Orthodontics, P.S. Cash Balance Plan 91-1972494 / 002

For the plan year 01/01/2017 through 12/31/2017

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

# Schedule SB, Part V Summary of Plan Provisions

#### Sullivan Orthodontics, P.S. Cash Balance Plan 91-1972494 / 002

For the plan year 01/01/2017 through 12/31/2017

Employer: Sullivan Orthodontics, P.S.

Type of Entity - S Corporation

EIN: 91-1972494 TIN: Plan #: 002 Plan Type: Cash Balance

**Dates:** Effective - 01/01/2010 Year end - 12/31/2017 Valuation - 12/31/2017

Top Heavy Years - 2017

Eligibility: All employees excluding non-resident aliens, members of an excluded class, union, and excluding members of

Cls - "LEÁSED"

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits - Classification Pay Credit Formula

A \$100,000 limited to \$100,000

B \$750 limited to \$750

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit -

**Top Heavy Minimum:** Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$215,000

Maximum 401(a)(17) compensation - \$270,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Joint with 50% Survivor Benefit

**Vesting Schedule:** 100% vested in 3 years.

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

# Schedule SB, Part V Summary of Plan Provisions

### Sullivan Orthodontics, P.S. Cash Balance Plan 91-1972494 / 002

For the plan year 01/01/2017 through 12/31/2017

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

OMB Nos. 1210-0110 1210-0089

#### Form 5500-SF

Department of the Transury Internal Revenue Service

Department of Labor ≒mployee Benefile 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).

2017

This Form is Open to **Public Inspection** Pension Benefit Guaranty Corporation ➤ Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 🗍 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a 🗵 a single-employer plan A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan B This return/report is the final return/report the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit 002 SULLIVAN ORTHODONTICS, PS CASH BALANCE PLAN plan number (PN) > 1c Effective date of plan 01/01/2010 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1972494 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SULLIVAN ORTHODONTICS, PS 2c Sponsor's telephone number. 425-385-2641 15224 MAIN STREET, SUITE 302 2d Business code (see instructions) 621210 MIEL CREEK 98012-7332 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN C Plan Name 5a Total number of participants at the beginning of the plan year...... 5a 10 b Total number of participants at the end of the plan year ..... 5b **1,** Q Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c d(1) Total number of active participants at the beginning of the plan year ..... 5d(1) 1.0 d(2) Total number of active participants at the end of the plan year..... 5d(2)9 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ... 5e Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, It is true, correct, and complete. SIGN 10 Terence Sullivan HERE Signature of pten administrator Date Enter name of individual signing as plan administrator SIGN Terence Sullivan HERE Signature of staployer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

4253852644

	Form 5500-SF 2017		Page 2					
b	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 if you answered "No" to oither line 6a or line 6b, the plan can if the plan is a defined benefit plan, is it covered under the PBGC I if "Yes" is checked, enter the My PAA confirmation number from the second second in the plan is a defined benefit plan.	an indeper and cond not use Fi nsurance	endent qualified public ftlons.)orm 5500-SF and mu program (see ERISA s	accour et Insta section	ntant (10  pad us: 4021)?	QPA)  e Forr	n 5500. Yes 🏿 No 📋	Yes No Yes No Not determined
Pa	rt III Financial Information							
	Plan Assets and Liabilities	Land Blim	(a) Beginning	of Yea	r		(b) End of Y	'ear
a	Total plan assets	. 7a		912,	285			1,201,830
b	Total plan liabilities	. 7b						
c	Net plan assets (subtract line 7b from line 7a)	. 7c		912,	285			1,201,830
_8_	Income, Expenses, and Transfers for this Plan Year	on the street of	(a) Amou	nt			(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		190,	000			wanda asa sa
	(2) Participants	8a(2)				enementle ki	بالمراضية والمراجع والمراجع والمراجع والمراجع	englister och <del>Professioner att sikeling en entan</del> en et
	(3) Others (Including rollovers)	. 8a(3)					ann ag and general State In Part 1888 in 1888 in 1888	
	Other income (loss)	8b		107,	944	San San San San	روز المراجع في المراجع المراجع المراجع المراجع المراج	
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						297,944
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		lu		1	,		
	Certain deemed and/or corrective distributions (see instructions)	8d				<u></u>	<u>anadan da ika salapa da anada.</u>	<u> Selican ar al'ar accamana</u>
f	Administrative service providers (salarles, fees, commissions)	8c 8f		<del></del>				
	Other expenses			<u>anni mini de de la 1900 e decidación.</u>	<u> maria maria - militar per esta</u>			
	Total expenses (add lines 8d, 8e, 8f, and 8g)							9 300
<del>- i</del>	Net income (loss) (subtract line 8h from line 8c)	8h	8i					8,399
<u></u>	Transfers to (from) the plan (see instructions)		S. Tiller and California of Machine Conference of State o				The state of the s	289,545
	†1V Plan Characteristics	8j					<u>aanaman markii aa — ga ya kirista</u>	
9a b	If the plan provides pension benefits, enter the applicable pension 1B 1C 3D  If the plan provides welfare benefits, enter the applicable welfare for							
Par			1101					*****
10	Ouring the plan year:				Yes	Νρ	Amo	int
	Was there a fallure 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		х	Allo	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	include transactions	10ь		х	10.	
¢	Was the plan covered by a fidelity bond?			10c	Х			125,000
d	by fraud or dishonesty?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	10d		х		
ė	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.)	10e		x	100	<b>3</b> 11 111 1		
f			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х	, , , , , , , , , , , , , , , , , , , ,	1811 10
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х		
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	e required	notice or one of the	10i				The second secon

Form 5500-SF 2017	Page	3-	-			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum fundin (Form 5500) and line 11a below)	g requirements? (If "Yes," see inst	tructions and complete S	chedule S	В	X Yes	No
11a Enter the unpaid minimum regulred contributions for all	years from Schedule SB (Form 5	500) line 40	11a		0	
12 Is this a defined contribution plan subject to the minimum ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and	um funding requirements of section 12e below, as applicable.)	n 412 of the Code or sec	ion 302 o			X No
a If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized in this plan	Month	nd enter Da	the date of ti	he letter rui Year	Ing ————
If you completed line 12s, complete lines 3, 9, and 10 o	f Schedule MB (Form 5500), and	d skip to line 13.				
<b>b</b> Enter the minimum regulred contribution for this plan year	ar		12ь			
c Enter the amount contributed by the employer to the pla	n for this plan year		120			
d Subtract the amount in line 12c from the amount in line negative amount)			12d			
e Will the minimum funding amount reported on line 12d	<u> </u>	Yes	No 📙	N/A		
Part VII Plan Terminations and Transfers of A	ssets					
13a Has a resolution to terminate the plan been adopted in any	plan year?			Yes X No		
If "Yes," enter the amount of any plan assets that rever	ted to the employer this year	*****	13a			
b Were all the plan assets distributed to participants or b control of the PBGC?					Yes X N	0
C If, during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See Instruc-		r plan(s), identify the plan	(s) to			
13c(1) Name of plan(s);		13c	( <b>2</b> ) EIN(s)	<u> </u>	13c(3) PI	V(8)
12 10 10 10 10 10 10 10 10 10 10 10 10 10						
III. LIII. III. III. III. III. III. III						
- I DIMANERA ARABAMENT IT ITI	I I I I I I I I I I I I I I I I I I I					

# (Rev. August 2012)

Department of the Treasury Internal Revenue Service

to prepare this application.

Signature ▶

Part I Identification

# Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558 OMB No. 1545-0212

File With IRS Only

Α	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's identifying number (see instructions)  Employer identification number (EIN) (9 digits XX-XXXXXXX)									
	SULLIVAN ORTHODONTICS, PS		Emplo	yer ider			ts XX-XXXXXXX)				
	Number, street, and room or suite no. (If a P.O. box, see instructions)  15224 MAIN STREET, SUITE 302	91-1972494									
	City or town, state, and ZIP code		Social	securit	ty number (SSN	l) (9 digits XXX-	·XX-XXXX)				
C	MILL CREEK, WA 98012-7332		Plan		Pla	n year endi	na —				
	Plan name	n	umbe		MM	YYYY					
					40	0.4	2047				
	SULLIVAN ORTHODONTICS, PS CASH BALANCE PLAN	0	0	2	12	31	2017				
Pa	Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA								
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first F	orm 5	5500 s	series return/	report for the	e plan listed				
2	I request an extension of time until 10 / 15 / 2018 to file Form 5	5500 6	orioo	(coo i	notruotiona)						
	Note. A signature IS NOT required if you are requesting an extension to file Form			•	nstructions).						
	Note: A signature to NOT required if you are requesting an extension to life For	11 330	0 3611	<b>c</b> 3.							
3	I request an extension of time until 10 / 15 / 2018 to file Form 8955-SSA (see instructions).										
	Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.										
	The application <b>is automatically approved</b> to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which the and/or line 3 (above) is not later than the 15th day of the third month after the normal series and Times To File Forms 5000 (see instructions)	this ex	xtensi	on is							
Par	t III Extension of Time To File Form 5330 (see instructions)										
4	I request an extension of time until/ to file Form 5 You may be approved for up to a 6 month extension to file Form 5330, after the		al due	e date	of Form 533	0.					
a	Enter the Code section(s) imposing the tax	•	а								
k	Enter the payment amount attached				•	b					
	E										
5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/s  State in detail why you need the extension:	ameno	ment	date	>	С					
3	State in detail why you need the extension.										
Unde	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on	this for	m are	true, co	orrect, and com	plete, and that	I am authorized				

Date ▶

## **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).

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

		File as a	an attachment to Form	1 5500 or	5500-SF.			•				
	r plan year 2017 or fiscal plar	n year beginning	01/01/2017		and ending	9	12/31/2	017				
	off amounts to nearest dolla											
A Name of	: A penalty of \$1,000 will be a	issessed for late filing of t	his report unless reaso	nable cau	se is established	<u>l.</u>						
A Name of plan SULLIVAN ORTHODONTICS, PS CASH BALANCE PLAN						jit ber (PN	) •	002				
C Plan spor	sor's name as shown on line	2a of Form 5500 or 5500	-SF		D Employer	dontific	ation Number (E	<u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>				
			· •		Linployer i	dentino	ation Number (c	IIIV)				
	VAN ORTHODONTICS,	PS			91-197249	4						
E Type of pla	an: X Single Multiple-A	Multiple-B	F Prior year pla	an size: 🛚 🛚	100 or fewer	101-500 More than 500						
Part I	<b>Basic Information</b>											
	ne valuation date:	Month 12 Day	y 31 Year _	2017								
2 Assets:												
<b>a</b> Marke	et value					2a		1,006,316				
	rial value					2b		1,006,316				
	g target/participant count brea			par	lumber of ticipants		sted Funding Farget	(3) Total Funding Target				
	etired participants and benefic				0		0					
	erminated vested participants				1		2,215	2,21				
C For a	ctive participants				9		815,867	815,876				
					10	818,082		818,091				
4 If the pla	an is in at-risk status, check th	ne box and complete lines	s (a) and (b)		]							
<b>a</b> Fundi	ng target disregarding prescri	ibed at-risk assumptions.			•	4a						
<b>b</b> Fundi status	ng target reflecting at-risk ass for fewer than five consecuti	umptions, but disregardir ve years and disregarding	ng transition rule for pla	ns that ha	ve been in at-ris	4b						
5 Effective	interest rate					5		5.73%				
	ormal cost					6	96,238					
To the best of accordance w	PEnrolled Actuary  If my knowledge, the information supplie  ith applicable law and regulations. In more  fer my best estimate of anticipated ex		ying schedules, statements and is reasonable (taking into acco	d attachments ount the expe	s, if any, is complete a rience of the plan and	nd accura reasonab	te. Each prescribed le expectations) and	assumption was applied in such other assumptions, in				
SIGN HERE	Sm.	office				_	09/08/201	.8				
		nature of actuary					Date					
Justin F.	J. Greindl, FSA,		1707528									
Didoa Dat	Type or p		Most recent enrollment number									
Fidus Actuarial Solutions, LLC							480-550-8820					
1014 N G		Firm name			Tele	phone r	number (includir	ng area code)				
1814 N Go	mez Ave											
Campa	FL 336											
		dress of the firm										
f the actuary hans	as not fully reflected any regu	lation or ruling promulgate	ed under the statute in	completing	g this schedule,	check th	ne box and see					

	Sche	dule SB (F	orm 5500) 2017	,		F	⊃age	2 -								
P	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances										
7		-			able adjustments (line 13 fro	•		<b>(a)</b> C	arryover balanc	<b>(b)</b> Pi	b) Prefunding balance					
8					nding requirement (line 35 f											
					g . oquo (o oo .						0					(
9	3 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										0			15		912
10												8,	98			
11	, , , , , , , , , , , , , , , , , , , ,										F	- 1	1 -			
				•	8a from prior year)										ο⊥,	15
					over line 38b from prior ye interest rate of5.92											,
	` '		•	•	dule SB, using prior year's											(
	<b>C</b> Total	available a	t beginning of curre	ent plan yea	r to add to prefunding balanc	e								5	51,	151
	<b>d</b> Portio	on of (c) to	be added to prefu	unding bala	ance											
12	Other re	eductions i	in halances due to	elections	or deemed elections		t				0					
					ine 10 + line 11d – line 12).		+				0			16	58,	899
	Part III		ding Percenta	`	,						<u> </u>					
													14	101	.1	7%
													15	131	3	0%
	Prior ye	ar's fundir	ng percentage for	purposes o	of determining whether carry	over/prefu	ındin	ng balance	es may be used	to re	duce cui	rrent	16	0.0	0	201
17	-				less than 70 percent of the								17	90	.0	2 % %
					·	iunung ta	ıycı,	enter suc	ii percentage				- ' '			70
	Part IV		tributions and	•	ar by employer(s) and empl	01/000:										
	(a) Da		(b) Amount p		(c) Amount paid by		) Da	te	(b) Amount	paid	by	(c)	Amou	nt paid	by	
	MM-DD-Y		employer		employees	(MM-E	D-Y	YYYY)	employe	er(s)	-		empl	oyees		
	3/14/2			15,000 25,000	0											
	4/20/2 5/01/2			25,000	0											
	6/20/2			25,000	0											
	7/17/2			25,000	0											
	8/14/2			25,000	0											
	8/22/			25,000	0											
0	9/05/	2017		25,000	0											
						Totals		18(b)		190	,000	18(c)				(
												10(0)				
19			-		uctions for small plan with a											
	_				num required contributions				•	19a 19l						(
				-	usted to valuation date				•	19				1.0	95,	`
20			itions and liquidity		red contribution for current ye	ai aujustet	1 (U V	/aiuation u	ale	13					, ,	<u> </u>
20		•			e prior year?								П	Yes	Х	No
			_		nstallments for the current								느	Yes		No
				-	plete the following table as	-		,							<u> </u>	_
					Liquidity shortfall as of en			this plan	year							
		(1) 1s	t		(2) 2nd			(3)	3rd	$-\Gamma$		(-	4) 4th	1		

F	art V	Assumpti	ons Used to	Determine	Funding Target a	nd Targ	et Normal Cost									
21	1 Discount rate:															
	<b>a</b> Segme	ent rates:	1st seg 4.	ment: 16 %	2nd segment: 5.72 %		3rd segment: 6.48%			N/A, full yield curve used						
	<b>b</b> Applicable month (enter code)							21	b				0			
22	Weighted	l average retire	ement age					22	2				62			
23	Mortality table(s) (see instructions)     Prescribed - combined   Prescribed - separate   Subst															
Pa	art VI	Miscellane	ous Items													
24		-	•		arial assumptions for the		•				· —	es X	No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.										Yes X No					
26	Is the pla	n required to p	orovide a Schedu	ule of Active P	articipants? If "Yes," see	instruction	ons regarding required a	attachr	ment		Y	es X	No			
27		-		-	r applicable code and see			27	,							
P	art VII	Reconcilia	ation of Unp	aid Minimu	um Required Contr	ibution	s For Prior Years									
28	Unpaid m	inimum requir	red contributions	for all prior ye	ears			28	3				0			
29					unpaid minimum required			29	,				0			
30					ributions (line 28 minus lir			30	)				0			
Pa	art VIII	Minimum	Required Co	ontribution	For Current Year											
31	Target no	ormal cost and	d excess assets	(see instructio	ns):											
	a Target normal cost (line 6)									96,238						
	<b>b</b> Excess assets, if applicable, but not greater than line 31a									8,648						
32	Amortizat	tion installmen	its:				Outstanding Bala	nce		Ir	stallmen	t				
	_								0				0			
								ı	0				0			
33				•	er the date of the ruling let ) and the waived an	-	•	33	3							
34	Total fund	ding requireme	ent before reflect	ing carryover/	prefunding balances (line	es 31a - 3	1b + 32a + 32b - 33)	34				87,	,590			
					Carryover balanc	e	Prefunding balar	nce		Total balance						
35			se to offset fundir	•		0			0				0			
36	Additiona	l cash require	ment (line 34 mi	nus line 35)				36	;			87,	,590			
37	Contribut	ions allocated	toward minimun	n required con	ntribution for current year	adjusted	to valuation date (line	37	,			195,	,512			
38	Present v	alue of excess	s contributions fo	or current year	(see instructions)			I								
	<b>a</b> Total (e	excess, if any,	of line 37 over li	ne 36)				38	а			107,	,922			
	<b>b</b> Portion	included in lin	ne 38a attributab	le to use of pr	efunding and funding sta	ndard car	ryover balances	38	b				0			
39	Unpaid m	inimum requir	ed contribution f	or current yea	ar (excess, if any, of line 3	36 over lin	e 37)	39	)				0			
40	Unpaid m							40	)				0			
Pa	rt IX	Pension	Funding Rel	ief Under F	Pension Relief Act	of 2010	(See Instructions	5)								
41	If an elect	ion was made	to use PRA 201	0 funding reli	ef for this plan:											
	<b>a</b> Schedu	le elected							2	plus 7 yea	rs 1	5 years	S			
	<b>b</b> Eligible	plan year(s) f	or which the elec	ction in line 41	la was made			[	2008	2009	2010	2011	1			
42	Amount o	f acceleration	adjustment					42								
43	Excess in	stallment acce	eleration amount	to be carried	over to future plan years			43	3							