

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B 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)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: FLINT ORTHODONTICS DEFINED BENEFIT CASH BALANCE PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): C. MICHAEL FLINT DDS, PLLC
2b Employer Identification Number (EIN): 83-1735042
2c Sponsor's telephone number: 918-760-5074
2d Business code (see instructions): 621210
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 11
5b Total number of participants at the end of the plan year: 10
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 11
5d(2) Total number of active participants at the end of the plan year: 9
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 1

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/08/2025, MICHAEL FLINT. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** 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.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	246568	330121
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	246568	330121
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	45600	
(2)	Participants	0	
(3)	Others (including rollovers)	0	
b	Other income (loss)	39361	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		84961
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0	
e	Certain deemed and/or corrective distributions (see instructions) .	0	
f	Administrative service providers (salaries, fees, commissions)	0	
g	Other expenses	1408	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		1408
i	Net income (loss) (subtract line 8h from line 8c)		83553
j	Transfers to (from) the plan (see instructions)	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1B 1C 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		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?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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. Month Day Year

If 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**

c 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**

e 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 No

a 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 No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702802A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>FLINT ORTHODONTICS DEFINED BENEFIT CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>C. MICHAEL FLINT DDS, PLLC</u>	D Employer Identification Number (EIN) <u>83-1735042</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>283351</u>
	b Actuarial value	2b	<u>283351</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>1</u>	<u>3640</u>
	c For active participants	<u>9</u>	<u>219982</u>
	d Total	<u>10</u>	<u>223622</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.58 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>40867</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>40867</u>

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		
	Signature of actuary	<u>04/10/2025</u> Date
	<u>JONATHAN ZIMBLER, MSEA</u> Type or print name of actuary	<u>23-07750</u> Most recent enrollment number
	<u>FIDUS ACTUARIAL SOLUTIONS, LLC</u> Firm name	<u>480-550-8820</u> Telephone number (including area code)
	<u>PO BOX 8606 MADEIRA BEACH, FL 33708</u> 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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>38.00</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		23077
	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 <u>5.72</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		23077
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	126.70 %
15	Adjusted funding target attainment percentage	15	124.81 %
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	134.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/29/2024	3800	0	07/29/2024	3800	0		
02/28/2024	3800	0	08/28/2024	3800	0		
03/28/2024	3800	0	09/30/2024	3800	0		
04/29/2024	3800	0	10/28/2024	3800	0		
05/28/2024	3800	0	11/29/2024	3800	0		
06/28/2024	3800	0	12/30/2024	3800	0		
			Totals ▶	18(b)	45600	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	46769

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous 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..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part 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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	40867
b Excess assets, if applicable, but not greater than line 31a	31b	40867

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	46769

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	46769
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

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Flint Orthodontics Defined Benefit Cash Balance Plan

83-1735042 / 002

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

Funding Method: As prescribed in IRC Section 430
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

	Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)	Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP
	Segment # Year Rate %	Segment # Year Rate %
Interest Rates -	Segment 1 0 - 5 5.01	Segment 1 0 - 5 5.01
	Segment 2 6 - 20 5.26	Segment 2 6 - 20 5.26
	Segment 3 > 20 5.36	Segment 3 > 20 5.59

Pre-Retirement - Mortality Table - None
Improvement Scale - 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

Post-Retirement - Mortality Table - 24C - 2024 Combined
Improvement Scale - None
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

Flint Orthodontics Defined Benefit Cash Balance Plan

83-1735042 / 002

For the plan year 01/01/2024 through 12/31/2024

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
(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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

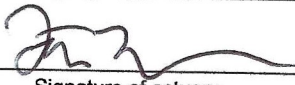
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Flint Orthodontics Defined Benefit Cash Balance Plan		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF C. Michael Flint DDS, PLLC		D Employer Identification Number (EIN) 83-1735042	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>12</u> Day <u>31</u> Year <u>2024</u>		
2 Assets:			
a Market value.....		2a	283,351
b Actuarial value.....		2b	283,351
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	1	3,640	3,640
c For active participants.....	9	219,982	219,982
d Total.....	10	223,622	223,622
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	5.58%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	40,867
b Expected plan-related expenses.....		6b	0
c Target normal cost.....		6c	40,867

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		<u>04/10/2025</u>
	Signature of actuary	Date
<u>Jonathan Zimpler, MSEA</u>		<u>2307750</u>
Type or print name of actuary		Most recent enrollment number
<u>Fidus Actuarial Solutions, LLC</u>		<u>480-550-8820</u>
Firm name		Telephone number (including area code)
<u>PO Box 8606</u>		
<u>Madeira Beach FL 33708</u>		
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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB, line 22 -
Description of Weighted Average Retirement Age**

Flint Orthodontics Defined Benefit Cash Balance Plan

83-1735042 / 002

For the plan year 01/01/2024 through 12/31/2024

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Flint Orthodontics Defined Benefit Cash Balance Plan

83-1735042 / 002

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	01/29/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,995	0	0	5.58	0.00
Deposited Contribution	02/28/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,977	0	0	5.58	0.00
Deposited Contribution	03/28/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,960	0	0	5.58	0.00
Deposited Contribution	04/29/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,941	0	0	5.58	0.00
Deposited Contribution	05/28/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,924	0	0	5.58	0.00
Deposited Contribution	06/28/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,906	0	0	5.58	0.00
Deposited Contribution	07/29/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,888	0	0	5.58	0.00
Deposited Contribution	08/28/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,871	0	0	5.58	0.00
Deposited Contribution	09/30/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,852	0	0	5.58	0.00
Deposited Contribution	10/28/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,836	0	0	5.58	0.00
Deposited Contribution	11/29/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,818	0	0	5.58	0.00
Deposited Contribution	12/30/2024	\$3,800					
Applied to Additional Contribution	12/31/2024	3,800	3,801	0	0	5.58	0.00
Totals for Deposited Contribution		\$45,600	\$46,769	\$0	\$0		

Employee Summary

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

— Defined Benefit —

All

A. Total Number of Employees	22
B. Less Excludable Employees	11
(1) Minimum Age and Service	11
(2) Collective Bargaining	0
(3) Nonresident Aliens	0
(4) 500 Hours/Last Day Rule	0
(5) Excluded for Other Reasons	0
C. Total Not Excluded	11
(1) Total Benefiting	11
D. Highly Compensated Employees	2
(1) Benefiting	2
(2) Not Benefiting	0
E. Non-Highly Compensated Employees	9
(1) Benefiting	9
(2) Not Benefiting	0
F. Ratio Percentage or Exception	d

Exception codes: a=Only HCEs, b=No HCEs benefiting, d=All NHCEs benefiting

5500 Lines 5 & 6:

5. Total Participants at the Beginning of Plan Year	11
6a(1). Active Participants at the Beginning of the Plan Year (BOY)	11
6a(2). Active Participants at the End of the Plan Year (EOY)	9
6b. Retired or Separated Participants Receiving Benefits	0
6c. Retired or Separated Participants Entitled to Future Benefits	1
6d. Subtotal	10
6e. Deceased Participants Whose Beneficiaries are Entitled to Benefits	0
6f. Total Participants at the End of the Plan Year	10
6g(1). Participants with Account Balance at BOY (N/A for DB Plans)	
6g(2). Participants with Account Balance at EOY (N/A for DB Plans)	
6h. Terminated Participants with Accrued Benefits not 100% Vested	1

5500-SF Line 5:

5a. Total Participants at the Beginning of Plan Year	11
5b. Total Participants at the End of the Plan Year	10
5c(1). Participants with Account Balance at BOY (N/A for DB Plans)	
5c(2). Participants with Account Balance at EOY (N/A for DB Plans)	
5d(1). Active Participants at the Beginning of Plan Year	11
5d(2). Active Participants at the End of the Plan Year	9
5e. Terminated Participants with Accrued Benefits not 100% vested	1

Employee Summary (Detail)

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

- Benefiting - Form 5500 Line

	Status Code	Family Code	HCE	OE	E	K	M	(5.)	(6a1.)	(6a2.)	(6b.)	(6c.)	(6e.)	(6g1.)	(6g2.)	(6h.)
Benavides, Amanda	T130 - 04/23/2024				X	X	X									
Booker, Denise	0				Y	Y	X	x	x	x						
Chapman, Ivy	0				Y	Y	X	x	x	x						
Flint, Charles	0	A	Y		Y	Y	X	x	x	x						
Flint, Cohen	T130 - 05/20/2024	A	Y		X	X	X									
Flint, Jami	0	A	Y		Y	Y	X	x	x	x						
Flint, Sullivan	T130 - 05/20/2024				X	X	X									
Gonzalez Gutierrez, Jaqueline	T26 - 01/04/2024				Y	Y	X	x	x				x			
Kelsey, Sandra	0				Y	Y	X	x	x	x						
Kinney, Makayla	T130 - 10/21/2024				X	X	X									
Luna, Lesli	T24 - 06/20/2024				Y	X	X	x	x							x
Moyers, Amber	0				Y	Y	X	x	x	x						
Orona, Jisela	N0				Y	X	X	x	x	x						
Orona, Karla	101				X	X	X									
Potts, Kelli	101				X	X	X									
Sage, Kelly	N0				Y	X	X	x	x	x						
Serrano, Hellen	T130 - 10/02/2024				X	X	X									
Snyder, Kayla	T130 - 02/25/2024				X	X	X									
Sowell, Stephanie	0				Y	Y	X	x	x	x						
Stark, Emery	T130 - 05/09/2024				X	X	X									
Wall, Hannah	101				X	X	X									
Washington, Lisette	103				X	X	X									
Totals:								11	11	9	0	1	0	0	0	1

Benefiting:

E=Employer, K=401(k), M=401(m), OE=Otherwise Excludable

Key: Y=Benefiting, N=Not Benefiting, X=Excludable, Blank=N/A

Status Codes:

T=Terminated - Term Date, R=Retired, D=Deceased/Disabled, N=New Participant

0=Active

101=Ineligible - Minimum Service

24=Active

103=Ineligible - Participation Date in Future Period

26=Terminated - BIS

130=Terminated - Ineligible - Age/Svc

**Administrator of the
Flint Orthodontics Defined Benefit Cash Balance Plan
430 N. High St.
Henderson, TX 75652**

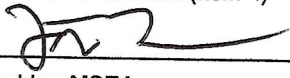

Certification of Adjusted Funding Target Attainment Percentage (AFTAP) for the 2025 Plan Year

The Pension Protection Act of 2006 (PPA) and Section 436 of the Internal Revenue Code require the calculation of a funding ratio called the Adjusted Funding Target Attainment Percentage (AFTAP) in order to determine whether the Plan is subject to new restrictions on plan amendments, lump sum distributions and benefit accruals.

Determination of AFTAP as of December 31, 2024

1. Funding Target plus Target Normal Cost	\$264,489
2. a. Market Value of Assets	\$330,121
b. Discounted Receivable Contributions, Received by AFTAP Certification date	0
c. Carryover Balance	0
d. Carryover Balance Voluntary Reduction	0
e. Carryover Balance Deemed Reduction to Avoid Restrictions	0
e1. Deemed Reduction due to Presumed AFTAP at Beginning of Plan Year	0
e2. Deemed Reduction due to Presumed AFTAP at Beginning of Fourth Month	0
e3. Deemed Reduction at Certification of AFTAP	0
f. Remaining Carryover Balance (2c - 2d - 2e)	0
g. Prefunding Balance	0
h. Portion of Excess Contribution to Add to Prefunding Balance	0
i. Prefunding Balance Voluntary Reduction	0
j. Prefunding Balance Deemed Reduction to Avoid Restrictions	0
j1. Deemed Reduction due to Presumed AFTAP at Beginning of Plan Year	0
j2. Deemed Reduction due to Presumed AFTAP at Beginning of Fourth Month	0
j3. Deemed Reduction at Certification of AFTAP	0
k. Remaining Prefunding Balance (2g + 2h - 2i - 2j)	0
3. Funding Target Attainment Percentage (FTAP Exempt) (equals items (2a + 2b) divided by item 1)	124.81%
4. Adjustment for Annuity Purchases for NHCE's during the last 2 years	\$0
5. Adjusted Funding Target Attainment Percentage (AFTAP) (equals items (2a + 2b + 4) divided by items (1 + 4))	124.81%

If FTAP Exempt (Item 3) is greater than or equal to 100% then AFTAP (Item 5) is equal to FTAP Exempt adjusted for Annuity Purchase for NHCE's (Item 4)

 Jonathan Zimble, MSEA	 Date	23-07750 Enrollment Number
--	--	-------------------------------

To the best of my knowledge, the information supplied in this certification is complete and accurate. I have relied on the asset, census, and plan provision information that has been provided by the Plan's third party administrator and/or Plan Administrator. Regulations for determining an AFTAP for a plan with an end of year valuation are not issued; however, this certification represents a good faith interpretation of the law.

401(a)(26) Minimum Participation Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Passed 401(a)(26) Minimum
Participation Test

Failed Method: Annual

A. Total Number of Employees	22
B. Excludable Employees	12
C. Total Not Excluded (A-B)	10
D. Total Benefiting	3
E. 40% of Total Not Excluded (C*.4)	4
F. Greater of E or 2 (or if C only 1,1)	4
G. Lesser of 50 or F	4

Fails 401(a)(26) Minimum Participation Test if (G) greater than (D)

Benefit accrual rates of 0.5% or more are generally considered to be meaningful benefits. This plan includes 7 participant(s) with benefit accrual rate(s) less than 0.5%.

Passed Method: Accrued-to-Date

A. Total Number of Employees	22
B. Excludable Employees	12
C. Total Not Excluded (A-B)	10
D. Total Benefiting	7
E. 40% of Total Not Excluded (C*.4)	4
F. Greater of E or 2 (or if C only 1,1)	4
G. Lesser of 50 or F	4

Passes 401(a)(26) Minimum Participation Test if (G) not greater than (D)

Benefit accrual rates of 0.5% or more are generally considered to be meaningful benefits. This plan includes 3 participant(s) with benefit accrual rate(s) less than 0.5%.

IRC Sec. 401(a)(26) for DB plans requires additional participation requirements, such that on each day of the plan year, the number of participants benefiting with a "meaningful" benefit is at least the lesser of:

(1) 50 non-excludable employees of the employer

Or

(2) the greater of

(a) 40 percent of non-excludable employees of the employer, Or

(b) 2 non-excludable employees (or if there is only 1 non-excludable employee, such employee)

401(a)(26) Minimum Participation Test (Detail)

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Passed 401(a)(26) Minimum Participation Test

H C E	O E X	Testing			Benefit Accruals		Benefit Basis					
		Att Age	Assumed Ret Age	Past Svc	Annual Compensation	Average Compensation	Annual Method	Accrued-to-Date	Annual Rate	Benefiting	Accrued-to-Date Rate	Benefiting
Non-Excludables												
Booker, Denise												
		50	65	5	34,590.83	35,028.44	9.52	14.02	0.33	N	0.48	N
Chapman, Ivy												
		47	65	3	52,511.93	51,163.53	16.73	19.94	0.38	N	0.47	N
Flint, Charles												
Y		42	65	5	345,000.00	324,251.59	813.31	1,060.26	2.83	Y	3.92	Y
Flint, Jami												
Y		39	65	5	24,905.28	23,822.44	11.72	15.29	0.56	Y	0.77	Y
Kelsey, Sandra												
		65	65	5	40,999.96	51,450.05	5.42	10.96	0.16	N	0.26	N
Luna, Lesli -- terminated 6/20/2024 no BIS - non-vested - non-vested												
		24	65	2	18,212.05	28,419.07	0.00	19.29	0.00	N	0.81	Y
Moyers, Amber												
		44	65	5	42,286.12	39,887.67	15.60	19.89	0.44	N	0.60	Y
Orona, Jisela -- new participant												
		27	65	1	36,911.56	25,217.44	31.20	31.20	1.01	Y	1.48	Y
Sage, Kelly -- new participant												
		48	65	1	38,757.97	25,594.82	11.76	11.76	0.36	N	0.55	Y
Sowell, Stephanie												
		46	65	5	36,138.37	44,588.31	12.09	20.78	0.40	N	0.56	Y
Excludables												
Benavides, Amanda -- terminated 4/23/2024 ineligible - age/svc												
		46	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Flint, Cohen -- terminated 5/20/2024 ineligible - age/svc												
Y		12	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Flint, Sullivan -- terminated 5/20/2024 ineligible - age/svc												
		10	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Gonzalez Gutierrez, Jaqueline -- terminated 1/4/2024 BIS - not yet paid												
		27	65	5	2,930.48	36,189.11	0.00	38.07	0.00	Exc	1.26	Exc
Kinney, Makayla -- terminated 10/21/2024 ineligible - age/svc												
		23	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Orona, Karla -- ineligible - minimum service												
		24	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Potts, Kelli -- ineligible - minimum service												
		49	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc

401(a)(26) Minimum Participation Test (Detail)

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Passed 401(a)(26) Minimum Participation Test

H C E	O E X	Testing			Benefit Accruals		Benefit Basis					
		Att Age	Assumed Ret Age	Past Svc	Annual Compensation	Average Compensation	Annual Method	Accrued-to-Date	Annual Rate	Benefiting	Accrued-to-Date Rate	Benefiting
Excludables												
Serrano, Hellen -- terminated 10/2/2024 ineligible - age/svc												
		27	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Snyder, Kayla -- terminated 2/25/2024 ineligible - age/svc												
		36	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Stark, Emery -- terminated 5/9/2024 ineligible - age/svc												
		23	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Wall, Hannah -- ineligible - minimum service												
		21	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Washington, Lisette -- ineligible - participation date in future period, anticipated participation 1/1/2025												
		25	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc

401(a)(4) Minimum Allocation Gateway

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Minimum Allocation Gateway -- Passed - Highest HCE DB/DC Aggregate Allocation Rate Is 15% to 25% and the Lowest NHCE Rate Is at Least 5%

A. Percentage of NHCEs benefiting primarily in the DB plan	0.00%	
B. Highest HCE DB/DC Aggregate Allocation Rate	16.75%	Minimum NHCE - 5.00%
C. Lowest NHCE DB/DC Aggregate Allocation Rate	5.00%	Luna, L
D. Average NHCE DB Equivalent Allocation Rate	0.73%	
E. Lowest NHCE DB/DC Aggregate Allocation Rate (415(c) Comp)	5.00%	
F. Average NHCE DB Equivalent Allocation Rate (415(c) Comp)	0.73%	

Treas. Reg. 1.401(a)(4)-9(b) for DC plans combined with DB plans allow 401(a)(4) cross testing (i.e. contributions are tested as equivalent benefits) if the combination:

- (1) is Primarily Defined Benefit in Nature (A. is more than 50%),
Or
- (2) satisfies a Gateway Requirement. The Gateway is satisfied If :
 - (a) B. is less than 15% And no more than 3 times C.,
 - (b) B. is 15% to 25% And C. is at least 5%, Or
 - (c) B. exceeds 25% And C. is at least 5% plus 1% for each 5% increment (Or portion thereof) that B. exceeds 25%,Or
- (3) E. is 7.5% Or greater,
Or
- (4) consists of Broadly Available Separate Plans.

401(a)(4) General Test

Flint Orthodontics Defined Benefit Cash Balance Plan For the plan year 01/01/2024 through 12/31/2024

Passed 401(a)(4) General
Non-Discrimination Test

A Rate Group passes if the Ratio Percentage is 70% or more, or if the plan passes the Average Benefit Percentage Test and the Rate Group's Ratio Percentage is greater than or equal to the mid-point between the Safe and Unsafe Harbor Percentages.

Average Benefit Percentage Test	-	Failed
NHCEs Concentration Percentage	-	81.82%
Safe Harbor Percentage	-	34.25%
Mid-Point	-	29.25%
Unsafe Harbor Percentage	-	24.25%

All Together

Failed Method: Annual without Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	13.85	17.07	2	9	22.22	1	2	50	44.44	Fail
2	1.62	2.39	8	9	88.89	2	2	100	88.89	Pass

Passed Method: Annual with Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	14.15	17.37	4	9	44.44	1	2	50	88.88	Pass
2	2.27	3.04	8	9	88.89	2	2	100	88.89	Pass

Failed Method: Accrued-to-Date without Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	3.92	8.39	0	9	0	1	2	50	0	Fail
2	0.77	1.81	3	9	33.33	2	2	100	33.33	Fail

Failed Method: Accrued-to-Date with Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	4.24	8.71	0	9	0	1	2	50	0	Fail
2	1.42	2.46	3	9	33.33	2	2	100	33.33	Fail

401(a)(4) General Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

Failed Method: Equivalent Allocation without Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees—			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	16.75	20.65	1	9	11.11	1	2	50	22.22	Fail
2	1.53	2.26	9	9	100	2	2	100	100	Pass

Failed Method: Equivalent Allocation with Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees—			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	19.54	23.44	1	9	11.11	1	2	50	22.22	Fail
2	3.08	4.52	9	9	100	2	2	100	100	Pass

401(a)(4) General Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

All Together

Failed Method: Annual without Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 13.85	≥ 1.62
				≥ 17.07	≥ 2.39
Flint, Charles	Y	13.85	17.07	Y	Y
CIs - A					
Flint, Jami	Y	1.62	2.39	*	Y
CIs - B					
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Booker, Denise		2.48	2.70	*	Y
CIs - C					
Chapman, Ivy		3.13	3.45	*	Y
CIs - C					
Gonzalez Gutierrez, Jaqueline		16.86	16.86	*	Y
CIs - C					
Kelsey, Sandra		0.79	0.79	*	*
CIs - C					
Luna, Lesli		17.95	17.95	Y	Y
CIs - C					
Moyers, Amber		16.31	16.76	*	Y
CIs - C					
Orona, Jisela		15.06	17.54	Y	Y
CIs - C					
Sage, Kelly		2.89	3.17	*	Y
CIs - C					
Sowell, Stephanie		3.38	3.74	*	Y
CIs - C					
Number of NHCE's in group:				2	8
Total number of NHCEs:				9	9
Percent of NHCEs				22.22%	88.89%
Ratio percent of NHCEs/HCEs:				44.44%	88.89%
				Fail	Pass

401(a)(4) General Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

All Together

Passed Method: Annual with Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 14.15 ≥ 17.37	≥ 2.27 ≥ 3.04
Flint, Charles	Y	14.15	17.37	Y	Y
Cls - A					
Flint, Jami	Y	2.27	3.04	*	Y
Cls - B					
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Booker, Denise		3.13	3.35	*	Y
Cls - C					
Chapman, Ivy		3.78	4.10	*	Y
Cls - C					
Gonzalez Gutierrez, Jaqueline		17.51	17.51	Y	Y
Cls - C					
Kelsey, Sandra		1.20	1.20	*	*
Cls - C					
Luna, Lesli		18.60	18.60	Y	Y
Cls - C					
Moyers, Amber		16.96	17.41	Y	Y
Cls - C					
Orona, Jisela		15.71	18.19	Y	Y
Cls - C					
Sage, Kelly		3.54	3.82	*	Y
Cls - C					
Sowell, Stephanie		4.03	4.39	*	Y
Cls - C					
Number of NHCE's in group:				4	8
Total number of NHCEs:				9	9
Percent of NHCEs				44.44%	88.89%
Ratio percent of NHCEs/HCEs:				88.88%	88.89%
				Pass	Pass

401(a)(4) General Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

All Together

Failed Method: Accrued-to-Date without Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 3.92	≥ 0.77
				≥ 8.39	≥ 1.81
Flint, Charles	Y	3.92	8.39	Y	Y
Cls - A					
Flint, Jami	Y	0.77	1.81	*	Y
Cls - B					
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Booker, Denise		0.48	0.80	*	*
Cls - C					
Chapman, Ivy		0.47	0.85	*	*
Cls - C					
Gonzalez Gutierrez, Jaqueline		1.26	4.34	*	Y
Cls - C					
Kelsey, Sandra		0.26	0.26	*	*
Cls - C					
Luna, Lesli		0.81	3.08	*	Y
Cls - C					
Moyers, Amber		0.60	1.20	*	*
Cls - C					
Orona, Jisela		1.48	5.11	*	Y
Cls - C					
Sage, Kelly		0.55	0.97	*	*
Cls - C					
Sowell, Stephanie		0.56	1.05	*	*
Cls - C					
Number of NHCE's in group:				0	3
Total number of NHCEs:				9	9
Percent of NHCEs				0%	33.33%
Ratio percent of NHCEs/HCEs:				0%	33.33%
				Fail	Fail

401(a)(4) General Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

All Together

Failed Method: Accrued-to-Date with Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 4.24	≥ 1.42
				≥ 8.71	≥ 2.46
Flint, Charles	Y	4.24	8.71	Y	Y
Cls - A					
Flint, Jami	Y	1.42	2.46	*	Y
Cls - B					
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Booker, Denise		0.96	1.45	*	*
Cls - C					
Chapman, Ivy		0.94	1.50	*	*
Cls - C					
Gonzalez Gutierrez, Jaqueline		1.91	4.99	*	Y
Cls - C					
Kelsey, Sandra		0.52	0.52	*	*
Cls - C					
Luna, Lesli		1.46	3.73	*	Y
Cls - C					
Moyers, Amber		1.20	1.85	*	*
Cls - C					
Orona, Jisela		2.13	5.76	*	Y
Cls - C					
Sage, Kelly		1.10	1.62	*	*
Cls - C					
Sowell, Stephanie		1.12	1.70	*	*
Cls - C					
Number of NHCE's in group:				0	3
Total number of NHCEs:				9	9
Percent of NHCEs				0%	33.33%
Ratio percent of NHCEs/HCEs:				0%	33.33%
				Fail	Fail

401(a)(4) General Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

All Together

Failed Method: Equivalent Allocation without Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 16.75 ≥ 20.65	≥ 1.53 ≥ 2.26
Flint, Charles Cls - A	Y	16.75	20.65	Y	Y
Flint, Jami Cls - B	Y	1.53	2.26	*	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Booker, Denise Cls - C		5.77	6.27	*	Y
Chapman, Ivy Cls - C		5.70	6.27	*	Y
Gonzalez Gutierrez, Jaqueline Cls - C		6.00	6.00	*	Y
Kelsey, Sandra Cls - C		6.25	6.28	*	Y
Luna, Lesli Cls - C		5.00	5.00	*	Y
Moyers, Amber Cls - C		23.23	23.86	Y	Y
Orona, Jisela Cls - C		5.36	6.24	*	Y
Sage, Kelly Cls - C		5.72	6.27	*	Y
Sowell, Stephanie Cls - C		5.67	6.27	*	Y
Number of NHCE's in group:				1	9
Total number of NHCEs:				9	9
Percent of NHCEs				11.11%	100%
Ratio percent of NHCEs/HCEs:				22.22%	100%
				Fail	Pass

401(a)(4) General Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

All Together

Failed Method: Equivalent Allocation with Permitted Disparity

	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 19.54 ≥ 23.44	≥ 3.08 ≥ 4.52
Flint, Charles Cls - A	Y	19.54	23.44	Y	Y
Flint, Jami Cls - B	Y	3.08	4.52	*	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Booker, Denise Cls - C		8.54	9.54	*	Y
Chapman, Ivy Cls - C		8.40	9.54	*	Y
Gonzalez Gutierrez, Jaqueline Cls - C		9.00	9.00	*	Y
Kelsey, Sandra Cls - C		9.50	9.56	*	Y
Luna, Lesli Cls - C		7.00	7.00	*	Y
Moyers, Amber Cls - C		28.93	29.56	Y	Y
Orona, Jisela Cls - C		7.72	9.48	*	Y
Sage, Kelly Cls - C		8.44	9.54	*	Y
Sowell, Stephanie Cls - C		8.34	9.54	*	Y
Number of NHCE's in group:				1	9
Total number of NHCEs:				9	9
Percent of NHCEs				11.11%	100%
Ratio percent of NHCEs/HCEs:				22.22%	100%
				Fail	Pass

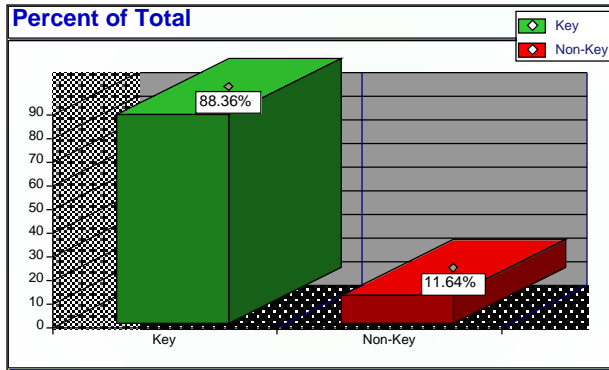
Top-Heavy Test

Flint Orthodontics Defined Benefit Cash Balance Plan

For the plan year 01/01/2024 through 12/31/2024

The Plan is Top-Heavy for the Next Plan Year

Employee Classification	Employees Considered	Account Bal/PVAB	Receivable	Excluded Bal/PVAB	Prior Distributions	Adjusted Bal/PVAB	Percent of Total
Key Employees	2	263,975.23	0.00	0.00	0.00	263,975.23	88.36%
Non-Key Employees	9	34,749.00	0.00	0.00	0.00	34,749.00	11.64%
Totals:	11	\$298,724.23	\$0.00	\$0.00	\$0.00	\$298,724.23	100.00%



Schedule SB, Part V Summary of Plan Provisions

Flint Orthodontics Defined Benefit Cash Balance Plan 83-1735042 / 002

For the plan year 01/01/2024 through 12/31/2024

<u>Employer:</u>	C. Michael Flint DDS, PLLC		
Type of Entity -	S Corporation		
EIN: 83-1735042	TIN: 85-3549918	Plan #: 002	Plan Type: Cash Balance
<u>Dates:</u>	Effective - 01/01/2020	Valuation - 12/31/2024	
	Top Heavy Years - 2021, 2022, 2023, 2024		
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union		
	Minimum age - 21	Months of service - 12	
Hours Required for - Eligibility - 1000	Benefit accrual - 1	Vesting - 1000	
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<u>Retirement:</u>	Normal -	First of month coincident with or next following attainment of age 65 and completion of 5 years of participation	
	Early -	Not provided	
<u>Average Compensation:</u>	Current compensation		
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation		
<u>Plan Benefits:</u>	Retirement -	Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits	
	Pay Credits -	Classification	Pay Credit Formula
		A	\$40,000 - Owners
		B	2% of compensation - Spouse of owner
		C	2% of compensation - Staff
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 -	None		
<u>Top Heavy Minimum:</u>	Provided in another plan		
<u>IRS Limitations:</u>	415 Limits -	Percent: 100	Dollar: \$275,000
	Maximum 401(a)(17) compensation - \$345,000		
<u>Normal Form:</u>	Life Annuity		
<u>Optional Forms:</u>	Lump Sum Joint with 50% Survivor Benefit		
<u>Vesting Schedule:</u>	100% vested in 3 years. Service is calculated using all years of service except years prior to plan effective date and age 18		
<u>Present Value of Accrued Benefit:</u>	Based on the Hypothetical Account Balance.		

Schedule SB, Part V

Summary of Plan Provisions

Flint Orthodontics Defined Benefit Cash Balance Plan
83-1735042 / 002

For the plan year 01/01/2024 through 12/31/2024

Actuarial Equivalence:

Pre-Retirement - Interest -	5%
Mortality Table -	None
Post-Retirement - Interest -	5%
Mortality Table -	20E - 2020 Applicable Mortality Table for 417(e) (unisex)