

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: [] Form 5558 [] automatic extension [] DFVC program [X] special extension (enter description) NM-202503
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 PERIODONTICS & IMPLANT CENTER OF MCKINNEY, PLLC CASH BALANCE DEFINED BENEFIT PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PERIODONTICS & IMPLANT CENTER OF MCKINNEY, PLLC 321 NORTH CENTRAL EXPRESSWAY SUITE 102 MCKINNEY, TX 75070
2b Employer Identification Number (EIN) 26-2791134
2c Sponsor's telephone number 972-540-5700
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.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 13
b Total number of participants at the end of the plan year 13
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 10
d(2) Total number of active participants at the end of the plan year 10
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, 01/10/2026, PAUL CHANG. 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 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	574563	742599
b Total plan liabilities	7b	0	1
c Net plan assets (subtract line 7b from line 7a)	7c	574563	742598
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	107000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	64028	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		171028
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) ..	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	2993	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2993
i Net income (loss) (subtract line 8h from line 8c)	8i		168035
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C 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		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? 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		175000
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? (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. Yes No

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 / 2020 (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>PERIODONTICS & IMPLANT CENTER OF MCKINNEY, PLLC CASH BALANCE DEFINED BENEFIT 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>PERIODONTICS & IMPLANT CENTER OF MCKINNEY, PLLC</u>	D Employer Identification Number (EIN) <u>26-2791134</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>634785</u>
	b Actuarial value	2b	<u>634785</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>3</u>	<u>6228</u>
	c For active participants	<u>10</u>	<u>474408</u>
	d Total	<u>13</u>	<u>480636</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>5.54 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>108249</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>108249</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>JONATHAN ZIMBLER, MSEA</u> Type or print name of actuary <u>FIDUS ACTUARIAL SOLUTIONS, LLC</u> Firm name <u>PO BOX 8606</u> <u>MADEIRA BEACH, FL 33738</u> Address of the firm	<u>01/06/2026</u> Date <u>23-07750</u> Most recent enrollment number <u>480-550-8820</u> Telephone number (including area code)
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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>14.29</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)		21877
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>5.65</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		21877
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	132.07 %
15	Adjusted funding target attainment percentage	15	125.71 %
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	172.69 %
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		
01/03/2024	1000	0	04/01/2024	1000	0		
01/19/2024	1000	0	04/16/2024	1000	0		
02/07/2024	1000	0	05/01/2024	1000	0		
02/20/2024	1000	0	05/17/2024	1000	0		
03/06/2024	1000	0	06/03/2024	1000	0		
03/19/2024	1000	0	06/18/2024	1000	0		
			Totals ▶	18(b)	107000	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	105522

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 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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
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
07/02/2024	1000	0	09/13/2024	1000	0
07/16/2024	1000	0	10/03/2024	1000	0
07/31/2024	1000	0	10/15/2024	1000	0
08/21/2024	7000	0	11/19/2024	2000	0
08/22/2024	1000	0	11/29/2024	1000	0
09/04/2024	1000	0	12/18/2024	1000	0
			Totals ▶	18(b)	18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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 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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
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
12/31/2024	1000	0			
07/09/2025	75000	0			
			Totals ▶	18(b)	18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	108249	
b Excess assets, if applicable, but not greater than line 31a	31b	108249	
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	Total balance
35 Balances elected for use to offset funding requirement	0	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 105522
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	105522	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan
26-2791134 / 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 Life Annuity

Interest Rates -	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 %
	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

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan
26-2791134 / 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

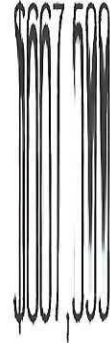
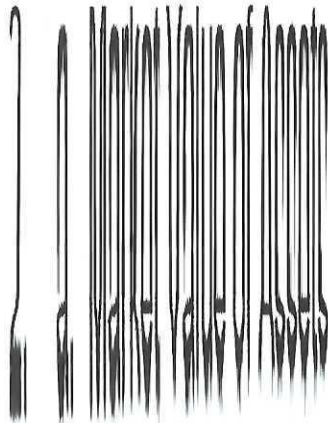
**Administrator of the
Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan
321 North Central Expressway
Suite 102
McKinney, TX 75070**

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 \$588,885



**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 Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Periodontics & Implant Center of McKinney, PLLC	D Employer Identification Number (EIN) 26-2791134	
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	634,785
	b Actuarial value	2b	634,785
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	0	0
	b For terminated vested participants	3	6,228
	c For active participants.....	10	474,408
	d Total.....	13	480,636
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	5.54%
6	Target normal cost		
	a Present value of current plan year accruals	6a	108,249
	b Expected plan-related expenses	6b	0
	c Target normal cost.....	6c	108,249

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	01/06/2026	Date
	Jonathan Zimbler, MSEA	2307750	Most recent enrollment number
	Type or print name of actuary	480-550-8820	Telephone number (including area code)
	Fidus Actuarial Solutions, LLC		
	Firm name		
	PO Box 8606		
	Madeira Beach FL 33738		
	Address of the firm		

401(a)(26) Minimum Participation Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan For the plan year 01/01/2024 through 12/31/2024

Passed 401(a)(26) Minimum
Participation Test

Passed Method: Annual

A. Total Number of Employees	29
B. Excludable Employees	19
C. Total Not Excluded (A-B)	10
D. Total Benefiting	4
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 6 participant(s) with benefit accrual rate(s) less than 0.5%.

Passed Method: Accrued-to-Date

A. Total Number of Employees	29
B. Excludable Employees	19
C. Total Not Excluded (A-B)	10
D. Total Benefiting	4
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 6 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)

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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 Life Annuity		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												
Castillo, Melissa												
		32	65	2	70,119.72	59,666.41	23.10	23.67	0.40	N	0.48	N
Chang, Anay -- new participant												
Y		38	65	1	34,832.00	22,416.00	16.00	16.00	0.55	Y	0.86	Y
Chang, Paul P.												
Y		48	65	9	345,000.00	326,666.67	1,833.51	1,120.99	6.38	Y	4.12	Y
Kaminsky, Chelsea												
		37	65	2	104,026.05	74,217.20	18.09	18.55	0.21	N	0.30	N
Marchok, Kimberly J.												
		63	65	5	77,015.02	71,717.00	5.08	5.68	0.08	N	0.10	N
McCardle, Ashlee												
		37	65	2	64,933.18	66,080.26	18.09	18.55	0.33	N	0.34	N
Montiel Hernandez, Teresa												
		39	65	2	64,535.36	62,155.64	16.41	16.82	0.31	N	0.32	N
Remele, Sarah												
		37	65	3	63,088.42	57,987.44	18.09	17.31	0.34	N	0.36	N
Roman, Jennifer												
		25	65	2	63,144.12	50,094.36	32.50	33.31	0.62	Y	0.80	Y
Watts, Hannah M.												
		27	65	6	74,094.97	72,600.10	30.87	34.70	0.50	Y	0.57	Y
Excludables												
America, Campos Meraz, -- terminated 5/15/2024 ineligible - age/svc												
		21	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Antonio, Grace -- terminated 1/1/2024 ineligible - age/svc												
		45	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Bryant, Morgan -- terminated 4/1/2024 ineligible - age/svc												
		28	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Chang, Chloe -- ineligible - minimum service												
Y		10	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Chang, Liam P. -- ineligible - minimum service												
Y		7	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Chang, Oliver -- ineligible - minimum service												
Y		5	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Ellson, Calli LEE -- terminated 4/1/2024 ineligible - age/svc												
		35	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc

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

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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		Life Annuity		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												
Figueroa, Steysi -- terminated 2/26/2024 ineligible - age/svc												
		30	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Fisher, Evon -- ineligible - minimum service												
		36	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Johnston, Sarah Elizabeth -- terminated 1/15/2024 ineligible - age/svc												
		35	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Jones, Joanna -- terminated 1/31/2024 ineligible - age/svc												
		56	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Loftis, Jasmine -- terminated 1/31/2024 ineligible - age/svc												
		34	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Rodriguez, Ana -- ineligible - minimum service, anticipated participation 7/1/2025												
		25	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Romano, Anayely -- ineligible - minimum service												
		23	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Rutherford, Tammy -- terminated 6/6/2024 ineligible - age/svc												
		53	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Soto, Ixel -- ineligible - minimum service, anticipated participation 7/1/2025												
		26	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Stafford, Amy -- ineligible - minimum service												
		48	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Thomas, Faith -- terminated 4/1/2024 ineligible - age/svc												
		44	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc
Thompson, Julia -- terminated 10/15/2024 ineligible - age/svc												
		37	0	0	0.00	0.00	0.00	0.00	0.00	Exc	0.00	Exc

410(b) Minimum Coverage Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan For the plan year 01/01/2024 through 12/31/2024

H C E	B E N	O X	Att Age	Testing		Benefit Accruals			Percentages				Equivalent Contribution Basis	
				Testing Age	Past Svc	Annual Compensation	Annual Method	Accrued-to-Date	Annual w/o PD	Annual with PD	Accrued-to-Date w/o PD	Accrued-to-Date with PD	Annual w/o PD	Annual with PD
Highly Compensated														
Chang, Anay -- new participant														
Y	Y		38	65	1	34,832.00	16.00	16.00	6.28	6.93	0.86	1.51	5.48	10.96
Chang, Paul P.														
Y	Y		48	65	9	345,000.00	1,833.51	1,120.99	15.98	16.26	4.12	4.42	31.54	34.33
Subtotals:						\$379,832.00			22.26	23.19	4.98	5.93	37.02	45.29
Total HCEs						2								
Average Benefit Percentage									11.13	11.60	2.49	2.97	18.51	22.65
Non-Highly Compensated														
Castillo, Melissa														
Y			32	65	2	70,119.72	23.10	23.67	9.75	10.40	0.48	0.96	5.21	7.42
Kaminsky, Chelsea														
Y			37	65	2	104,026.05	18.09	18.55	6.43	7.08	0.30	0.60	5.17	7.34
Marchok, Kimberly J.														
Y			63	65	5	77,015.02	5.08	5.68	1.61	1.99	0.10	0.20	10.79	13.32
McCardle, Ashlee														
Y			37	65	2	64,933.18	18.09	18.55	6.55	7.20	0.34	0.68	5.27	7.54
Montiel Hernandez, Teresa														
Y			39	65	2	64,535.36	16.41	16.82	8.74	9.39	0.32	0.64	8.28	10.57
Remele, Sarah														
Y			37	65	3	63,088.42	18.09	17.31	13.10	13.75	0.36	0.72	10.54	12.82
Roman, Jennifer														
Y			25	65	2	63,144.12	32.50	33.31	17.16	17.81	0.80	1.45	5.19	7.38
Watts, Hannah M.														
Y			27	65	6	74,094.97	30.87	34.70	25.49	26.14	0.57	1.14	9.07	12.05
Subtotals:						\$580,956.84			88.83	93.76	3.27	6.39	59.52	78.44
Total NHCEs						8								
Average Benefit Percentage									11.10	11.72	0.41	0.80	7.44	9.80
Average Benefit Percentage Test									99.73%	101.03%	16.47%	26.94%	40.19%	43.27%
									Pass	Pass	Fail	Fail	Fail	Fail

401(a)(4) Minimum Allocation Gateway

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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	24.99%	Minimum NHCE - 5.00%
C. Lowest NHCE DB/DC Aggregate Allocation Rate	5.27%	Marchok, K
D. Average NHCE DB Equivalent Allocation Rate	0.27%	
E. Lowest NHCE DB/DC Aggregate Allocation Rate (415(c) Comp)	5.27%	
F. Average NHCE DB Equivalent Allocation Rate (415(c) Comp)	0.27%	

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

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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	-	Passed
NHCEs Concentration Percentage	-	80.00%
Safe Harbor Percentage	-	35.00%
Mid-Point	-	30.00%
Unsafe Harbor Percentage	-	25.00%

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	12.66	18.67	1	8	12.5	1	2	50	25	Fail
2	6.28	7.30	3	8	37.5	2	2	100	37.5	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	12.94	18.95	2	8	25	1	2	50	50	Pass
2	6.93	7.95	3	8	37.5	2	2	100	37.5	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	4.12	8.00	0	8	0	1	2	50	0	Fail
2	0.86	2.44	0	8	0	2	2	100	0	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	4.42	8.30	0	8	0	1	2	50	0	Fail
2	1.51	3.09	0	8	0	2	2	100	0	Fail

401(a)(4) General Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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	24.99	36.85	0	8	0	1	2	50	0	Fail
2	5.48	6.37	1	8	12.5	2	2	100	12.5	Fail

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	27.78	39.64	0	8	0	1	2	50	0	Fail
2	10.96	12.07	0	8	0	2	2	100	0	Fail

401(a)(4) General Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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
				≥ 12.66	≥ 6.28
				≥ 18.67	≥ 7.30
Chang, Anay	Y	6.28	7.30	*	Y
CIs - B					
Chang, Paul P.	Y	12.66	18.67	Y	Y
CIs - A					
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Castillo, Melissa		9.75	10.77	*	Y
CIs - B					
Kaminsky, Chelsea		6.43	6.84	*	*
CIs - B					
Marchok, Kimberly J.		0.83	0.84	*	*
CIs - B					
McCardle, Ashlee		6.55	7.21	*	*
CIs - B					
Montiel Hernandez, Teresa		5.59	6.12	*	*
CIs - B					
Remele, Sarah		6.56	7.24	*	*
CIs - B					
Roman, Jennifer		17.16	19.45	Y	Y
CIs - B					
Watts, Hannah M.		16.80	18.48	*	Y
CIs - B					
Number of NHCE's in group:				1	3
Total number of NHCEs:				8	8
Percent of NHCEs				12.5%	37.5%
Ratio percent of NHCEs/HCEs:				25%	37.5%
				Fail	Pass

401(a)(4) General Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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
				≥ 12.94 ≥ 18.95	≥ 6.93 ≥ 7.95
Chang, Anay Cls - B	Y	6.93	7.95	*	Y
Chang, Paul P. Cls - A	Y	12.94	18.95	Y	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Castillo, Melissa Cls - B		10.40	11.42	*	Y
Kaminsky, Chelsea Cls - B		7.08	7.49	*	*
Marchok, Kimberly J. Cls - B		1.21	1.23	*	*
McCardle, Ashlee Cls - B		7.20	7.86	*	*
Montiel Hernandez, Teresa Cls - B		6.24	6.77	*	*
Remele, Sarah Cls - B		7.21	7.89	*	*
Roman, Jennifer Cls - B		17.81	20.10	Y	Y
Watts, Hannah M. Cls - B		17.45	19.13	Y	Y
Number of NHCE's in group:				2	3
Total number of NHCEs:				8	8
Percent of NHCEs				25%	37.5%
Ratio percent of NHCEs/HCEs:				50%	37.5%
				Pass	Pass

401(a)(4) General Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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
				≥ 4.12 ≥ 8.00	≥ 0.86 ≥ 2.44
Chang, Anay Cls - B	Y	0.86	2.44	*	Y
Chang, Paul P. Cls - A	Y	4.12	8.00	Y	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Castillo, Melissa Cls - B		0.48	1.71	*	*
Kaminsky, Chelsea Cls - B		0.30	0.89	*	*
Marchok, Kimberly J. Cls - B		0.10	0.10	*	*
McCardle, Ashlee Cls - B		0.34	1.00	*	*
Montiel Hernandez, Teresa Cls - B		0.32	0.89	*	*
Remele, Sarah Cls - B		0.36	1.06	*	*
Roman, Jennifer Cls - B		0.80	3.76	*	*
Watts, Hannah M. Cls - B		0.57	2.50	*	*
Number of NHCE's in group:				0	0
Total number of NHCEs:				8	8
Percent of NHCEs				0%	0%
Ratio percent of NHCEs/HCEs:				0%	0%
				Fail	Fail

401(a)(4) General Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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
				≥ 4.42 ≥ 8.30	≥ 1.51 ≥ 3.09
Chang, Anay Cls - B	Y	1.51	3.09	*	Y
Chang, Paul P. Cls - A	Y	4.42	8.30	Y	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Castillo, Melissa Cls - B		0.96	2.36	*	*
Kaminsky, Chelsea Cls - B		0.60	1.54	*	*
Marchok, Kimberly J. Cls - B		0.20	0.20	*	*
McCardle, Ashlee Cls - B		0.68	1.65	*	*
Montiel Hernandez, Teresa Cls - B		0.64	1.54	*	*
Remele, Sarah Cls - B		0.72	1.71	*	*
Roman, Jennifer Cls - B		1.45	4.41	*	*
Watts, Hannah M. Cls - B		1.14	3.15	*	*
Number of NHCE's in group:				0	0
Total number of NHCEs:				8	8
Percent of NHCEs				0%	0%
Ratio percent of NHCEs/HCEs:				0%	0%
				Fail	Fail

401(a)(4) General Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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
				≥ 24.99	≥ 5.48
				≥ 36.85	≥ 6.37
Chang, Anay Cls - B	Y	5.48	6.37	*	Y
Chang, Paul P. Cls - A	Y	24.99	36.85	Y	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Castillo, Melissa Cls - B		5.21	5.76	*	*
Kaminsky, Chelsea Cls - B		5.17	5.50	*	*
Marchok, Kimberly J. Cls - B		5.53	5.58	*	*
McCardle, Ashlee Cls - B		5.27	5.80	*	*
Montiel Hernandez, Teresa Cls - B		5.29	5.79	*	*
Remele, Sarah Cls - B		5.28	5.82	*	*
Roman, Jennifer Cls - B		5.19	5.88	*	*
Watts, Hannah M. Cls - B		5.98	6.58	*	Y
Number of NHCE's in group:				0	1
Total number of NHCEs:				8	8
Percent of NHCEs				0%	12.5%
Ratio percent of NHCEs/HCEs:				0%	12.5%
				Fail	Fail

401(a)(4) General Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan For the plan year 01/01/2024 through 12/31/2024

All Together

Failed Method: Equivalent Allocation with Permitted Disparity

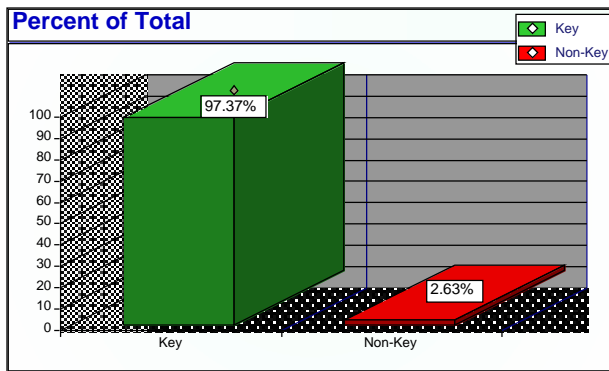
	H C E	Rate		Rate	Rate
		Norm	MVAR	Group 1	Group 2
				≥ 27.78 ≥ 39.64	≥ 10.96 ≥ 12.07
Chang, Anay Cls - B	Y	10.96	12.07	*	Y
Chang, Paul P. Cls - A	Y	27.78	39.64	Y	Y
Number of HCEs in group:				1	2
Total number of HCEs:				2	2
Percent of HCEs:				50%	100%
Castillo, Melissa Cls - B		7.42	8.52	*	*
Kaminsky, Chelsea Cls - B		7.34	8.00	*	*
Marchok, Kimberly J. Cls - B		8.06	8.16	*	*
McCardle, Ashlee Cls - B		7.54	8.60	*	*
Montiel Hernandez, Teresa Cls - B		7.58	8.58	*	*
Remele, Sarah Cls - B		7.56	8.64	*	*
Roman, Jennifer Cls - B		7.38	8.76	*	*
Watts, Hannah M. Cls - B		8.96	10.16	*	*
Number of NHCE's in group:				0	0
Total number of NHCEs:				8	8
Percent of NHCEs				0%	0%
Ratio percent of NHCEs/HCEs:				0%	0%
				Fail	Fail

Top-Heavy Test

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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	716,024.85	0.00	0.00	0.00	716,024.85	97.37%
Non-Key Employees	8	19,328.13	0.00	0.00	0.00	19,328.13	2.63%
Excluded Employees	3	8,211.38	0.00	8,211.38	0.00	0.00	
Totals:	13	\$743,564.36	\$0.00	\$8,211.38	\$0.00	\$735,352.98	100.00%



Employee Summary

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan For the plan year 01/01/2024 through 12/31/2024

— Defined Benefit —

All

A. Total Number of Employees	29
B. Less Excludable Employees	19
(1) Minimum Age and Service	19
(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	10
(1) Total Benefiting	10
D. Highly Compensated Employees	2
(1) Benefiting	2
(2) Not Benefiting	0
E. Non-Highly Compensated Employees	8
(1) Benefiting	8
(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	13
6a(1). Active Participants at the Beginning of the Plan Year (BOY)	10
6a(2). Active Participants at the End of the Plan Year (EOY)	10
6b. Retired or Separated Participants Receiving Benefits	0
6c. Retired or Separated Participants Entitled to Future Benefits	3
6d. Subtotal	13
6e. Deceased Participants Whose Beneficiaries are Entitled to Benefits	0
6f. Total Participants at the End of the Plan Year	13
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	0

5500-SF Line 5:

5a. Total Participants at the Beginning of Plan Year	13
5b. Total Participants at the End of the Plan Year	13
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	10
5d(2). Active Participants at the End of the Plan Year	10
5e. Terminated Participants with Accrued Benefits not 100% vested	0

Employee Summary (Detail)

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit 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.)
America, Campos Meraz,	T130 - 05/15/2024			X	X	X									
Antonio, Grace	T130 - 01/01/2024			X	X	X									
Bryant, Morgan	T130 - 04/01/2024			X	X	X									
Castillo, Melissa	0			Y	X	X	x	x	x						
Chang, Anay	N0	A	Y	Y	X	X	x	x	x						
Chang, Chloe	101	A	Y	X	X	X									
Chang, Liam P.	101	A	Y	X	X	X									
Chang, Oliver	101	A	Y	X	X	X									
Chang, Paul P.	0	A	Y	Y	Y	X	x	x	x						
Daughtry, Kimberly	T40 - 12/21/2023						x						x		
Ellson, Calli LEE	T130 - 04/01/2024			X	X	X									
Figuroa, Steysi	T130 - 02/26/2024			X	X	X									
Fisher, Evon	101			X	X	X									
Johnston, Sarah Elizabeth	T130 - 01/15/2024			X	X	X									
Jones, Joanna	T130 - 01/31/2024			X	X	X									
Kaminsky, Chelsea	0			Y	X	X	x	x	x						
Leatherman, Emerald	T40 - 12/21/2023						x						x		
Loftis, Jasmine	T130 - 01/31/2024			X	X	X									
Marchok, Kimberly J.	0			Y	Y	X	x	x	x						
McCardle, Ashlee	0			Y	X	X	x	x	x						
Montiel Hernandez, Teresa	0			Y	Y	X	x	x	x						
Petire (Sanguinetti, Heather M.	T40 - 07/31/2023						x						x		
Remele, Sarah	0			Y	Y	X	x	x	x						
Rodriguez, Ana	101			X	X	X									
Roman, Jennifer	0			Y	X	X	x	x	x						
Romano, Anayely	101			X	X	X									
Rutherford, Tammy	T130 - 06/06/2024			X	X	X									
Soto, Ixel	101			X	X	X									
Stafford, Amy	101			X	X	X									
Thomas, Faith	T130 - 04/01/2024			X	X	X									
Thompson, Julia	T130 - 10/15/2024			X	X	X									
Watts, Hannah M.	0			Y	Y	X	x	x	x						
Totals:							13	10	10	0	3	0	0	0	0

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

40=Terminated - in Prior Year

101=Ineligible - Minimum Service

130=Terminated - Ineligible - Age/Svc

Schedule SB, line 19 - Discounted Employer Contributions

**Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan
26-2791134 / 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	01/03/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,055	0	0	5.54	0.00
Deposited Contribution	01/19/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,052	0	0	5.54	0.00
Deposited Contribution	02/07/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,050	0	0	5.54	0.00
Deposited Contribution	02/20/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,048	0	0	5.54	0.00
Deposited Contribution	03/06/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,045	0	0	5.54	0.00
Deposited Contribution	03/19/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,043	0	0	5.54	0.00
Deposited Contribution	04/01/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,041	0	0	5.54	0.00
Deposited Contribution	04/16/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,039	0	0	5.54	0.00
Deposited Contribution	05/01/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,037	0	0	5.54	0.00
Deposited Contribution	05/17/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,034	0	0	5.54	0.00
Deposited Contribution	06/03/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,032	0	0	5.54	0.00
Deposited Contribution	06/18/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,029	0	0	5.54	0.00
Deposited Contribution	07/02/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,027	0	0	5.54	0.00
Deposited Contribution	07/16/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,025	0	0	5.54	0.00
Deposited Contribution	07/31/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,023	0	0	5.54	0.00
Deposited Contribution	08/21/2024	\$7,000					
Applied to Additional Contribution	12/31/2024	7,000	7,137	0	0	5.54	0.00
Deposited Contribution	08/22/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,019	0	0	5.54	0.00
Deposited Contribution	09/04/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,018	0	0	5.54	0.00
Deposited Contribution	09/13/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,016	0	0	5.54	0.00
Deposited Contribution	10/03/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,013	0	0	5.54	0.00
Deposited Contribution	10/15/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,011	0	0	5.54	0.00
Deposited Contribution	11/19/2024	\$2,000					
Applied to Additional Contribution	12/31/2024	2,000	2,012	0	0	5.54	0.00
Deposited Contribution	11/29/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,005	0	0	5.54	0.00
Deposited Cont for Funding (430) only	12/18/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,002	0	0	5.54	0.00
Deposited Contribution	12/31/2024	\$1,000					
Applied to Additional Contribution	12/31/2024	1,000	1,000	0	0	5.54	0.00

**Schedule SB, line 19 -
Discounted Employer Contributions**

**Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan
26-2791134 / 002**

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

Valuation Date: 12/31/2024

Deposited Contribution	07/29/2025	\$75,000						
Applied to Additional Contribution	12/31/2024	75,000	72,709	0	0	5.54	0.00	
Totals for Deposited Contribution		\$107,000	\$105,522	\$0	\$0			

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

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan

26-2791134 / 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, Part V

Summary of Plan Provisions

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan 26-2791134 / 002

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

<u>Employer:</u>	Periodontics & Implant Center of McKinney, PLLC		
Type of Entity -	S Corporation		
EIN: 26-2791134	TIN: 81-4794997	Plan #: 002	Plan Type: Cash Balance
<u>Dates:</u>	Effective - 01/01/2016		Valuation - 12/31/2024
	Top Heavy Years - 2016, 2017, 2018, 2019, 2020, 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 - 1000	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	\$130,000	
	B	2% of compensation 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 -	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		
<u>Present Value of Accrued Benefit:</u>	Based on the Hypothetical Account Balance.		

Schedule SB, Part V

Summary of Plan Provisions

Periodontics & Implant Center of McKinney, PLLC Cash Balance Defined Benefit Plan
26-2791134 / 002

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

Actuarial Equivalence:

Pre-Retirement - Interest -	4.15%
Mortality Table -	None
Post-Retirement - Interest -	4.15%
Mortality Table -	Applicable Mortality Table - IRC 417(e)(3)