

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 section 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 2009 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input checked="" type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>JEFFREY D. MORGAN, D.M.D., P.S. DEFINED BENEFIT PENSION PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>01/01/2009</u>
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>JEFFREY D. MORGAN, D.M.D., P.S.</u> <u>7103 W. GRANDRIDGE BLVD., STE. G</u> <u>KENNEWICK, WA 99336</u>	2b Employer Identification Number (EIN) <u>74-3058536</u> 2c Plan sponsor's telephone number <u>509-737-1800</u> 2d Business code (see instructions) <u>621210</u>
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>JEFFREY D. MORGAN, D.M.D., P.S.</u> <u>7103 W. GRANDRIDGE BLVD., STE. G</u> <u>KENNEWICK, WA 99336</u>	3b Administrator's EIN <u>74-3058536</u> 3c Administrator's telephone number <u>509-737-1800</u>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a <u>34</u>
b Total number of participants at the end of the plan year	5b <u>34</u>
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information
7 Plan Assets and Liabilities	
	(a) Beginning of Year (b) End of Year
a Total plan assets	7a <u>0</u> <u>86088</u>
b Total plan liabilities	7b
c Net plan assets (subtract line 7b from line 7a)	7c <u>0</u> <u>86088</u>
8 Income, Expenses, and Transfers for this Plan Year	
	(a) Amount (b) Total
a Contributions received or receivable from:	
(1) Employers	8a(1) <u>86088</u>
(2) Participants	8a(2)
(3) Others (including rollovers)	8a(3)
b Other income (loss)	8b <u>0</u>
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c <u>86088</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d
e Certain deemed and/or corrective distributions (see instructions)	8e
f Administrative service providers (salaries, fees, commissions)	8f
g Other expenses	8g
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h <u>0</u>
i Net income (loss) (subtract line 8h from line 8c)	8i <u>86088</u>
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:

1A 1C 1D 1G

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? (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		100000
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.)			
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)) ☒ Yes ☐ No

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 12a or 12b, 12c, 12d, and 12e below, as applicable.)

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 during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ 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)

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	JEFFREY D. MORGAN, D.M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	JEFFREY D. MORGAN, D.M.D.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 2009 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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 JEFFREY D. MORGAN, D.M.D., P.S. DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JEFFREY D. MORGAN, D.M.D., P.S.	D Employer Identification Number (EIN) 74-3058536
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 01 Day 01 Year 2009	
2 Assets:	
a Market value.....	2a 0
b Actuarial value.....	2b 0
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 0 0
b For terminated vested participants.....	3b 0 0
c For active participants:	
(1) Non-vested benefits.....	3c(1) 0
(2) Vested benefits.....	3c(2) 0
(3) Total active.....	3c(3) 34 0
d Total.....	3d 34 0
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 6.59 %
6 Target normal cost.....	6 49175

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		09/24/2010
Signature of actuary		Date
KATHLEEN ARENDT, MSPA, MAAA		08-03770
Type or print name of actuary		Most recent enrollment number
LIBMAN, KADAVY & COMPANY, INC.		216-398-3888
Firm name		Telephone number (including area code)
5755 GRANGER ROAD, SUITE 501 INDEPENDENCE, OH 44131-1442		
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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>0.00</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>0.00</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	100.00 %
15	Adjusted funding target attainment percentage.....	15	100.00 %
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
07/05/2010	86088				
Totals ►			18(b)	86088	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 contribution 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	78173
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 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 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: 5.09 %	2nd segment: 6.16 %	3rd segment: 6.58 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 62
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	49175
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		0
b Waiver amortization installment		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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	49175
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	49175
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	78173
38 Interest-adjusted excess contributions for current year (see instructions).....	38	28998
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Jeffrey D. Morgan, D.M.D, P.S. Defined Benefit Pension Plan
EIN / PN: 74-3058536 / 002

Each participant is assumed to retire at his/her Normal Retirement Age as shown on the Schedule SB, Line 22. Any participant who has already reached Normal Retirement Age is assumed to retire at the end of the plan year.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<u>Effective Date</u>	January 1, 2009						
<u>Employees Covered</u>	Categories I - IV Category I: Shareholder employee who is a dentist. Category II: spouse of a Category I Participant. Category III: Dental Assistants or Sterilize Assistants. Category IV: All other employees, except children of Key Employees, not in Categories I-III.						
<u>Normal Retirement</u>							
Eligibility	Age 62						
Accrued Benefit	Account Balance for Categories I and II. Account Balance offset by Vested Profit Sharing Account Balance for Categories III and IV. Notwithstanding the foregoing, a Category III Participant's benefit shall not be less than the minimum benefit which is a single life annuity benefit of 0.5% of compensation for each year as a Participant.						
<u>Annual Allocation</u>	For Category I, 10 times Benefit Compensation. For Category II, \$100. For Category III, the greater of \$200 or 2% of compensation, but not less than the 0.5% minimum annuity benefit. For Category IV, 2% of compensation.						
<u>Pre-retirement Death Benefit</u>	The Participant's Vested Account Balance						
<u>Termination of Employment</u>							
Benefit	The Participant's Vested Account Balance A Participant's Vesting Percentage is determined according to the following schedule:						
	<table> <tr> <th><u>Service</u></th><th><u>Vesting Pctg.</u></th></tr> <tr> <td>0-2 Years</td><td>0%</td></tr> <tr> <td>3 Years</td><td>100%</td></tr> </table>	<u>Service</u>	<u>Vesting Pctg.</u>	0-2 Years	0%	3 Years	100%
<u>Service</u>	<u>Vesting Pctg.</u>						
0-2 Years	0%						
3 Years	100%						

Jeffrey D. Morgan, D.M.D, P.S. Defined Benefit Pension Plan

EIN / PN: 74-3058536 / 002

SUMMARY OF PRINCIPAL PLAN PROVISIONS (continued)Contributions

The Company pays the actuarially determined cost of the Plan.

Plan Amendments

Most Recent Signed

Effective Date

N/A

N/A

There was no IRC 412(d)(2) election for this year.

Note

This plan is a statutory hybrid plan per the IRC Section 411(a)(13) and the IRS Regulations thereunder.

ACTUARIAL ASSUMPTIONS**Actuarial assumptions**Mortality

Active Employees

- ** Post-Retirement - For purpose of lump sum determination:
 Pursuant to plan actuarial equivalence: 1994 Group Annuity
 Reserving Table (Blended)
 Pursuant to IRC 417(e): 2009 Applicable Table (Blended)
 published in IRS Notice 2008-85

* Pre-Retirement - none

Retired Employees

Same as active employees

Rate of Retirement

100% at age 62

Weighted Average Retirement Age

Age 62

Rate of Disability

* None

Salary Scale

* None

Rate of Employee

* None

TurnoverCash Balance Interest Credit

4.17% per year

RateProvision for Expenses

None, as expenses are assumed to be paid directly by the
 Plan sponsor

Form of Benefit Payments

Lump Sum Distribution

Discount Rates

** Segment 1	5.09%
** Segment 2	6.16%
** Segment 3	6.58%
Applicable Month	10/1/2008
FAS 35	6.59%
Effective Rate	6.59%

* Given Plan provisions and the Actuarial Cost Method, these assumptions would have no material impact on either the Minimum Funding Requirement or on the present value of future benefits payable from the Plan.

** The discount segment rates and mortality assumptions are prescribed by the IRC and IRS Regulations.

ACTUARIAL ASSUMPTIONS (continued)**Actuarial Methods**Actuarial Cost Method

The actuarial cost method used to determine the actuarial target liability and target normal cost is the Unit Credit Actuarial Cost Method, as required under IRC Section 430.

Asset Valuation Method

Market value of all Trust Investments, plus any accrued but unpaid contributions to the Trust discounted to the Valuation Date.

Other Facts Relevant To The Valuation Of This PlanEmployee Data

An employee census as of the Valuation Date was supplied by the Company and included all employees in the Eligible Class. We did not audit the census.

Asset Data

Asset data as of the Valuation Date and contribution amounts and dates were supplied by the Company. We did not audit the asset data.

Events and Trends Which
Have Not Been Taken
Into Account

To the best of our knowledge, there has been no event or trend which has not been taken into account and which may require a material change in plan costs or required contribution rates. In addition, no Plan amendments adopted and effective after the valuation date of January 1, 2009 were considered for this Valuation, nor do any exist of which we are aware except statutory CPI increases in maximum benefits and considered compensation.

AGE, SALARY AND SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

Attachment to Sch. SB

Line 26 – Schedule of Active Participant Data

Jeffrey D. Morgan, D.M.D., P.S. Defined Benefit Pension Plan

EIN / PN: 74-3058536 / 002

Attained Age at 1/1/2009	Years of Service						Total
	0-4	5-9	10-14	15-19	20-24	25-29	30+ Total
Under 25	9	0	0	0	0	0	9
25-29	9	0	0	0	0	0	9
30-34	8	1	0	0	0	0	9
35-39	1	2	0	0	0	0	3
40-44	2	1	0	0	0	0	3
45-49	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0
55-59	1	0	0	0	0	0	1
60-64	0	0	0	0	0	0	0
Over 64	0	0	0	0	0	0	0
Total	30	4	0	0	0	0	34

Since there are fewer than 1,000 active participants, salary averages are not required.

Attachment to Sch SB

Line 19 – Discounted Employer Contributions

Jeffrey D. Morgan, D.M.D., P.S. Defined Benefit Pension Plan

EIN / PN: 74-3058536 / 002

<u>Date</u>	<u>Amount of Contribution</u>	<u>Plan Year Applied</u>	<u>Effective Interest Rate</u>	<u>Discounted Amount as of 1/1/09</u>
7/5/10	\$86,087.55	2009	6.59%	\$78,173.16
Totals	\$86,087.55			\$78,173.16

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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**B** Three-digit
plan number (PN) ▶

002

Jeffrey D. Morgan, D.M.D., P.S. Defined Benefit Pension Plan and Trust

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**D** Employer Identification Number (EIN)

Jeffrey D. Morgan, D.M.D., P.S.

74-3058536

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 0**b** Actuarial value..... **2b** 0**3** Funding target/participant count breakdown**(1) Number of participants****(2) Funding Target****a** For retired participants and beneficiaries receiving payment..... **3a** 0**b** For terminated vested participants..... **3b** 0**c** For active participants:**(1)** Non-vested benefits..... **3c(1)** 0**(2)** Vested benefits..... **3c(2)** 0**(3)** Total active..... **3c(3)** 34 0**d** Total..... **3d** 34 0**4** If the plan is at-risk, check the box and complete items (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions..... **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate..... **5** 6.59 %**6** Target normal cost..... **6** 49,175**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***Ka*

Signature of actuary

Kathleen Arendt, MSPA, MAAA

Type or print name of actuary

Libman, Kadavy & Company, Inc.

Firm name

5755 Granger Road, Suite 501

Independence

OH 44131-1442

Address of the firm

9-24-10

Date

08-03770

Most recent enrollment number

(216) 398-3888

Telephone number (including area code)

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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	0	
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	
9 Amount remaining (Item 7 minus item 8)	0	
10 Interest on item 9 using prior year's actual return of <u> .00 </u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of <u> .00 </u> %		
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 Reduction in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	

Part III Funding percentages

14 Funding target attainment percentage	14	100.00 %
15 Adjusted funding target attainment percentage	15	100.00 %
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

(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
07/05/2010	86,088				
Totals ▶			18(b)	86,088	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 contribution 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	78,173

20 Quarterly contributions and liquidity shortfalls:

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

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

c If 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:
5.09 %2nd segment:
6.16 %3rd segment:
6.58 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b****22** Weighted average retirement age**22****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** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) 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 contribution for all prior years**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....**29****30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....**30****Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions).....**31**

49,175

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment**b** Waiver amortization installment**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....**34**

49,175

35 Balances used to offset funding requirement

Carryover balance

Prefunding balance

Total balance

36 Additional cash requirement (item 34 minus item 35).....**36**

49,175

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....**37**

78,173

38 Interest-adjusted excess contributions for current year (see instructions).....**38**

28,998

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....**39**

0

40 Unpaid minimum required contribution for all years**40**

0