

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 01/01/2009 and ending 12/31/2009					
A This return/report is for:		☒ single-employer plan		☐ multiple-employer plan (not multiemployer)	
B This return/report is for:		☐ first return/report		☐ final return/report	
		☒ an amended return/report		☐ short plan year return/report (less than 12 months)	
C Check box if filing under:		☐ Form 5558		☐ automatic extension	
		☐ special extension (enter description)		☐ DFVC program	
Part II Basic Plan Information—enter all requested information					
1a Name of plan			1b Three-digit plan number (PN) ▶		001
RIVERSIDE DENTAL, INC. DEFINED BENEFIT PLAN			1c Effective date of plan		01/01/2006
2a Plan sponsor's name and address (employer, if for single-employer plan)			2b Employer Identification Number (EIN)		80-0021452
RIVERSIDE DENTAL, INC.			2c Plan sponsor's telephone number		208-785-0878
1120 PARKWAY DRIVE BLACKFOOT, ID 83221			2d Business code (see instructions)		621210
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")			3b Administrator's EIN		80-0021452
RIVERSIDE DENTAL, INC. 1120 PARKWAY DRIVE BLACKFOOT, ID 83221			3c Administrator's telephone number		208-785-0878
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		5
b Total number of participants at the end of the plan year			5b		5
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.)			☒ 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 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	170911		187687	
b Total plan liabilities	7b				
c Net plan assets (subtract line 7b from line 7a)	7c	170911		187687	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
a Contributions received or receivable from:					
(1) Employers	8a(1)	10000			
(2) Participants	8a(2)				
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	6777			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			16777	
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			0	
i Net income (loss) (subtract line 8h from line 8c)	8i			16777	
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 1I 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? (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		25000
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		750
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** 0

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.	07/15/2010	BRADFORD HARPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2010	BRADFORD HARPER
	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
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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 <u>RIVERSIDE DENTAL, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RIVERSIDE DENTAL, INC.</u>	D Employer Identification Number (EIN) <u>80-0021452</u>
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 <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>170893</u>
b	Actuarial value 2b <u>170893</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>0</u> <u>0</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>159562</u>
(3)	Total active 3c(3) <u>3</u> <u>159562</u>
d	Total 3d <u>3</u> <u>159562</u>
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 <u>6.43</u> %
6	Target normal cost 6 <u>62246</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	<u>07/13/2010</u>
Signature of actuary	Date
<u>OSMUNDO BERNABE</u>	<u>08-04052</u>
Type or print name of actuary	Most recent enrollment number
<u>AMERICAN NATIONAL INSURANCE COMPANY</u>	<u>800-899-6505</u>
Firm name	Telephone number (including area code)
<u>ONE MOODY PLAZA</u> <u>GALVESTON, TX 77550</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice 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)	7596	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).....	7596	0
10	Interest on item 9 using prior year's actual return of <u>4.05</u> %	308	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1954
b	Interest on (a) using prior year's effective rate of <u>5.92</u> %		116
c	Total available at beginning of current plan year to add to prefunding balance		2070
d	Portion of (c) to be added to prefunding balance.....		2070
12	Reduction in balances due to elections or deemed elections.....	7904	2070
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	100.85 %
15	Adjusted funding target attainment percentage.....	15	107.10 %
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	139.93 %
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
07/20/2009	5000				
09/28/2009	5000				
Totals ►			18(b)	10000	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	9607
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: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ 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) ☒ 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	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	60889
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 (item 31 + item 32a + item 32b – item 33).....	34	60889
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	7904	2070
36 Additional cash requirement (item 34 minus item 35).....	36	50915
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	9607
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	41308
40 Unpaid minimum required contribution for all years	40	41308

**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 Riverside Dental, Inc. Defined Benefit Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Riverside Dental, Inc.	D Employer Identification Number (EIN) 80-0021452
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 <u>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	170,893
b Actuarial value.....	2b	170,893
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)	159,562
(3) Total active.....	3c(3)	3
d Total.....	3d	3
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	6.43 %
6 Target normal cost.....	6	62,246

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

Osmundo Bernabe

Type or print name of actuary

American National Insurance Company

Firm name

One Moody Plaza

Galveston

TX 77550

Address of the firm

07/13/2010

Date

08-04052

Most recent enrollment number

(800) 899-6505

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)	7,596	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)	7,596	0
10 Interest on item 9 using prior year's actual return of <u>4.05</u> %	308	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,954
b Interest on (a) using prior year's effective rate of <u>5.92</u> %		116
c Total available at beginning of current plan year to add to prefunding balance		2,070
d Portion of (c) to be added to prefunding balance		2,070
12 Reduction in balances due to elections or deemed elections	7,904	2,070
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	100.85 %
15 Adjusted funding target attainment percentage	15	107.10 %
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	139.93 %
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
07/20/2009	5,000				
09/28/2009	5,000				
Totals ▶			18(b)	10,000	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	9,607

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: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ 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) ☒ 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	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	60,889
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 (item 31 + item 32a + item 32b - item 33)	34	60,889
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	7,904	2,070
36 Additional cash requirement (item 34 minus item 35)	36	50,915
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	9,607
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	41,308
40 Unpaid minimum required contribution for all years	40	41,308

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name <u>Riverside Dental, Inc. Defined Benefit Plan</u>	EIN: <u>80-0021452</u>
Plan Sponsor's Name <u>Riverside Dental, Inc.</u>	PN: <u>001</u>

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

For the plan year beginning January 1, 2009, the weighted average retirement age, has been calculated by dividing item (A) by item (B) (see below).

Item (A): sum of the product of the participant's assumed retirement age by the participant's corresponding funding target.

Item (B): Sum of the funding target of all the participants.

Attachment to 2009 Form 5500

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

EIN: 80-0021452

PN: 001

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES	☐ Years 0-5	☐ Segment rate 1	5.320%
	Years 6-20	Segment rate 2	6.450%
	Years over 20	Segment rate 3	6.690%

```
PRE-RETIREMENT      MORTALITY TABLE --      None.
                    TURNOVER/DISABILITY-- None
                    SALARY SCALE --      3.000
                    INTEGRATION LVL INCR- None
                    BACKWARD SALARY PROJ. Based on increase of average
                    earnings
```

POST-RETIREMENT	MORTALITY TABLE --	2009 Funding Target - Combined
	IRC 430(h) (3) (A) .	
	EXPENSE LOAD --	None
	COST OF LIVING	None
	OPTIONAL FORM	100% of retirees assumed to elect lump sum payment.
	LUMP SUM	2009 Applicable Mortality Table for IRC 417(e) (Unisex) Or Actuarial Equivalence

417 (e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e)
Or Actuarial Equivalence

INTEREST RATES	Years 0-5	Segment rate 1	3.640%
	Years 6-20	Segment rate 2	3.720%
	Years over 20	Segment rate 3	3.570%

MORTALITY TABLE 2009 Applicable Mortality Table for IRC 417(e) Unisex

Actuarial Equivalence

PRE-RETIREMENT	INTEREST --	5.000%
	MORTALITY TABLE --	None.

POST-RETIREMENT INTEREST -- 5.500%
MORTALITY TABLE -- 2099 Applicable
Mortality Table for IRC 417(e) (Unisex).

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT: INTEREST -- 8.500%

POST-RETIREMENT: INTEREST -- 8.500%

Attachment to 2009 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name <u>Riverside Dental, Inc. Defined Benefit Plan</u>	EIN: <u>80-0021452</u>
Plan Sponsor's Name <u>Riverside Dental, Inc.</u>	PN: <u>001</u>

Summary:

TYPE OF ENTITY S corporation.

DATES Effective-01/01/2006 Valuation-01/01/2009
 Eligibility-07/01/2009 Year-end-12/31/2009
 Top Heavy Years - 2006, 2007, 2008, 2009

ELIGIBILITY Minimum age- 21 Months of service- 12
 Maximum age- None
 Age at last birthday.
 Entry Age For Full Funding Limitation Calculation -
 as of valuation date of year eligibility satisfied.

HOURS REQUIRED FOR
Eligibility - 1000 Benefit accrual - 500
Vesting - 1000

PLAN ENTRY - January 1 nearest satisfaction of
 eligibility requirements.

New participants are included in current
year's valuation.

RETIREMENT NORMAL Anniversary date nearest attainment of age 65
 and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years of
participation.
ACCRUED BENEFIT - 3 Highest consecutive years of
participation.
TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top
heavy years of service.

PLAN BENEFITS

RETIREMENT-- 205.858% of average monthly compensation. Total
 Benefit reduced by 1/25 for each year of participation
 Less than 25 years.

415 Limits Percent 100.00 Dollar - \$16,250

Minimum benefit None Maximum benefit - None

 Maximum 401(a)(17) compensation \$245,000

NORMAL FORM Life Annuity.

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name <u>Riverside Dental, Inc. Defined Benefit Plan</u>	EIN: <u>80-0021452</u>
Plan Sponsor's Name <u>Riverside Dental, Inc.</u>	PN: <u>001</u>

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
For the plan year beginning January 1, 2009, the weighted average retirement age, has been calculated by dividing item (A) by item (B) (see below).

Item (A): sum of the product of the participant's assumed retirement age by the participant's corresponding funding target.

Item (B): Sum of the funding target of all the participants.

Attachment to 2009 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name <u>Riverside Dental, Inc. Defined Benefit Plan</u>	EIN: <u>80-0021452</u>
Plan Sponsor's Name <u>Riverside Dental, Inc.</u>	PN: <u>001</u>

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES	Years 0-5	Segment rate 1	5.320%
	Years 6-20	Segment rate 2	6.450%
	Years over 20	Segment rate 3	6.690%

PRE-RETIREMENT MORTALITY TABLE -- None.
 TURNOVER/DISABILITY-- None
 SALARY SCALE -- 3.000
 INTEGRATION LVL INCR- None
 BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT MORTALITY TABLE -- 2009 Funding Target - Combined
 IRC 430(h)(3)(A).
 EXPENSE LOAD -- None
 COST OF LIVING None
 OPTIONAL FORM 100% of retirees assumed to
 elect lump sum payment.
 LUMP SUM 2009 Applicable Mortality Table
 for IRC 417(e) (Unisex)
 Or Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e)
 Or Actuarial Equivalence

INTEREST RATES	Years 0-5	Segment rate 1	3.640%
	Years 6-20	Segment rate 2	3.720%
	Years over 20	Segment rate 3	3.570%

MORTALITY TABLE 2009 Applicable Mortality Table for IRC 417(e) Unisex
 Actuarial Equivalence

PRE-RETIREMENT	INTEREST --	5.000%	
	MORTALITY TABLE --		None.

POST-RETIREMENT	INTEREST --	5.500%	
	MORTALITY TABLE --		2009 Applicable Mortality Table for IRC 417(e) (Unisex).

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:	INTEREST --	8.500%
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POST-RETIREMENT:	INTEREST --	8.500%
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Attachment to 2009 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name Riverside Dental, Inc. Defined Benefit Plan

EIN: 80-0021452

Plan Sponsor's Name Riverside Dental, Inc.

PN: 001

Summary:

TYPE OF ENTITY S corporation.

DATES Effective-01/01/2006 Valuation-01/01/2009
Eligibility-07/01/2009 Year-end-12/31/2009
Top Heavy Years - 2006, 2007, 2008, 2009

ELIGIBILITY Minimum age- 21 Months of service- 12
Maximum age- None
Age at last birthday.
Entry Age For Full Funding Limitation Calculation -
as of valuation date of year eligibility satisfied.

HOURS REQUIRED FOR
Eligibility - 1000 Benefit accrual - 500
Vesting - 1000

PLAN ENTRY - January 1 nearest satisfaction of
eligibility requirements.

New participants are included in current
year's valuation.

RETIREMENT NORMAL Anniversary date nearest attainment of age 65
and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years of
participation.
ACCRUED BENEFIT - 3 Highest consecutive years of
participation.
TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top
heavy years of service.

PLAN BENEFITS

RETIREMENT-- 205.858% of average monthly compensation. Total
Benefit reduced by 1/25 for each year of participation
Less than 25 years.

415 Limits Percent 100.00 Dollar - \$16,250

Minimum benefit None Maximum benefit - None

Maximum 401(a)(17) compensation \$245,000

NORMAL FORM Life Annuity.

Attachment to 2009 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name Riverside Dental, Inc. Defined Benefit Plan

EIN: 80-0021452

Plan Sponsor's Name Riverside Dental, Inc.

PN: 001

Describe any change in non-prescribed actuarial assumptions and justify any such change.

No Changes

Attachment to 2009 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name Riverside Dental, Inc. Defined Benefit Plan

EIN: 80-0021452

Plan Sponsor's Name Riverside Dental, Inc.

PN: 001

Describe the change:

No Changes