

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>	
Part I Annual Report Identification Information					
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A This return/report is for:		<input checked="" type="checkbox"/> single-employer plan		<input type="checkbox"/> multiple-employer plan (not multiemployer)	
B This return/report is for:		<input 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"/> special extension (enter description)		<input type="checkbox"/> DFVC program	
Part II Basic Plan Information—enter all requested information					
1a Name of plan			1b Three-digit plan number (PN) ▶		003
ROBERT M ABRAHAM DDS, PA DEFINED BENEFIT PLAN					
			1c Effective date of plan		01/01/2002
2a Plan sponsor's name and address (employer, if for single-employer plan)			2b Employer Identification Number (EIN)		64-0608656
ROBERT M. ABRAHAM, DDS, PA			2c Plan sponsor's telephone number		601-638-9111
1909 MISSION 66 VICKSBURG, MS 39180			2d Business code (see instructions)		621111
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")			3b Administrator's EIN		64-0608656
ROBERT M. ABRAHAM, DDS, PA			3c Administrator's telephone number		601-638-9111
			3d Administrator's address (if different from 3a)		
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		12
b Total number of participants at the end of the plan year			5b		9
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	369742		432324	
b Total plan liabilities	7b	0			
c Net plan assets (subtract line 7b from line 7a)	7c	369742		432324	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
a Contributions received or receivable from:					
(1) Employers	8a(1)	64050			
(2) Participants	8a(2)				
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	10715			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			74765	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11720			
e Certain deemed and/or corrective distributions (see instructions)	8e				
f Administrative service providers (salaries, fees, commissions)	8f	463			
g Other expenses	8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			12183	
i Net income (loss) (subtract line 8h from line 8c)	8i			62582	
j Transfers to (from) the plan (see instructions)	8j				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2010)  
v.092308.1

**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**

10	During the plan year:	Yes	No	Amount
<b>a</b>	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>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		50000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	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	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>i</b>	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>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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) .....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 ☒ NoIf "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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/07/2011	ROBERT M. ABRAHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2010</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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.

<b>A</b> Name of plan <u>ROBERT M ABRAHAM DDS, PA DEFINED BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ROBERT M. ABRAHAM, DDS, PA</u>	<b>D</b> Employer Identification Number (EIN) <u>64-0608656</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>369224</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>369224</u>
<b>3</b> Funding target/participant count breakdown	
	<b>(1) Number of participants</b> <b>(2) Funding Target</b>
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b> <u>0</u> <u>0</u>
<b>b</b> For terminated vested participants .....	<b>3b</b> <u>3</u> <u>7616</u>
<b>c</b> For active participants:	
<b>(1)</b> Non-vested benefits .....	<b>3c(1)</b> <u>3710</u>
<b>(2)</b> Vested benefits .....	<b>3c(2)</b> <u>441892</u>
<b>(3)</b> Total active .....	<b>3c(3)</b> <u>9</u> <u>445602</u>
<b>d</b> Total .....	<b>3d</b> <u>12</u> <u>453218</u>
<b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....	<input type="checkbox"/>
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</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 .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> <u>6.64</u> %
<b>6</b> Target normal cost .....	<b>6</b> <u>0</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.

<b>SIGN HERE</b>	<u>09/22/2011</u>
Signature of actuary	Date
<u>GLEN ARCHINAL, EA, MSPA</u>	<u>11-02853</u>
Type or print name of actuary	Most recent enrollment number
<u>SUMMIT RETIREMENT PLAN SERVICES INC</u>	<u>330-644-2044</u>
Firm name	Telephone number (including area code)
<u>13680 CLEVELAND AVENUE NW</u> <u>UNIONTOWN, OH 44685</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) 2010**  
**v.092308.1**

<b>Part II Beginning of year carryover and prefunding balances</b>		
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) .....	0	0
<b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....	0	0
<b>9</b> Amount remaining (Item 7 minus item 8).....	0	0
<b>10</b> Interest on item 9 using prior year's actual return of <u>1.23</u> % .....		
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Excess contributions (Item 38 from prior year) .....		14259
<b>b</b> Interest on (a) using prior year's effective rate of <u>6.15</u> % .....		877
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		15136
<b>d</b> Portion of (c) to be added to prefunding balance.....		15136
<b>12</b> Reduction in balances due to elections or deemed elections.....	0	8487
<b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	6649

<b>Part III Funding percentages</b>		
<b>14</b> Funding target attainment percentage.....	<b>14</b>	80.00 %
<b>15</b> Adjusted funding target attainment percentage.....	<b>15</b>	80.00 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	66.10 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and liquidity shortfalls</b>					
<b>18</b> 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
07/30/2010	4000		04/01/2011	22000	
08/13/2010	4000				
09/28/2010	4000				
10/29/2010	4050				
11/30/2010	4000				
01/27/2011	22000				
			<b>Totals ▶</b>	<b>18(b)</b>	64050
				<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	59911
<b>20</b> Quarterly contributions and liquidity shortfalls:		
<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>c</b> 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
0	0	0	0

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....	<b>21b</b>			0
<b>22</b> Weighted average retirement age .....	<b>22</b>			65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> 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
<b>25</b> 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
<b>26</b> 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>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions).....	<b>31</b>	0
<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	72515	16171
<b>b</b> Waiver amortization installment .....	0	0
<b>33</b> 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 .....	<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	<b>34</b>	16171
	Carryover balance	Prefunding balance
<b>35</b> Balances used to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (item 34 minus item 35).....	<b>36</b>	16171
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	<b>37</b>	59911
<b>38</b> Interest-adjusted excess contributions for current year (see instructions).....	<b>38</b>	43740
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contribution for all years .....	<b>40</b>	0

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  <small>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).</small>  <b>File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2010</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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.

<b>A</b> Name of plan Robert M Abraham Dds, Pa Defined Benefit Plan	<b>B</b> Three-digit plan number (PN) <span style="float: right;">003</span>	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Robert M. Abraham, Dds, Pa	<b>D</b> Employer Identification Number (EIN) 64-0608656	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other		
<b>F</b> 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**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>			
<b>2</b> Assets:			
a Market value.....	<b>2a</b>	369224	
b Actuarial value.....	<b>2b</b>	369224	
<b>3</b> Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment .....	<b>3a</b>	0	0
b For terminated vested participants .....	<b>3b</b>	3	7616
c For active participants:			
(1) Non-vested benefits.....	<b>3c(1)</b>		3710
(2) Vested benefits.....	<b>3c(2)</b>		441892
(3) Total active .....	<b>3c(3)</b>	9	445602
d Total.....	<b>3d</b>	12	453218
<b>4</b> 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 .....	<b>4a</b>		
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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	6.64%	
<b>6</b> Target normal cost .....	<b>6</b>	0	

**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.

<b>SIGN HERE</b>	GLEN ARCHINAL, EA, MSPA <span style="font-size: 1.5em; font-family: cursive;">GA</span> <div style="text-align: right;">Signature of actuary</div>	<div style="font-size: 1.5em; font-family: cursive;">9/22/11</div> <div style="text-align: right;">Date</div>
	GLEN ARCHINAL, EA, MSPA <div style="text-align: right;">Type or print name of actuary</div>	1102853 <div style="text-align: right;">Most recent enrollment number</div>
	SUMMIT RETIREMENT PLAN SERVICES INC <div style="text-align: right;">Firm name</div>	330-644-2044 <div style="text-align: right;">Telephone number (including area code)</div>
	13680 CLEVELAND AVENUE NW UNIONTOWN OH 44685 <div style="text-align: right;">Address of the firm</div>	

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) 2010  
v.092308.1

## Part II

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)		
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of <u>1.23%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		14259
b	Interest on (a) using prior year's effective rate of <u>6.15%</u>		877
c	Total available at beginning of current plan year to add to prefunding balance		15136
d	Portion of (c) to be added to prefunding balance		15136
12	Reduction in balances due to elections or deemed elections	0	8487
13	Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	0	6649

## Part II

15	Adjusted funding target attainment percentage.....	15	80.00%
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	66.10%
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

**18** Contributions made to the plan for the plan year by employer(s) and employee(s):

(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
07/30/2010	4000	0			
08/13/2010	4000	0			
09/28/2010	4000	0			
10/29/2010	4050	0			
11/30/2010	4000	0			
01/27/2011	22000	0			
04/01/2011	22000	0			
<b>Totals ▶</b>			<b>18(b)</b>	64050	<b>18(c)</b>
					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	59911

## 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:

**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:  
4.60%2nd segment:  
6.65%3rd segment:  
6.76%☐ 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**

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

72515

16171

**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**

16171

Carryover balance

Prefunding balance

Total balance

**35** Balances used to offset funding requirement .....

0

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

16171

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

59911

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

43740

**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



**ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Schedule SB, line 19 - Discounted Employer Contributions**  
**Plan Name: ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Plan EIN: 64-0608656**  
**Plan Number: 003**

<b>Date</b>	<b>Amount</b>	<b>Plan Year</b>	<b>Effective Rate of Interest</b>	<b>Discounted Amount</b>	<b>Penalty Rate of Interest</b>	<b>Additional Discounted Amount</b>	<b>Value As of Valuation Date</b>
07/30/2010	4000.00	2010	6.64%	3855.00	11.64%	-47.01	3807.99
08/13/2010	4000.00	2010	6.64%	3845.00	11.64%	-11.45	3833.55
09/28/2010	4000.00	2010	6.64%	3814.00	11.64%	0.00	3814.00
10/29/2010	4050.00	2010	6.64%	3841.00	11.64%	0.00	3841.00
11/30/2010	4000.00	2010	6.64%	3772.00	11.64%	0.00	3772.00
01/27/2011	22000.00	2010	6.64%	20536.00	11.64%	0.00	20536.00
04/01/2011	22000.00	2010	6.64%	20306.00	11.64%	0.00	20306.00
Total for Minimum Required Contribution	64050.00			59969.00		-58.46	59910.53

**ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Schedule SB, line 22 - Description of Weighted Average Retirement Age**  
**Plan Name: ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Plan EIN: 64-0608656**  
**Plan Number: 003**

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date 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.

**ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**Plan Name: ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Plan EIN: 64-0608656**  
**Plan Number: 003**

**Normal Retirement Benefit**

Actuarial Cost Method: PPA06 Funding Rules

Funding Yield Curve Segmented Rates

First Segment:	4.6%
Second Segment:	6.65%
Third Segment:	6.76%

PBGC Segmented Rates

First Segment:	2.35%
Second Segment:	5.65%
Third Segment:	6.45%

Pre-Retirement Valuation Assumptions

Mortality Table	2010 430(h)(3)(A)-Non-annuitants
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Retirement Valuation Assumptions

Mortality Table	2010 430(h)(3)(A)-Annuitants
	Mortality table applied on a static basis

**IRC417(e)(3) Interest Assumption**

Segment Rate	same as Funding Yield Curve Segmented Rates
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**IRC417(e)(3) Pre-retirement Mortality**

Mortality Table	2010 417(e)(3) Applicable Mortality Table
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**IRC417(e)(3) Retirement Mortality**

Mortality Table	2010 417(e)(3) Applicable Mortality Table
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**Optional Forms Assumption**

- 0% of participants will elect the Plan Normal Form
- 100% of participants will elect a Lump Sum (single payment)
- 0% of participants will elect a Single Life annuity with 5 years certain
- 0% of participants will elect a Single Life annuity with 10 years certain
- 0% of participants will elect a 50% Joint & Survivor annuity
- 0% of participants will elect a 100% Joint & Survivor annuity

**Disability Benefit**

Disability Benefit Liability not explicitly funded

**ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**  
**Plan Name: ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Plan EIN: 64-0608656**  
**Plan Number: 003**

**Pre-Retirement Actuarial Equivalence Assumptions**

Investment Earnings	7% Effective annual rate
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**Retirement Actuarial Equivalence Assumptions**

Investment Earnings	7% Effective annual rate
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Mortality Table	1983 IAM MALE
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**Assumptions for IRC415 Maximum Benefit Actuarial Adjustments**

Investment Earnings	5% Effective annual rate
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Mortality Table	2010 417(e)(3) Applicable Mortality Table
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Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings	5.5% Effective annual rate
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**ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Schedule SB, Part V - Summary of Plan Provisions**  
**Plan Name: ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Plan EIN: 64-0608656**  
**Plan Number: 003**  
**ID: ABRAHDB**

Plan Effective Date	January 1, 2002
Plan Anniversary Date	January 1, 2010
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12 Minimum hours worked: 1,000
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	First day of the month coincident with or following age 65 and first day of the month coincident with or following 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Lump Sum (single payment) Single Life Annuity with 5 years certain Single Life Annuity with 10 years certain 50% Monthly Joint and Survivor Annuity 100% Monthly Joint and Survivor Annuity
Normal Retirement Benefit	Benefit Formula: 3.15% per year of future service times compensation Maximum total years of service: 11 Maximum years of past service: 0 Past service is prior to the effective date IRC415 maximum annual benefit: \$195,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan service up to 10 (actuarially adjusted for benefit form)
Compensation Definition	Highest consecutive 5 year average salary over all service Annual salary up to \$245,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	1 times the accrued retirement benefit
Vested Retirement Benefit	Vesting Schedule: 20% a year after 2 years (100% after 6 years) Computation Period: Years Beginning 1/1 Based on Hours Worked Records

**ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Schedule SB, Part V - Summary of Plan Provisions**  
**Plan Name: ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Plan EIN: 64-0608656**  
**Plan Number: 003**  
**ID: ABRAHDB**

Accrued Retirement Benefit

Units accrued to date

Maximum number of years of past credited benefit accrual service is 0

Disability Benefit

Lump sum payable upon disability

Benefit Amount: 1 times the current monthly accrued retirement benefit

**ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Schedule SB, line 32 - Schedule of Amortization Bases**  
**Plan Name: ROBERT M. ABRAHAM, D.D.S., P.A. DEFINED BENEFIT PLAN**  
**Plan EIN: 64-0608656**  
**Plan Number: 003**

<b>Type of Base</b>	<b>Present Value</b>	<b>Date Established</b>	<b>Years Remaining</b>	<b>Amount of Installment</b>
Shortfall Base	48,777	01/01/2008	5	10,652
Shortfall Base	72,464	01/01/2009	6	13,662
Shortfall Base	-48,726	01/01/2010	7	-8,143