Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GILBERT H.SNOW, D.D.S.,INC. DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 05/01/1977

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
GILBERT H.SNOW, D.D.S.,INC.

247 E. PALMDALE BOULEVARD
PALMDALE, CA 93550

2b Employer Identification Number (EIN)
95-2902450

2c Sponsor's telephone number
805-273-1750

2d Business code (see instructions)
621210

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 accompanying schedules, statements and attachments, 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.	10/17/2011	GILBERT H. SNOW D.D.S. PLAN ADMIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	GILBERT H. SNOW D.D.S. PLAN ADMIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
GILBERT H.SNOW, D.D.S.,INC.

247 E. PALMDALE BOULEVARD
PALMDALE, CA 93550

3b Administrator's EIN
95-2902450

3c Administrator's telephone number
805-273-1750

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	59
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	58
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	58
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	58
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
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:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)		**H** (Financial Information)
(2)	X	**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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

2010

This Form is Open to Public Inspection

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.

A Name of plan
GILBERT H.SNOW, D.D.S.,INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GILBERT H.SNOW, D.D.S.,INC.

D Employer Identification Number (EIN)
95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2 Assets:

a	Market value	**2a**	910711
b	Actuarial value	**2b**	910711

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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661472
	(3) Total active	**3c(3)**	58	661472
d	Total	**3d**	60	661472

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**	5.58 %
6	Target normal cost	**6**	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.

SIGN HERE

	10/04/2011
Signature of actuary	Date
JOHN N. MILLERD	11-00409
Type or print name of actuary	Most recent enrollment number
CALPENSION, INC.	949-830-7910
Firm name	Telephone number (including area code)
P.O. BOX 3580 LAGUNA HILLS, CA 92654-3580	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	32800	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)	32800	0
10	Interest on item 9 using prior year's actual return of -8.58 %	-2814	0
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 6.42 %		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)	29986	0

Part III Funding percentages

14	Funding target attainment percentage	14	133.15 %
15	Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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
			Totals ► 18(b)	0	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	0

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:	2nd segment:	3rd segment:	
3.14 %	5.90 %	6.45 %	☐ 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	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** 0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 0

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** 0

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

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GILBERT H.SNOW, D.D.S.,INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GILBERT H.SNOW, D.D.S.,INC.

D Employer Identification Number (EIN)
95-2902450

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	**1a**	951887	910711
b	Total plan liabilities	**1b**		
c	Net plan assets (subtract line 1b from line 1a)	**1c**	951887	910711
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	**2a(1)**	0	
	(2) Participants	**2a(2)**	0	
	(3) Others (including rollovers)	**2a(3)**	0	
b	Noncash contributions	**2b**		
c	Other income	**2c**	-41176	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	**2d**		-41176
e	Benefits paid (including direct rollovers)	**2e**		
f	Corrective distributions (see instructions)	**2f**		
g	Certain deemed distributions of participant loans (see instructions)	**2g**		
h	Administrative service providers (salaries, fees, and commissions)	**2h**		
i	Other expenses	**2i**		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	**2j**		0
k	Net income (loss) (subtract line 2j from line 2d)	**2k**		-41176
l	Transfers to (from) the plan (see instructions)	**2l**		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	**3a**		X	
b	Employer real property	**3b**		X	
c	Real estate (other than employer real property)	**3c**		X	
d	Employer securities	**3d**		X	
e	Participant loans	**3e**		X	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		100000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
GILBERT H.SNOW, D.D.S.,INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
GILBERT H.SNOW, D.D.S.,INC.

D Employer Identification Number (EIN)
95-2902450

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2010 This Form Is Open to Public Inspection

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.

A Name of plan: Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

B Three-digit plan number (PN) ►: 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Gilbert H.Snow, D.D.S.,Inc.

D Employer Identification Number (EIN): 95-2902450

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2010

2	Assets:			
a	Market value		**2a**	910,711
b	Actuarial value		**2b**	910,711
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**	2	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		661,472
	(3) Total active	**3c(3)**	58	661,472
d	Total	**3d**	60	661,472
4	If the plan is at-risk, check the box and complete lines 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**	5.58
6	Target normal cost		**6**	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.

SIGN HERE

Signature of actuary — Date: 10/04/2011

John N Millerd — Type or print name of actuary

Most recent enrollment number: 11-00409

Calpension, Inc. — Firm name

Telephone number (including area code): (949) 830-7910

P.O. Box 3580

US Laguna Hills CA 92654-3580

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	32,800	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)	32,800	0
10 Interest on item 9 using prior year's actual return of -8.58 %	(2,814)	0
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 6.42 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (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)	29,986	0

Part III Funding percentages

14 Funding target attainment percentage	14	133.15 %
15 Adjusted funding target attainment percentage	15	137.67 %
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	163.87 %
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 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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfall(s):

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	2nd segment	3rd segment	☐ N/A, full yield curve used
	3.14 %	5.90 %	6.45 %	

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	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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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	
40 Unpaid minimum required contribution for all years	40	

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Basic Information

1. Valuation date: 12/31/2010
2. Assets:
   - a. Market value — 910,711
   - b. Actuarial value — 910,711
3. Funding target/participant count breakdown

	1. Number of Participants	2. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0
b. Terminated vested participants	2	0
c. Active participants		
i. Non-vested benefits		0
ii. Vested benefits		661,472
iii. Total active	58	661,472
d. Total	60	661,472

4. At-risk
   - a. Funding target disregarding prescribed at-risk assumptions
   - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
5. Effective interest rate — 5.58%
6. Target normal cost — 0

Beginning of year carryover and prefunding balances

	a. Carryover Balance	b. Prefunding Balance
7. Balance at beginning of prior year	32,800	0
8. Offset to prior years funding requirement	0	0
9. Amount remaining (7-8)	32,800	0
10. Int on 9 using prior years actual return of -8.58%	-2,814	0
11. Prior years excess contributions		
a. Excess contributions (line 38 from prior year)		0
b. Int on (a) using prior years effective rate of 6.42%		0
c. Total available at beginning of current plan year		0
d. Portion of (c) added to prefunding balance		0
12. Voluntary or Deemed Reduction	0	0
13. Balance at beginning of current year (9+10+11d-12)	29,986	0

Funding percentages

14. FTAP — 132.89%
15. AFTAP — 137.67%
16. Prior years funding percentage — 163.87%
17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

18. Contributions made to plan

Schedule SB (Form 5500)

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

19. Discounted employer contributions:
    a. Contributions to minimum from prior years 0
    b. Contributions to avoid restrictions 0
    c. Contributions to minimum for current year 0

Assumptions used determine funding target and target normal cost

21. Discount rate:
    a. Segment rates

1st	2nd	3rd
3.14	5.90	6.46

☐ N/A, full yield curve used

    b. Applicable month - Valuation date 0

22. Weighted average retirement age 65
23. Mortality table ☑ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Reconciliation of unpaid required contributions for prior years

28. Unpaid minimum required contributions 0
29. Discounted employer contributions 0
30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost 0
32. Amortization installments:

	Outstanding Balance	Installment
a. Net shortfall	0	0
b. Waiver	0	0

34. Total funding requirement (31+32a+32b) 0
35. Balances to offset funding requirement

a. Carryover Balance	b. Prefunding Balance	c. Total Balance
0	0	0

36. Additional cash requirement (34-35) 0
37. Contributions to minimum for current year (19c) 0
38. Excess contribution for current year 0
39. Unpaid minimum required contributions for current year 0
40. Unpaid minimum required contributions for all years 0

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Interest Rates - Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.14
Segment 2	6 - 20	5.90
Segment 3	> 20	6.45

Pre-Retirement - Mortality Table - None
Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 7.5%
or
10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 5%

Post-Retirement - Interest - 5%
Mortality Table - I83M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer: Gilbert H.Snow, D.D.S.,Inc.

Type of Entity - C Corporation

EIN: 95-2902450 TIN: 95-4405347 Plan #: 003

Dates: Effective - 5/1/19// Year end - 12/31/2010 Valuation - 12/31/2010

Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 2009, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service

Schedule SB, Part V
Summary of Plan Provisions

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on 417(e) Minimum

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - None

Post-Retirement - Interest - 7.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 8 -
Late Election to Apply Balances to Quarterly Installments

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

At least one election to use the funding standard carryover balance and/or the prefunding balance to offset the amount of a required quarterly installment for the prior plan year was made after the due date of the installment. Thus, the amount on line 8 of the current year Schedule SB is not the same as the amount reported on line 35 of the prior year Schedule SB.

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

Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan

95-2902450 / 003

For the plan year 1/1/2010 through 12/31/2010

The age reported 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.

Schedule SB, line 26 -
Schedule of Active Participant Data
Gilbert H.Snow, D.D.S.,Inc. Defined Benefit Plan
95-2902450/003
For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		3	1							
25 to 29			2							
30 to 34			3	1						
35 to 39				2						
40 to 44			2	1	2	1				
45 to 49					2					
50 to 54		28	5	2	1				1	
55 to 59										
60 to 64										
65 to 69										
70 & up										1