Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Farti		scal plan year beginning 01/01/2012		and anding	10/04/9	2042				
For caler	dar plan year 2012 or il				12/31/2					
A This r	eturn/report is for:	X a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan			
B This r	eturn/report is:	the first return/report	he final return/report							
		an amended return/report a	short plan year return	n/report (less than 12 m	onths))				
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	ım			
	Ü	special extension (enter description))			_				
Part II	Basic Plan Info	prmation—enter all requested informati	ion							
1a Nam					1b	Three-digit				
	•	C CASH BALANCE PLAN				plan number				
						(PN) •	002			
					1c	Effective date of 01/01/				
	sponsor's name and ad	ddress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identif				
KEIIII D.	DITAMBERS, DIVID, FS	3			_	(EIN) 61-13				
101 BOGL	E STREET				2C	Sponsor's telep				
SUITE 204	T, KY 42503-0000		2d	Business code (see instructions)					
JOINERSE	.1, K1 42303-0000			62121						
3a Plan	administrator's name ar	Sponsor Address	3b	Administrator's I	EIN					
					3с	Administrator's t	elephone number			
1 If the	name and/or FINI of th		nt ratura/rapart filed for	or this plan anter the	415					
		e plan sponsor has changed since the las mber from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN				
nam		e plan sponsor has changed since the las mber from the last return/report.	st return/report filed fo	or this plan, enter the		EIN PN				
nam a Spor	e, EIN, and the plan nui sor's name		· 				4			
nam a Spor 5a Tota	e, EIN, and the plan nu sor's name I number of participants	mber from the last return/report.			4c		4 4			
nam	e, EIN, and the plan nursor's name I number of participants I number of participants ber of participants with	mber from the last return/report. at the beginning of the plan year at the end of the plan year	an year (defined bene	fit plans do not	4c 5a 5b		4			
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Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	. 7a	22068				(2) =::		240649	9	
	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	22068	32					240649	9	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) runount				(2)	Total			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2247	' 8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22478	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f	251	1							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							251	1	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							1996	7	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 1C 1I	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instru	tions:			
_											
Par	•						I				
10	During the plan year:				Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		Χ					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					25	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е		ner person	s by an insurance carrier,			.,					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
Dari		1 0		101							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
	5500) and line 11a below)					11a		^	163	Ш	0
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	.ТГ	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		00				<u> </u>		<u> [] </u>	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					zay		. 00			
	Enter the minimum required contribution for this plan year	•				12b					
	,										

	Form 5500-SF 2012	Page 3 - 1						
С	Enter the amount contributed by the employer to the plan for this plan year.			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	_ ·		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes	No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought und	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the p	olan(s) t	0				
1	3c(1) Name of plan(s):		1;	3c(2) l	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)							
14a 1	Name of trust			14b	Trust	's EIN		

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

2012

This Form is Open to Public Inspection

						▶ F	ile as an attachn	nent to Forn	1 5500 or	5500-	SF.							
Fo	r calendar	plai	n year 2012	2 or fi	scal plan ye	ear beginning	01/01/2012				and end	ding	12/31/	2012	2			
•	Round o	ff ar	nounts to	near	est dollar.													
•	Caution:	Ар	enalty of \$	1,000	will be ass	essed for late	filing of this repor	rt unless reas	onable ca	ause is	s establis	hed.						
A	Name of p	lan	DEDC DM	ם ח	C CACH D	BALANCE PLA	NI			В	Three-d	ligit				0	02	
ΝE	III D. CF	Alvi	DEKO, DIVI	D, P3	OC CASH B	PLANCE PLA	IN				plan nu	mbei	(PN)	<u> </u>	•			
C	Plan snon	enr's	name as	show	n on line 2s	a of Form 5500	or 5500-SE			D	Employe	r Ida	ntification	n Niu	mher (FINI)		
			BERS, DM			3 01 1 01111 3300	0 0 3300-31				. ,		ritincatioi	IIIVU	ilibei (LIIV)		
										61	-1349160)						
F	Type of pla	n·	X Single	П	Multiple-A	Multiple-B	F	Prior year p	an size	100	or fewer	П	101-500	П	More t	han 500		
					•		-	i noi your p	arr 0120.	.00	01 101101	<u> </u>	101 000	Ш.	1110101	1011000		
			ic Infor				- 01		0010									
1		e va	luation dat	te:	N	Nonth 12	Day <u>31</u>	Year	2012									
2	Assets:											Г						
													2a					240649
									 T			•••••	2b					240649
3	Funding	tar	get/particip	ant c	ount break	down:			(1) N	lumbe	er of partic	cipar	nts		(2)	Funding	Target	
	a For re	etire	d participar	nts ar	d beneficia	ries receiving	payment						0					0
	b For te	ermi	nated veste	ed pa	rticipants			3b					0					0
	C For a	ctive	participan	ıts:					_									
	(1)	Ν	on-vested	bene	fits			3c(1)	_									0
	(2)	V	ested bene	efits				3c(2)										134918
	(3)	Т	otal active					3c(3)					4					134918
	d Total							3d					4					134918
4	If the pl	an is	in at-risk	status	s, check the	box and com	olete lines (a) and	d (b)		П.								
	a Fund	ng t	arget disre	gardi	ng prescrib	ed at-risk assu	ımptions			 			4a					
	b Fund	ing t	arget refle	cting	at-risk assu	ımptions, but c	isregarding trans	sition rule for	olans that	have	been in		4b					
							ars and disregard						40					
5	Effectiv	e int	erest rate.										5					6.84 %
6	Target	norm	nal cost										6					0
Sta	tement by	/ En	rolled Act	uary														
							nd accompanying sche- r assumption is reason											
						erience under the p				•								
	SIGN																	
ŀ	IERE													0	2/25/2	013		
					Signat	ture of actuary									Date			
MA	X E WYM	۸N,	MAAA, MS	SPA											11-045	91		
					Type or pri	nt name of act	uary				-		Most rec	ent e	nrollm	ent num	ber	
CR	EATIVE B	ENE	FIT STRA	TEGI	• • • •		•									5-3406		
						irm name				_	-	Teler	hone nu				a code)	1
			BOULEVA		·							. 0.0			. (an ig an c		'
MII	NNEAPOL	ıS, I	MN 55448-	0275														
						60.0												
					Addr	ess of the firm												
		nas	not fully ref	lecte	d any regula	ation or ruling	promulgated und	er the statute	in compl	eting t	his sched	dule,	check th	e bo	x and	see		
ınstı	ructions																	_

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Baland	ces						
						-	(a)	Carryover balance		(b)	Prefundi	ng balance
7		Ū	0 , ,		icable adjustments (line 13 f				0			33781
8				•	funding requirement (line 35				0			0
9									0			33781
10	Interest	on line 9	using prior year's	actual re	turn of0.27%				0			91
11	Prior ye	ar's exce	ess contributions to	o be adde	d to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	e 38a from prior year)							13051
					interest rate of5.29 %							0
C Total available at beginning of current plan year to add to prefunding balance								13051				
d Portion of (c) to be added to prefunding balance								0				
12 Other reductions in balances due to elections or deemed elections								0				
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								33872				
Pa	Part III Funding Percentages											
14	Funding	g target a	ttainment percent	age							14	151.54 %
15	Adjuste	d funding	g target attainmen	t percenta	ge						15	178.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											
17	If the cu	ırrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding tar	get, enter	such percentage			17	%
Pá	art IV	Con	tributions and	d Liquid	lity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	vear by employer(s) and emp	oloyees:						
(M	(a) Dat M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DD		(b) Amount pa employer((nt paid by oyees
						Totals ►	18(b)		0	18(c)		0
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the				
	_			•	nimum required contributions				19a			0
					djusted to valuation date				19b			0
					uired contribution for current y	ear adjusted	to valuatio	n date	19c			0
20			outions and liquidit								Г] ,
			_		the prior year?						<u> </u>	Yes X No
			•		y installments for the current	•	•	manner?				Yes No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table a			an voor				
		(1) 19	st		Liquidity shortfall as of e (2) 2nd	na or quarte	r of this pia	an year 3rd			(4) 4th	1
		. ,			· · · · · · · · · · · · · · · · · · ·		(-)				. ,	

Da	r4 \/	Accumptio	no Hood to Dotormino	Funding Torget and Torge	at Normal Coat					
21		unt rate:	ns used to Determine	Funding Target and Targe	et Normai Cost					
		gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yie	ld curv	e used	
	b App	olicable month (enter code)			21b				4
22		-	•			. 22			6	35
23		lity table(s) (see			scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		tuarial assumptions for the current				ed Yes	x No	<u> </u>
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No)
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment	i	Yes	X No)
27		•	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Rema	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	ions):						
	a Targ	et normal cost	(line 6)			. 31a				0
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a	······	. 31b				0
32	Amort	ization installme	ents:		Outstanding Bala	ance	Instal	ment		
	a Net	shortfall amortiz	zation installment			0				0
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter grange) and the waived amount		33				
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	31b + 32a + 32b - 33)	. 34				0
				Carryover balance	Prefunding bala	ince	Total b	alance		
35			use to offset funding	()	0				0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				0
37				ontribution for current year adjuste		37				0
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a				0
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				0
39	Unpai	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpai			S		. 40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected					2 plus 7 years	15	years	
	b Eligi	ible plan year(s) for which the election in line	41a was made		200	8 2009 20	10	2011	
42	Amour	nt of acceleratio	n adjustment			42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		. 43				

28 (1)						
Form 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employ	/88	: ;	ON B Nos. 1210-0110 1210-0089
Deput mand of the Transport	This form is required to		4 and 4065 of the Employe	.	2	2012
Distance of Labor Briste Security Admin	Retirement irrcome Securit	y Act of 1974 (ERISA), an Internal Revenue Code (d section 6057(b) and 6058	3(a) of		la Open to Public
Charges Carpe	A A A A A A A A A A A A A A A A A A A		tructions to the Form 550	0-SF.		
Punna Ke	port identification information or facilities of the properties of the post plan year beginning the post plan year beginning the properties of the post plan year beginning the	n 01/01/2012		10/	31/2012	
Control of the contro		1-1-1			. \	
This rejum/report is for		<u></u>	er plan (not multiemployer)	Ц	a one-particip	sent plan
This robuniteport is:	the first return/report	the final return/rep				
	an amended return/report		eturn/report (less than 12 m	_		ĺ
Check box it filling under	r: [_] Form 5558	automatic extension)U	U	DFVC progra	ım i
214;	special extension (enter dec				:	
Basic Plan	Information enter all requeste	d information		1		
Marie of plan	irs, DMD, PSC Cash Balanci	Plan		pla	nee-digit un number N) ►	002
	;			1c Ef	ective date o /01/2007	1 plan
Plan aponsor's name a state D. CHANGE	and address; include room or suite num RS, DND, PSC	nber (employer, if for a sir	gle-employer plan)	2b €n		Ication Number
401 BOGLE STREE	T				onsor's telepl (06) 451-0	hone number 0888
SUITE 204	MY 42503-0000				elness code (1210	(see instructions)
d Plan administrator's no	ime and address 🗶 Same as Plan S	ponsor Name 🔲 Same :	s Plan Sponsor Address	3b Ad	ministrator's	EIN
	·			3G Ad	ministrator's (telephone number
nume, EIN, and the pis	of the plan sponsor has changed sinc an number from the last return/report.	e the last return/report file	od for this plan, enter the	4b Ell		
Sponsor's name				4c PN		<u> </u>
	parits at the beginning of the plan year			5a 5b		4
	pants of the end of the plan year with account balances as of the end of			30		
complete this lem)	романия принципальный при ску с	минимичения и стана и	BERUIT PERIO OO 100	5c		
Were all of the plants a	ssets during the plan year invested in	eligible assets? (See Inst	ructions.)		: ************************************	Yes No
under 29 CFR 2520.10	ver of the annual examination and rep 4-467 (See instructions on waiver elig	bility and conditions.)	***************************************			Yes No
	to either line 6a or line 6b, the plan					
	late of incomplete filing of this ret					able a Cabadida
Unider parallies of perjury i Se or Schedule MB comple selly, it is true, correct, ere	and other penalties set forth in the inst sted and algned by an enrolled actuary d complete.	ructions, I declare that I h r, as well as the electronic	eve examined this return/repor	port, incit t, and to t	iding, y appik he best of my	knowledge and
Mercan		7/5/15	Keith D. Chamber	t o		
Dignature of plan		Date	Enter name of Individua	i elgning :	as plan admir	nistrator
	ployer/plan sponsor firm name, if applicable) and address	Date Include room or suite nu	Enter name of Individua mber (optional)			or plan sponsor number (optional)
;					de. (3)	
	:					-

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Definition of years: Age (yrs): 21 Hours worked

Continuing hours: Age (months): 1,000 0

Excluded classes: Wait (months): 12 Union Members Two year eligibility: No Non-resident alien

Other

Earnings

Total compensation excluding: None

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	Subsidized Early	Disability	<u>Death</u>
Age:	65				
Service:	0				
Participation:	5				
Defined:	Date of event				

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	None	0
Female:	Actuarial Equivalence	Actuarial Equivalence	None	0

Rates - Male: None None None Rates - Female: None None None

REACT Benefits Percentage: Use Social Security Retirement Age: No 50.00%

3 Year Cliff Pre-retirement death benefit **Vesting Schedule:**

Percentage of accrued benefit: Hours Worked 100.00% **Vesting Definition: Death Benefit Payment method: PVAB**

	Annuity	Percent	Years
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Benefit Formula

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions were frozen effective April 5, 2012.

Significant Changes in Plan Provisions Since Last Valuation

The hypothetical contributions were frozen effective April 5, 2012.

Name of Plan: Keith D. Chambers, D.M.D., P.S.C. Cash Balance Plan

Plan Sponsor's EIN: 61-1349160

Plan Number: 002

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant: 2012 Nonannuitant Male Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2012 Nonannuitant Female Use discount rate transition: No

Male Annuitant: 2012 Annuitant Male Lump sums use proposed regulations: Yes

Female Annuitant: 2012 Annuitant Female Actuarial Equivalent Floor

Applicable months from valuation month: 4 **Stability period:** plan year

Probability of lump sum: 100.00% Lookback months: 5

Use pre-retirement mortality: No Nonannuitant: None

Annuitant: 2012 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>		<u>1st</u>	<u>2nd</u>	<u>3rd</u>	
Segment rates:	1.77	4.67	5.78	Current:	1.85	4.62	6.02	
High Quality Bond rates:	N/A	N/A	N/A	Override:	0.00	0.00	0.00	
Final rates:	1.77	4.67	5.78					

Override*: 5.54 6.85 7.52 *Interest rates were adjusted to reflect the rates in MAP-21.

Salary Scale Late Retirement Rates

Male:0.00%Male:NoneFemale:0.00%Female:None

<u>Withdrawal</u> <u>Marriage Probability</u> <u>Setback</u>

Male: None **Male:** 0.00%

Female:NoneFemale:0.00%Withdrawal-SelectExpense loading:0.00%

Male: None <u>Disability Rates</u>

Female: None Male: None

Early Retirement Rates Female: None

Male:NoneMortalitySetbackFemale:NoneMale:None0

Subsidized Early Retirement Rates Female: None 0

Male: None Female: None
Asset Valuation Method:

Fair Market Value

Name of Plan: Keith D. Chambers, D.M.D., P.S.C. Cash Balance Plan

Plan Sponsor's EIN: 61-1349160

Plan Number: 002

Schedule SB, line 22 Description of Weighted Average Retirement Age Keith D. Chambers, D.M.D., P.S.C. Cash Balance Plan Plan Sponsor EIN: 61-1349160 Plan Number: 002

Age	Assumed Rate	Weighted Age			
65	100.00%	65.0			
		65.0			

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

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).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

	▶ File as an	attachme	nt to Form	5500 or 5	500-SF.				
For calendar plan year 2012 or fiscal pl	01/0	01/2012 and ending			ng 12/31/2012				
Round off amounts to nearest do	llar.								
Caution: A penalty of \$1,000 will be	assessed for late filing of the	his report u	ınless reasc	onable cau	use is establish	ed.			
The state of the s					B Three-dig	git			
					plan num	ber (PN)	•	002	
Keith D. Chambers, DMD,	PSC Cash Balanc	e Plan							
C Plan sponsor's name as shown on lin					D Employer	Identificat	ion Number	(FIN)	
Train sponder a name as shown on in	10 24 01 1 01111 0000 01 0000	, 01			Linployer	idomanoai	ion rumbor	(=111)	
Keith D. Chambers, DMD,	PSC				61-1349	160			
E Type of plan: Single Multiple	-A Multiple-B	FP	Prior year pla	ın size: 🏻	100 or fewer	101-50	00 More	than 500	
Part I Basic Information									
1 Enter the valuation date:	Month 12 Da	y 31	Year	2012					
2 Assets:									
a Market value						2a	****	240,649	
b Actuarial value						2b		240,649	
3 Funding target/participant count br	eakdown:			(1) Nu	ımber of partici	pants	(2)	Funding Target	
a For retired participants and bene	eficiaries receiving payment	t[3a	,		0	(2) Farraing Target		
b For terminated vested participar	nts		3b			0	:		
c For active participants:									
9 (2004) 315 St 00 G0			3c(1)					0	
(2) Vested benefits			3c(2)					134,918	
		1	2 (2)			4		134,918	
d Total			3d			4	134,91		
4 If the plan is in at-risk status, check	k the box and complete line	es (a) and (b	b)	[1				
a Funding target disregarding pres					_	4a			
b Funding target reflecting at-risk						4b			
at-risk status for fewer than fi	ve consecutive years and d	lisregarding	loading fac	ctor					
5 Effective interest rate	ective interest rate							6.84	
6 Target normal cost						6	2	0	
Statement by Enrolled Actuary								7	
To the best of my knowledge, the information su accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assumptio								
SIGN	E lleme					(1			
	/						- Z5-	15	
Signature of actuary						Date			
MAX E WYMAN, MAAA, MSPA							11-045		
Type or print name of actuary						Most recent enrollment number			
CREATIVE BENEFIT STRATEG				AND THE RESERVE TO THE PARTY OF	-	12 22	G 500 700	-3406	
PO BOX 48275	Firm name				Te	elephone	number (incl	uding area code)	
MINNEAPOLIS	Ī	MN 554	48-0275	5					
	Address of the firm								
If the actuary has not fully reflected any r	egulation or ruling promulga	ated under	the statute i	in complet	ting this schedu	ıle, check	the box and	see	

Pa	rt II Begi	nning of Year	Carryover	Prefunding Baland	ces									
						L	(a) C	Carryover balanc	(b) Prefunding balance					
7			• • •	le adjustments (line 13 f		- 3	. 0					33,781		
8						+						00,101		
-0			-	ing requirement (line 35					0			0		
9							0					33,781		
10	Interest on line	9 using prior year'	s actual return	of0.27 %								91		
11	Prior year's exc	ess contributions t	o be added to	prefunding balance:										
				a from prior year)							13,051			
				rest rate of 5.29 %								0		
	C Total available	at beginning of cu	rent plan year t	to add to prefunding balar	ice							13,051		
	d Portion of (c)	to be added to pre	efunding balan	ce							0			
12	Other reduction	s in balances due	to elections or	deemed elections					0		0			
13	Balance at begi	inning of current ye	ear (line 9 + line	e 10 + line 11d – line 12)				0			33,872		
P	art III Fur	nding Percent	ages											
14	Funding target	attainment percent	age								14	151.54 %		
020200		g target attainmen									15	178.36 %		
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	101.35 %					
17	If the current va	lue of the assets of	of the plan is le	ss than 70 percent of the	e funding	targe	et, enter s	uch percentage.			17	%		
Pa	art IV Cor	ntributions an	d Liquidity	Shortfalls						***************************************				
18	Contributions m	ade to the plan for	the plan year	by employer(s) and emp	oloyees:			(<u> </u>			Y			
(N							(c) Amount paid by employees							
Land Short Short														
	6													
Market														
					Totals		18(b)		0	18(c)		0		
19		ž		tions for small plan with										
	a Contributions allocated toward unpaid minimum required contributions from prior years								0					
	b Contributions made to avoid restrictions adjusted to valuation date								0					
				d contribution for current y	ear adjus	ted to	valuation	date	. 19c			0		
20		butions and liquidi												
	a Did the plan	have a "funding sh	ortfall" for the	prior year?								Yes X No		
	b If line 20a is	"Yes," were require	ed quarterly ins	stallments for the current	year ma	de in	a timely r	manner?				Yes No		
	C If line 20a is	'Yes," see instructi		lete the following table a										
	(1) 1	et		Liquidity shortfall as of e	nd of qua	rter c					(1) 14	h		
-	(1) 1	91		(2) 2nd			(3)	3rd			(4) 4t			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and 1	arget Normal Cost					
21	Disco	unt rate:			-					
	a Sec	gment rates:	1st segment: 2nd segment: 3rd segment 5.54 % 6.85 % 7.52			t: %	N/A, full yield curve used			
	b App	olicable month (enter code)			21b	4			
22	Weigh	ited average ret	irement age			. 22	65			
23	Mortal	lity table(s) (see	e instructions) 🗵 Pr	escribed - combined	Prescribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-	nade in the non-prescribed act	•						
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instru	ctions regarding required atta	achment	Yes 🛚 No			
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstructions regarding require	d attachment	Yes 🛛 No			
27			o alternative funding rules, en			27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribu	itions For Prior Years					
28	Unpai	d minimum requ	ired contributions for all prior	years		. 28	0			
29			contributions allocated toward			29	0			
30	Rema	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line	29)	. 30	0			
Pa	rt VIII	Minimum	Required Contribution	For Current Year			3			
31	Targe	t normal cost ar	nd excess assets (see instruct	tions):						
	a Targ	et normal cost ((line 6)			. 31a	0			
	b Exc	ess assets, if ap	pplicable, but not greater than	line 31a		. 31b	0			
32	Amort	ization installme	ents:		Outstanding Ba	lance	Installment			
	a Net	shortfall amortiz	zation installment			q	0			
			n installment			9	0			
33		aiver has been a	approved for this plan year, en Day Year	ter the date of the ruling lette) and the waived amou	er granting the approval unt	33	ų į			
34	Total f	unding requiren	nent before reflecting carryove	er/prefunding balances (lines	31a - 31b + 32a + 32b - 33).	. 34	0			
				Carryover balance	Prefunding bala	ance	Total balance			
35			use to offset funding		0	0	0			
36	Additio	onal cash requir	ement (line 34 minus line 35)			. 36	0			
37	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)									
38	Prese	nt value of exce	ss contributions for current ye	ear (see instructions)						
	a Total (excess, if any, of line 37 over line 36)									
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b									
_39	Unpai	d minimum requ	. 39	0						
40 Unpaid minimum required contributions for all years							0			
Pa	rt IX	Pension F	unding Relief Under F	Pension Relief Act of	2010 (See Instructions	s)				
41	If an el	lection was mad	le to use PRA 2010 funding re	elief for this plan:						
	a Schedule elected									
***************************************	b Eligible plan year(s) for which the election in line 41a was made									
42	Amour	nt of acceleratio	n adjustment			42				
12.7720	3 Excess installment acceleration amount to be carried over to future plan years									
			The state of the s							