10 memory conversion 2014 Determined it later memory conversion 2014 This form is required to be filed under sections 6007(b) and 6058(a) or the form 500-5F. 10 mis colspan to 2014 Part Li Annual Report Identification Information For calendar plan year Segning (RERS), and sections 6007(b) and 6058(a) or the form 500-5F. Colspan="2">Part Li Annual Report Identification Information Part Li Annual Report Identification Information A miscreating employee raise of the Employee raise of the tensore and ending 1201/2014 and ending 1201/2014 Part Li Annual Report Identification Information A miscreating employee raise of the tensore with the form instructions) a single-employee raise of the tensore multicomployee (Files checking this box must attach a list of a single-employee information in accordance with the form instructions) B This return/report is a none-participant plan a britige return/report (less than 12 months) C Check box if filing under: Go one-participant plan the filing terum/report (less than 12 months) C Check box if filing under: For S558 automatio extension DFVC program	-	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee	; 	OMB Nos. 1210-0110 1210-0089				
Embody Berlin Scan, Arrington Revenue Code (the Code). This Form is Open to Duble Testing Test Code (the Code). Part II A nual Report Identification Information 0 Complete all entries in accordance with the instructions to the Form 5500 SF. This return/export is for: a digle-employer plan and ending 12/31/2014 A This return/export is for: a one-participants gnaployer information in accordance with the form instructions) a direction plan 12/31/2014 B This return/export is for: a one-participant gnaployer plan a foreign plan Information in accordance with the form instructions) B This return/export is a nemodor featurn/export a hord return/export B this return/export				nder sections 104 and 4				2014				
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C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c d(1) Total number of active participants at the beginning of the plan year	· _ ·		It the beginning of the plan year					4				
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d(2) Total number of active participants at the end of the plan year	comple	ete this item)				50	5					
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less than 100% vested						5d((2)	4				
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				<u> </u>								

	Were all of the plan's assets during the plan year invested in eligible						X Yes No					
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined											
	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year					
<u>'</u> a	Total plan assets	7a	(a) beginning of rea				73396					
	Total plan liabilities											
	Net plan assets (subtract line 7b from line 7a)	70 70		0			73396					
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total					
-	Contributions received or receivable from:											
	(1) Employers	8a(1)	744	44								
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	-7	77	_							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		73667					
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g			2	71								
<u> </u>												
i	I Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 2/1 Net income (loss) (subtract line 8h from line 8c) 8i 73396											
j	income (loss) (subtract line on from line oc)											
Par	Part IV Plan Characteristics											
9a												
	1C											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in th	ne instructions:					
Par	V Compliance Questions											
10					Yes	No	A					
	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		163	NO	Amount					
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х						
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported									
	on line 10a.)			10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х		30000					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X						
f	,			10f		Х						
g				-		X						
9 h				10g		^						
	2520.101-3.)	`		10h		X						
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i								
Part												
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) X Yes No											
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	0					
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)									
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instruc	ctions	, and e	enter th	e date of the letter ruling					

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	'а	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		י 🗌 י	res X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				1
14a Name of trust		14b ⊺⊧	rust's EIN	

S		B	Single-Er	nnlov	ver De	efine	d Ben	efit P	an			OMB N	lo. 1210-0110	
	(Form 5500)	Single-Employer Defined Benefit Plan))Actuarial Information20											2014	
	Department of the Treasury Internal Revenue Service	/	This schedule is re	quirod to	ho filod i	undor co	oction 10/	1 of the En	nlovo	_ -				
Employ	Department of Labor ee Benefits Security Admini	istration	Retirement Income	Security	Act of 19	74 (ERI	SA) and s				This		is Open to Pespection	ublic
Pens	on Benefit Guaranty Corpo	ration			Revenue (,							
For cale	ndar plan year 2014	or fiscal plar	File as	an atta 01/01/20		o Form	5500 or :		l endir	a 12/2	1/2014			
	nd off amounts to n			01/01/20	/14			un	i chair	9 12/0	1/2014			
			assessed for late filing	of this re	eport unle	ess reaso	onable ca	use is esta	ıblishe	d.				
A Name								_	ee-digi					
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			2a of Form 5500 or 5	500-SF				D Emp	oyer i	dentificat 27-2270		ider (E	IN)	
Е Туре	of plan: 🗙 Single	Multiple-A	A Multiple-B		F Prior	r year pla	ın size: 🗙	100 or fe	wer	101-5		/lore tha	an 500	
Part I	Basic Inform	ation						-						
	er the valuation date		Month _ 01	Day	01	Year	2014							
	ets:	·						_						
a N	larket value									. 2a				0
b A	ctuarial value									2b				0
-	nding target/participa						()	Number of rticipants		(2) Ves T	ted Fund arget	ding	(3) Total F Targe	
a F	or retired participant	s and benefi	ciaries receiving paym	ent					0		-	0		0
b F	or terminated vested	d participants	3						0			0		0
C F	or active participants	S							4			0		0
d⊺	otal								4			0		0
4 If th	ne plan is in at-risk st	atus, check	the box and complete	lines (a)	and (b)			Π						
a F	unding target disrega	arding presc	ribed at-risk assumption	ons						. 4a				
	unding target reflect	ing at-risk as	ssumptions, but disreg	arding tr	ansition r	ule for p	lans that	have beer	in	4b				
5 Eff	ective interest rate									. 5				5.64%
6 Tai	get normal cost									. 6				61887
To the accord		information supp id regulations. In	lied in this schedule and acco my opinion, each other assur experience under the plan.											
SIGI HER											07	7/28/20	15	
		Sig	nature of actuary								_	ate		
JAVIER	ROBLES, EA	0									1	4-0767	' 9	
		Type or	print name of actuary							Most r			nt number	
CASH B	ALANCE ONLINE										88	38-752	-6444	
	ENTURA BLVD, SUI , CA 91436	TE 200	Firm name						Te	lephone	number	(includ	ling area code	e)
		A	ddress of the firm					_						
If the actu instructior		ected any reg	gulation or ruling prom	ulgated u	under the	statute	in comple	eting this s	chedul	e, check	the box	and se	e	
		ct Notice an	d OMB Control Num	bers, se	e the inst	truction	s for For	m 5500 o	5500	·SF.	Sc	hedule	e SB (Form 5	500) 2014 v. 140124

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Pa	art II Begir	nning of Year C	arryove	er and Prefunding B	alances								
							(a)	Carryover balance		(b) F	Prefundir	ng balano	e
7	•	• • •		able adjustments (line 13				0				0	
8				Inding requirement (line 35									
0	• • •								0				0
9						-			0				0
10				ırn of <u>0.00</u> %					0				0
11	•			to prefunding balance:					-				0
	a Present value of excess contributions (line 38a from prior year) b(1) Interest on the excess, if any, of line 38a over line 38b from prior year												0
Schedule SB, using prior year's effective interest rate of0.00 %													0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual													
				ar to add to prefunding bala		·							0
													0
	d Portion of (c) to be added to prefunding balance												0
12	Other reduction:	s in balances due to	elections	or deemed elections					0				0
13	Balance at begi	nning of current yea	r (line 9 +	line 10 + line 11d – line 12	2)				0				0
Pa	Part III Funding Percentages												
14	Funding target a	attainment percentag	ge								14	100	.00 %
15	15 Adjusted funding target attainment percentage												
16													
17	current year's funding requirement												
		tributions and		•	-1								
10	(a) Date	(b) Amount pai		ear by employer(s) and em (c) Amount paid by		Date	<u>,</u>	(b) Amount pa	id by			nt paid by	1
(M	(M-DD-YYYY)	employer(s)		employees	(MM-DI			employer(s	-		emplo		,
07	7/07/2014		15000	0									
80	3/05/2014		15000	0									
80	3/11/2014		15000	0									
09	9/22/2014		11472	0									
10)/20/2014		11472	0									
07	7/21/2015		6500	0									
					Totals <	•	18(b)		74444	18(c)			0
19	Discounted emp	loyer contributions -	– see instr	ructions for small plan with	a valuation	date	e after t	he beginning of the	year:				
	a Contributions	allocated toward un	npaid minii	mum required contribution	s from prior	yea	rs		19a				0
	b Contributions	made to avoid restr	ictions adj	justed to valuation date					19b				0
	C Contributions	allocated toward mini	imum requ	ired contribution for current	year adjuste	d to	valuatio	n date	19c				71588
20	Quarterly contril	outions and liquidity	shortfalls:										_
	a Did the plan h	nave a "funding shor	rtfall" for th	ne prior year?								Yes X	No
	b If line 20a is "	Yes," were required	l quarterly	installments for the curren	t year made	e in a	a timely	manner?		<u></u>	<u></u> [Yes	No
	C If line 20a is "	Yes," see instructior	ns and co	mplete the following table a	as applicabl	e:							
				Liquidity shortfall as of e	end of quart	er of					(4)		
	(1) 1	st		(2) 2nd			(3)	3rd			(4) 4th	J	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arge	t Normal Cost				
21	Disco	ount rate:								
	a Se	egment rates:	1st segment: 4.99%	2nd segment: 6.32 %		3rd segment: 6.99%		N/A, full yield curve used		
	b Ap	plicable month (enter code)				21b	0		
22	Weig	hted average ret	tirement age				22	67		
23		ality table(s) (see		escribed - combined		scribed - separate	Substitu	te		
Pa	rt VI	Miscellane	ous Items	_						
24			nade in the non-prescribed act	uarial assumptions for the cu	irrent	plan vear? If "Yes." see	instructions	regarding required		
	attac	hment	·					Yes 🛛 No		
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes 🕺 No		
26	Is the	e plan required to	provide a Schedule of Active	Participants? If "Yes," see in	nstruc	tions regarding required	attachment	Yes X No		
27			o alternative funding rules, ent			0 0	27			
_	rt VII		ation of Unpaid Minimu	•						
28			uired contributions for all prior				28	0		
29			contributions allocated toward	•			29	0		
30	Rema	aining amount of	f unpaid minimum required cor		30	0				
Ра	rt VII	I Minimum	Required Contribution	For Current Year						
31	Targ	et normal cost a	nd excess assets (see instruct	ions):						
	a Tar	get normal cost	(line 6)				31a	61887		
	b Exc	cess assets, if ap	pplicable, but not greater than	line 31a			31b	0		
32	Amor	rtization installme	ents:			Outstanding Bala	ince	Installment		
	a Ne	t shortfall amortiz	zation installment				0	0		
	b Wa	aiver amortization	n installment				0	0		
33	lf a w (Mon		approved for this plan year, en Day Year	ter the date of the ruling lette) and the waived amo	-		33			
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	61887		
			<u> </u>	Carryover balance		Prefunding balar	nce	Total balance		
35			use to offset funding	· · · ·	0		0	0		
36			rement (line 34 minus line 35).				36	61887		
37	Conti	ributions allocate	ed toward minimum required co	ontribution for current year ad	djuste	d to valuation date	37	71588		
20		,	ess contributions for current ye							
- 30			y, of line 37 over line 36)	, , ,			38a	0701		
			line 38a attributable to use of				38b	9701		
39							39	0		
40										
	rt IX		Funding Relief Under F					0		
			de to use PRA 2010 funding re		2010		1			
				-				2 plus 7 years 15 years		
40) for which the election in line					8 2009 2010 2011		
			on adjustment				42			
43	Exces	ss installment ac	celeration amount to be carrie	d over to future plan years			43			

from EXHIBIT III Page 1

CENTRAL PARK PERIODONTICS, PC CASH BALANCE PENSION PLAN EIN 27-2270853 Plan Number 002

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

Valuation Date	First day of the plan year.
	Current valuation date is January 1, 2014.

Actuarial Method

Unit credit.

Actuarial Assumptions

- Interest Rates per annum, compounded annually (use the rate for each participant based upon the date of payment being valued)

	90% of	24-month
	25-Year averages	averages
	(minimum funding)	(maximum)
First 5 Years after valuation date	4.99%	1.25%
Next 15 Years	6.32%	4.06%
More than 20 years after val date	6.99%	5.08%

First column, based on 25-year averages, is used to determine AFTAP and minimum contributions. Second column, based on 24-month averages, is used to determine maximum deductible contributions.

The interest rates above are from the set of interest rates prescribed in the Pension Protection Act of 2006, the Highway and Transportation Funding Act of 2014, and the Moving Ahead for Progress in the 21st Century Act, as published in periodic IRS notices.

-- Accumulation Rate (for account earnings and converting balances to annuities) 4.00% per annum compounded annually, for all years. This rate and the 94 GAR mortality table are used to convert balances to annuities. - Experience - Active Employees

Retirement	Normal Retirement Age.
Death	None.
Other Separation	None.
Earnings Progression	None.
Retired Mortality	
Conversion to Annuities	1994 Group Annuity Reserving (94 GAR) unisex table projected to 2002.
Funding	RP-2000 combined Mortality tables for males and females, projected to 2014
The mortality rates for Funding are notices, as authorized by the Pensio	from the mortality tables prescribed in federal regulations and n Protection Act of 2006.
Form of Payment	Lump Sum.
Expense Loading	None.

- Asset Valuation Basis Market Value, including discounted contributions receivable.

Notice to Plan Sponsor about the selection of Interest Rate assumptions and Asset valuation:

The Pension Protection Act of 2006 prescribes that the above segment interest rates will be used as a default unless the Plan Sponsor notifies the actuary that he elects to use different assumptions:

- a. The above segment interest rates represent the rates for the month prior to the valuation date. The Plan Sponsor may elect to use rates applicable to 1 to 4 months prior to the latest month.
- b. Assets are valued at fair market value, without any averaging. The Plan Sponsor may ask the actuary to use an average asset value over up to 24 months.

The Plan Sponsor should notify us immediately if any of these alternative elections are desired.

	SCHEDULE SB	Single-En	nploye	er Define	d Ben	nefi	t Plan		OMB	No. 1210-0110	
	(Form 5500)	_		ial Inform						2014	
E	Department of the Treasury Internal Revenue Service Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation		Security Ad Internal Rev	ct of 1974 (ERI venue Code (th	SA) and s ie Code).	sectio	n 6059 of 1			is Open to Pub spection	lic
	0044			ment to Form	5500 or 5	5500-			10/01/0	014	
	calendar plan year 2014 or fiscal p Round off amounts to nearest do		01/0	1/2014			and endi	ng	12/31/2	014	
	Caution: A penalty of \$1,000 will b		of this repo	ort unless reaso	onable ca	use is	s establishe	ed			
	lame of plan	ie accessed for late initig	or the rope			B	Three-dig				
	Central Park Periodon	tics PC Cash Ba	lance	Pension H	Plan		plan num			002	
							<u> </u>		I		
<u> </u>									·		
CΡ	lan sponsor's name as shown on	line 2a of Form 5500 or 55	500-SF			D	Employer	Identificat	tion Number (E	=IN)	
С	Central Park Periodon	ntics PC				27.	-227085	53			
Ет	ype of plan: 🛛 Single 🗌 Multip	le-A Multiple-B		F Prior year pla	an size [.] X	100) or fewer	101-5	00 D More th	nan 500	
	Int I Basic Information			-) -							
га 1	Enter the valuation date:	Month 01	Day_0	1 Year	2014						
2	Assets:			<u> </u>	2021	_					
-	a Market value							2a			0
	b Actuarial value							2b			0
3	Funding target/participant count I	breakdown			(1)	Numb	er of	(2) Ves	ted Funding	(3) Total Fun	ding
					pa	rticipa	ants		arget	Target	
	a For retired participants and be	neficiaries receiving paym	ent				0		0		0
	b For terminated vested participation	ants					0		0		0
	C For active participants						4		0		0
	d Total						4		0		0
4	If the plan is in at-risk status, che	ck the box and complete I	lines (a) ar	nd (b)							
	a Funding target disregarding pro	escribed at-risk assumptio	ons					4 a			
	b Funding target reflecting at-risl at-risk status for fewer than							4b			
5	Effective interest rate							5		5	.64%
6	Target normal cost							6			61887
T	ement by Enrolled Actuary o the best of my knowledge, the information s accordance with applicable law and regulation combination, offer my best estimate of anticipa	s. In my opinion, each other assum									
	IGN ERE	R						0	7-28-20	15	
Javi	ier Robles, EA	Signature of actuary							Date 140767	9	
Casł	Type n Balance Online	or print name of actuary							ecent enrollme 888-752-6		
		Firm name				_	Te			ding area code)	
1603	30 Ventura Blvd, Suit	te 200						-	```	- ,	
Enc	ino CA 9	91436				_					
		Address of the firm									
	actuary has not fully reflected any ctions	regulation or ruling promu	ulgated une	der the statute	in comple	eting t	his schedu	ıle, check	the box and s	ee]

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

Schedule SB (Form 5500) 2014 v. 140124

	Sc	hedule S	SB (Form 5500) 2	014			Page 2	-					
Pa	art II	Begir	nning of Year	Carryov	er and Prefunding B	Bala	ances						
7		-	• • •		able adjustments (line 13			(a) (Carryover balance	0	(b)	Prefund	ing balance
8					unding requirement (line 3					0			0
9										0			0
10	Interest	on line 9	ousing prior year's	s actual retu	urn of0.00%								
11	Prior yea	ar's exce	ess contributions t	o be added	to prefunding balance:								
	b(1) Ini Sc	terest or hedule \$	n the excess, if an SB, using prior yea	y, of line 38 ar's effective	38a from prior year)a over line 38b from prior ge interest rate of 0.00% .	yea	ır						0
	• • •			•	edule SB, using prior year								
					ar to add to prefunding bala								0
	d Portic	on of (c)	to be added to pre	efunding ba	lance								0
					or deemed elections					0			0
13	Balance	at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	2)				0			0
Ρ	art III	Fun	ding Percenta	ages									
-												14	100.00%
	-		g target attainmen									15	100.00%
	current y	/ear's fu	nding requiremen	t	of determining whether ca			-	-			16	80.00%
1/	If the cu	1		-	s less than 70 percent of th	ne fi	unding targe	et, enter s	uch percentage			17	%
	art IV		tributions an										
18			-		ear by employer(s) and em	iplo I	-		(b) A manual ma	: al la		-	unt un niel la v
(N	(a) Date MM-DD-Y۱/		(b) Amount p employer((c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount pa employer(s		(int paid by oyees
	7/07/2			15000	(C							
	8/05/2			15000	(C							
-	8/11/2			15000		0							
-	9/22/2			11472	(C							
-	0/20/2			11472	(5							
0	7/21/2	015		6500	(2							
						┢							
						+							
						┢							
												1	
						1	Totals 🕨	18(b)		7444	4 18(c)		0
19			-		ructions for small plan with				F				
					mum required contribution					19a			0
				-	justed to valuation date					19b			0
					ired contribution for current	yea	ar adjusted to	valuation	date	19c			71588
20			outions and liquidit							l		Г	
			-		ne prior year?								Yes X No
					installments for the currer	-		a timely i	manner?	 โ		······ [Yes No
	C It line	20a is "	res," see instructi	ons and co	mplete the following table Liquidity shortfall as of e			of this play	nvear				
		(1) 1s	st		(2) 2nd	GIIU		(3) (3)				(4) 4t	า

Page 3

rt V	Assumptio	ns Used to Deteri	mine	Funding Target and 1	Farget Nor	mal Cost							
Discou	unt rate:												
a Seg	Segment rates: 1st segment: 2nd segment: 4.99% 6.32%			3rd segment: 6.99%			N/A, fu	ull yield	l curv	ve use	ed		
b App	blicable month (e	enter code)					21b						0
Weigh	ted average ret	irement age					22						67
				F			Subs	titute					
	Miscellane	E Contraction of the second seco		L		-							
			hed act	uarial assumptions for the c	urrent nlan ve	ar? If "Ves " see	instructio	one re	aardina n	anire	4		
attach	ment.	· · · · · · · · · · · · · · · · · · ·								<u> </u>			No
Has a	method change	e been made for the cur	rrent pl	an year? If "Yes," see instru	ictions regardi	ng required attac	hment				Yes	Х	No
Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstructions re	garding required	attachm	ent			Yes	Х	No
		•					27						
rt VII	Reconcilia	ation of Unpaid M	linimu	um Required Contribu	utions For	Prior Years							
Unpai	d minimum requ	ired contributions for a	all prior	years			28						0
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years							29		0				
Remai	ining amount of	unpaid minimum requi	ired cor	tributions (line 28 minus line	e 29)		30						0
rt VIII	Minimum	Required Contrib	oution	For Current Year									
		-											
							31a		61887				
							0						
2 Amortization installments: Outstanding Balance Installment													
a Net shortfall amortization installment											0		
b Wai	ver amortization	n installment						0					0
				-			33						
Total f							34					61	1887
									Т	otal ba	ance	•	
Baland	ces elected for I	use to offset funding				· · · · · · · · · · · · · · · · · · ·							
		•			0			0					0
							36					61	1887
7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date					37		71588						
Prese	nt value of exce	ss contributions for cur	rrent ve	ar (see instructions)			I						
				, ,			38a					9	9701
							0						
					39		0						
0 Unpaid minimum required contributions for all years						40						0	
t IX			-)						
If an el	lection was mad	le to use PRA 2010 fun	nding re	lief for this plan:									
			-					Пр			45		
a Sche	edule elected							14	plus / vea	ars	15	years	5
-									plus 7 yea			years	
b Eligi	ible plan year(s)) for which the election	in line -	41a was made				2008	2009	ars 2010		201	
	Discor a Seg Weigh Morta t VI Has a attach Has a attach Has a attach Is the If the attach t VII Unpai Discor (line 1 Rema t VIII Targe a Targe b Exc Amort b Exc b Exc c b Exc c	Discount rate: a Segment rates: b Applicable month (i Weighted average ret Mortality table(s) (see t VI Miscellanee Has a change been mattachment. Has a method change Is the plan required to If the plan is subject to attachment. Total minimum required Discounted employer (line 19a) Remaining amount of t VIII Minimum Target normal cost and a Target normal cost and b Excess assets, if and Amortization installmed a Net shortfall amortization If a waiver has been and (Month	Discount rate: a Segment rates: 1st segment: 4.99% b Applicable month (enter code)	Discount rate: a Segment rates: 1st segment: 4.99% b Applicable month (enter code)	Discount rate: 1st segment: 2nd segment: a Segment rates: 1st segment: 6.32% b Applicable month (enter code) Weighted average retirement age Mortality table(s) (see instructions) Prescribed - combined tVI Miscellaneous Items Has a change been made in the non-prescribed actuarial assumptions for the c attachment. Has a method change been made for the current plan year? If "Yes," see instrut Is the plan required to provide a Schedule of Active Participants? If "Yes," see itachment. tVI Reconciliation of Unpaid Minimum Required Contributions for all prior years Discounted employer contributions allocated toward unpaid minimum required contributions (line 28 minus line time 19a) Remaining amount of unpaid minimum required contributions (line 28 minus line time 19a) Remaining amount of unpaid minimum required contributions (line 28 minus line time 19a) B Excess assets, if applicable, but not greater than line 31a Amortization installments: a Net shortfall amortization installment b Waiver amortization installment f a waiver has been approved for this plan year, enter the date of the ruling lett (Month	Discount rate: 1st segment: 2nd segment: a Segment rates: 1st segment: 4.99% b Applicable month (enter code). Weighted average retirement age Mortality table(s) (see instructions) Prescribed - combined Prescribed tVI Miscellaneous Items Prescribed - combined Prescribed Has a change been made in the non-prescribed actuarial assumptions for the current plan ye attachment. Has a method change been made for the current plan year? If "Yes," see instructions regard If the plan is subject to alternative funding rules, enter applicable code and see instructions re attachment. TVII Reconciliation of Unpaid Minimum Required Contributions For Unpaid minimum required contributions of all prior years Discounted employer contributions allocated toward unpaid minimum required contributions fro (ine 19a) Remaining amount of unpaid minimum required contributions (line 28 minus line 29) T tVIII Minimum Required Contribution For Current Year Target normal cost (line 6) D b Excess assets, if applicable, but not greater than line 31a Amortization installment Carryover balance If a waiver has been approved for this plan year, enter the date of the ruling letter granting the (Month	Discount rate: 1st segment: 2nd segment: 3rd segment: a Segment rates: 1st segment: 3rd segment: 6.32% 6.99% b Applicable month (enter code). Weighted average retirement age Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate tVI Miscellaneous Items Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see attachment. Has a change been made for the current plan year? If "Yes," see instructions regarding required attachment. Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Has a neethod change been made for the current plan year? If "Yes," see instructions regarding required attachment. H3 tab plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. Reconciliation of Unpaid Minimum Required Contributions For Prior Years Unpaid minimum required contributions for all prior years Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (ine 19a) tVII Minimum Required Contribution For Current Year Target normal cost and excess assets (see instructions): Target normal cost and excess assets (see instructions): a Net shortfall amortization installment	Discount rate: 1st segment: 4.99% 2nd segment: 3rd segment: 6.3.9% b Applicable month (enter code) 21b 21b 22 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Subs t VI Miscellaneous Items Items Subs Subs Subs Subs t VI Miscellaneous Items Items Subs Subs	Discount rate: 1st segment: 4.99% 6.32% 6.99% 6.99% b Applicable month (enter code) 21b 22 Weighted average retirement age 22 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute t VI Miscellaneous Items Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions freading required attachment. 28 Discounted employer contributions for all prior years 28 Discounted employer contributions for all prior years 29 Remaining amount of unpaid minimum required contributions (line 28 minus line 29). 30 t VII Minimum Required Contributions For Clurent Year Target normal cost (ine 6). 31a b Excess assets (see instructions): 31a a text ontral and excess assets (see instructions): 31a b Vaver amortization installment </th <th>Discount rate: a Segment rate: 1st segment: 2nd segment: 3rd segment: 6.99% [] N/A, ft b Applicable month (enter code) 21b 22 Weighted average retirement age 22 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substrute tVII Miscellaneous Items Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Is be plan required to provide a Schedule of Active Participarts? If "Yes," see instructions regarding required attachment. Is the plan required to provide a Schedule of Active Participarts? If "Yes," see instructions regarding required attachment. If the plan is subject to atternative funding rules, enter applicable code and see instructions regarding required attachment. If the plan is subject to atternative funding rules, enter applicable code and see instructions regarding required attachment. If two plan is subject to atternative funding rules, enter applicable code and see instructions regarding required attachment. If the plan is subject to atternative funding rules, enter applicable code and see instructions from prior years 29 Remaining amount of unpaid Minimum Required Contributions from prior years 29 If the Plan. 30 tVIII Minimum Required Contributions of current Year 31a 31b 31a 31a</th> <th>Discount rate: 1st segment: 2.1 d segment: 3.1 d segment: 6.3.2% 3.1 d segment: 6.9.9% 21b Weighted average retirement age 22 22 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate 22 Woighted average retirement age 22 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute tVI Miscellaneous Items Image: substitute Image: substitute Image: substitute Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Image: subject to alternative funding rules, enter applicable code and see instructions regarding 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding 27 28 Discounted employer contributions for all prior years 29 29 Remaining amount of unpaid minimum required contributions from prior years 29 Remaining amount of unpaid minimum required contributions from prior years 30 11 Discounted employee contributions for all prior years 31a 5 Descounte adminimum Required Contributions for Current Year</th> <th>Discount rate: a Segment rate: 1st segment: 3.1d segment: 6.32% G.32% C.33% MXA. full yield curved for the segment: b Applicable month (enter code) 21b 22 Mortally table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute tVI Miscellaneous items 22 Mortally table(s) (see instructions) Substitute Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes Its he plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes If he plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment. Yes Yes Unpaid minimum required contributions for all pror years 28 Discounted employer contributions for all pror years 29 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 30 14 Discounted employer contributions for all pror years 29 31 31 Areat normal cost and excess assets (see instructions): 31 31 31 31 Discounted employer contributions installiment</th> <th>Discount rate: a Segment rates: b Applicable month (enter code). c 4. 99% b Applicable month (enter code). c 4. 99% c 6. 32% b Applicable month (enter code). c 421b c 92% c 99% c 93% c 99% c 93% c 9</th>	Discount rate: a Segment rate: 1st segment: 2nd segment: 3rd segment: 6.99% [] N/A, ft b Applicable month (enter code) 21b 22 Weighted average retirement age 22 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substrute tVII Miscellaneous Items Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Is be plan required to provide a Schedule of Active Participarts? If "Yes," see instructions regarding required attachment. Is the plan required to provide a Schedule of Active Participarts? If "Yes," see instructions regarding required attachment. If the plan is subject to atternative funding rules, enter applicable code and see instructions regarding required attachment. If the plan is subject to atternative funding rules, enter applicable code and see instructions regarding required attachment. If two plan is subject to atternative funding rules, enter applicable code and see instructions regarding required attachment. 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CENTRAL PARK PERIODONTICS, PC CASH BALANCE PENSION PLAN EIN 27-2270853 Plan Number 002

Schedule SB, Line 22 - Description of Weighted Average Retirement Age.

The assumed average retirement age is 67.

Participants are assumed to retire at the plan's Normal Retirement Age, or at the end of the current plan year if later.

from EXHIBIT IV Page 1

CENTRAL PARK PERIODONTICS, PC CASH BALANCE PENSION PLAN EIN 27-2270853 Plan Number 002

Schedule SB, Part V -- Summary of Plan Provisions

Effective Date		January 1, 2014			
De	efinitions				
-	Plan Year	January 1 through December 31.			
-	Compensation	Total compensation paid during Plan Year.			
-	Years of Service	Service for eligibility, vesting and benefits based upon entire period of service. The 1,000 hours of service method is used in measuring this service.			
-	Accrued Pension	Actuarial equivalent of the balance of the Participant's Accumulation Account as of Valuation Date projected to his Normal Retirement Date.			
-	Actuarial Equivalence	Based on 4.00% interest and mortality in accordance with the 1994 Group Annuity Reserving table projected to 2002.			
-	Accumulation Account	Hypothetical account established for each participant. Each plan year, the account is credited with participant's hypothetical contribution in accordance with the plan. Account accumulates guaranteed earnings based on 4.00% interest.			

from EXHIBIT IV Page 2

- Hypothetical Contribution	Contribution formula varies by participant. For some participants, the contribution is amount equivalent to providing annual annuity of 0.50% of annual compensation, beginning at normal retirement age. Contribution amounts this year range from 1.86% to
	60.00% of prior year compensation.
Eligibility	Employees become eligible upon and completion of 1 year of service, and enter the plan on the month following completion of the eligibility requirements.
Normal Retirement	
- Age	Age 62.
- Annual Pension	The participant's Accrued Benefit determined as of his Normal Retirement Date based on the actuarial equivalent value of the Accumulation Account.
- Payment of Pensions	Straight life annuity for single employees. Reduced Joint and 100% Survivor annuity for married employees. Optional forms of benefits include single sum and annuities.
Early Retirement Benefit	Same as Severance Benefit.
Late Retirement Benefit	Actuarial equivalent of Accumulation Account as of the participant's late retirement date.
Disability Benefit	Actuarial equivalent value of accrued pension.
Severance Benefit	Accrued pension times vested percentage. The vested percentage is based on Years of Service as follows:

from EXHIBIT IV Page 3

Death Benefit Before Retirement

- Active Participants	Actuarial equivalent value of accrued pension.			
- Former Participants	100% of the value of the vested deferred pension.			
Top-Heavy Provisions				
- Minimum Benefit	For employees also participating in the Central Park Periodontics 401(k) Plan, contribution of 5% of total compensation to be provided under that plan.			
Voluntary Contributions	Not Permitted			
Rollover Contributions	Not Permitted			
Loans to Participants	Not Permitted			