	Form 5500-SF		eturn/l Benefit	Report of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employe	e	2	011
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Ins	pection
		entification Information					
For	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011	
Α -	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	pant plan
<b>B</b> -	This return/report is:	the first return/report	the final r	eturn/report			
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	)	
C	Check box if filing under:	Form 5558	automatic	extension		× DFVC progra	m
		special extension (enter descriptio	,				
		nation—enter all requested information	ation				
	Name of plan RICAN CASH BALANCE TRUS	T			1b	Three-digit plan number	
AIVIET	VICAN CASH DALANCE TRUS	I				(PN)	001
					1c	Effective date or	f plan
						01/01	
	Plan sponsor's name and addre RICAN EAR, NOSE, THROAT,	ess; include room or suite number (en SINUS & ALLERGY, PLLC	mployer, if	for a single-employer plan)	2b	Employer Identit (EIN) 20-47	
0004					2c	Sponsor's telep 718-64	
	VOORHIES AVENUE DKLYN, NY 11235	2204 VOORI BROOKLYN,			2d	Business code (	
		address (if same as plan sponsor, er SINUS & ALLERGY, 2204 VOORH			3b	Administrator's	
PLLC		BROOKLYN,			3c		elephone number
4	If the name and/or EIN of the n	lan sponsor has changed since the la	ast return/i	report filed for this plan enter the	4h	EIN	-3770
•	name, EIN, and the plan numb						
	Sponsor's name				4c	PN	
5a		the beginning of the plan year			5a		14
b		the end of the plan year			5b		19
С		count balances as of the end of the p			5c		19
6a	· · ·	uring the plan year invested in eligibl					X Yes No
b	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ident qualified public accountant (IQI	PA)		
		See instructions on waiver eligibility a					X Yes No
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	5111 5500-	Sr and must instead use rorm 55	00.		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	180002		, <i>i</i>	354691
b	Total plan liabilities		7b	0			0
С	Net plan assets (subtract line 7	b from line 7a)	7c	180002			354691
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or received	vable from:	8a(1)	179000			
			8a(2)	0			
	()		8a(3)	0			
b			8b	-4310			
с	( )	8a(2), 8a(3), and 8b)	8c				174690
d	Benefits paid (including direct r	ollovers and insurance premiums		0			
-		······	8d	0	_		
e f		ive distributions (see instructions)	8e	0			
и И		s (salaries, fees, commissions)	8f	0	-		
g h	·	Be, 8f, and 8g)	8g 8h				0
i		e 8h from line 8c)					174690
j		e instructions)	8j	0			
		·	oj				

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

Form 5500-SF (2011) v.012611

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#### Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х			6	600000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	X Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	ctions,	and e	enter th	ne date of th		
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			4.01			
	Enter the minimum required contribution for this plan year			12b 12c			
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a	–	12c			
6	Negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part							
	Has a resolution to terminate the plan been adopted in any plan year?				res X No	 )	
ieu	If "Yes," enter the amount of any plan assets that reverted to the employer this year		1				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			Yes	X 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.)						
1	<b>3c(1)</b> Name of plan(s):		130	c <b>(2)</b> El	N(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	ished.		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/						

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/18/2012	VINCENZA WEAVER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB						S	ingle							efit Plan		_		ON	vre than 500 175585 175585 (2) Funding Target (0) 165558 165558 165558 165558				
		(Fc	orm 5500	))					Α	ctua	rial	Infor	natio	n						20	011		
			nent of the Trea al Revenue Serv		/		This s	chadula	is roc	uired t	n ha fil	ed under	section 1	04	of the Employ	/00							
	Emplov		artment of Labo efits Security Ad		istration	-   1			ome S	Security	Act of	f 1974 (EF	RISA) an	d se	ection 6059 of		. –	Thi	s Fo				ıblic
			efit Guaranty Co			-						ue Code (†		<i>,</i>						Insp	ectio	n	
Fo	. cale	ndar r	olan year 20	11 (	or fiscal	plan ve	ear be			an atta 1/01/20		nt to Forr	n 5500 c	or 5	and end	dina	12/3	1/2011	1				
			amounts to					5 5								<u> </u>							
►	Caut	ion: A	A penalty of	\$1,	000 will	be ass	essed	for late f	filing c	of this r	eport ι	unless rea	sonable	cau	use is establisl	hed				-			
		of pla AN C	an ASH BALAN	ICE	E TRUS	т								_	B Three-d plan nur	•	r (PN)		•		00	01	
			or's name as AR, NOSE, <sup>-</sup>							00-SF					D Employe 20-4734577		entificat	ion Nu	imbe	r (EIN	1)		
E ·	Tvpe o	of plan	: 🗙 Single		Multi	ole-A	М	ultiple-B			F F	Prior year p	lan size:	X	100 or fewer	Γ	101-5	о П	Mor	e thar	n 500		
l	art I	Ť.	asic Info									nor your p		~	100 01 101101								
<u></u> Ра			valuation d			Ν	/lonth	12		Day	31	Vear	2011										
2		er trie	valuation u	ale	•	N				Jay					-								
	а		ket value													[	2a						175585
	b	Actu	arial value														2b						175585
3	Fur	nding	target/partic	ipa	nt count	breako	down:						(1)	Nu	umber of partic	cipa	nts		(2	<b>2)</b> Fur	nding	Target	
	а	For	retired partie	cipa	ants and	l benefi	ciaries	s receivir	ng pay	/ment		. 3a					0						0
	b	For	terminated v	ves	ted part	icipants	3					3b					0						0
	С	For	active partic	cipa	ants:																		
		(1)	Non-vestee	d be	enefits							3c(1)											165558
		(2)	Vested ber	nefi	its							3c(2)					47						0
		(3)	Total active									3c(3)	_				17						
4	d		al									<b>3d</b>					17						165558
4		•	n is in at-risk							. ,		,		L		Г	4.5						
	a ⊾															-	4a						
	b														at have been ii		4b						
5	Effe	ective	interest rate	ə													5						<b>5.73 %</b>
6	Tar	get no	ormal cost														6						156246
	To the accord	best of ance wi		the i v an	information	ns. In my	opinion	, each othei	r assum														
	SIGN IER																	1	10/06	/2012	2		
						Signat	ture of	actuary											Date				
DAN	IIEL E	:. PEł	RRINE, FSA																	2799			
C/0	NOV	A AC	TUARIAL SI	ER۱	• •	•	nt nan	ne of act	uary								Most re			ment 821-5		ber	
			AD #11 NJ 07866			F	irm na	ime								Гele	phone	numbe	er (in	cludin	ig are	a code	)
						Addr	ess of	the firm							-								
	actu uctior		as not fully r	efle	ected any	y regula	ation c	or ruling p	oromu	llgated	under	the statute	e in com	plet	ting this schec	lule	, check	the bo	ox an	d see	)		
			Reduction	Ac	ct Notice	e and (	OMB (	Control I	Numb	ers, se	e the	instructio	ons for F	orr	m 5500 or 550	) <b>0</b> -S	F.	S	che	dule	SB (F	orm 5	500) 2011
																							v.012611

Pa	art II 🛛 🛛 E	Beginning of year	carryove	er and prefunding bala	inces						
						<b>(a)</b> C	Carryover balance		(b)	Prefundir	ng balance
7		0 0 1 7		cable adjustments (line 13 fro	•			0			0
8			,	unding requirement (line 35 fr				0			0
9	Amount re	emaining (line 7 minus lir	ne 8)					0			0
10	Interest or	n line 9 using prior year's	actual ret	urn of%				0			0
11	Prior year	's excess contributions t	o be addeo	d to prefunding balance:							
	a Prese	nt value of excess contri	butions (lin	e 38 from prior year)							37989
				rate of% except a							0
	<b>c</b> Total a	available at beginning of cu	urrent plan	year to add to prefunding balan	ce			Γ			37989
	<b>d</b> Portio	n of (c) to be added to p	efunding b	alance							0
12	Other red	uctions in balances due	to election	s or deemed elections				0			0
13	Balance a	at beginning of current ye	ar (line 9 -	⊦ line 10 + line 11d – line 12).				0			0
Р	art III	Funding percenta	aes								
			-							14	106.05 %
-				ge						15	108.85 %
	Prior year	's funding percentage fo	r purposes	of determining whether carry	over/prefu	nding balan	ces may be used t	o reduc	е	16	100.00 %
17	,	0 1		s less than 70 percent of the						17	%
P	art IV	Contributions and	ibiunil b	ty shortfalls		-			I		
			-	ear by employer(s) and employer							
	(a) Date	(b) Amount p		(c) Amount paid by	(a) D	Date	(b) Amount pai	d by	(	c) Amour	nt paid by
(N	/M-DD-YY	YY) employer	s)	employees	(MM-DD	-YYYY)	employer(s	)		emplo	oyees
12	2/06/2011		27667						<u> </u>		
05	5/22/2012		33334								
07	7/05/2012		2407								
	7/11/2012		33333								
30	3/01/2012		82259								
										<del></del>	
•					Totals 🕨	18(b)		179000	18(c)		
19	Discounte	ed employer contributions	s – see ins	tructions for small plan with a	valuation	date after th	e beginning of the	year:			
	<b>a</b> Contrib	utions allocated toward	unpaid min	imum required contributions f	rom prior y	/ears		19a			
	<b>b</b> Contrib	utions made to avoid res	strictions a	djusted to valuation date				19b			
	C Contribu	utions allocated toward mi	nimum req	uired contribution for current ye	ar adjusted	l to valuation	date	19c			174718
20	-	contributions and liquidit	-								
	<b>a</b> Did the	plan have a "funding sh	ortfall" for	the prior year?							Yes 🗙 No
	<b>b</b> If 20a is	s "Yes," were required qu	uarterly ins	tallments for the current year	made in a	timely man	ner?	······			Yes No
	<b>C</b> If 20a is	s "Yes," see instructions	and compl	ete the following table as app	licable:						
				Liquidity shortfall as of end	d of quarte			1		(4)	
		(1) 1st		(2) 2nd		(3)	3rd			(4) 4th	
					1			1			

Page **3** 

Pa	rt V	Assumptio	ns used to determine	funding target and ta	irget n	ormal cost				
21	Discou	unt rate:								
	<b>a</b> Se	gment rates:	1st segment: 2.01%	2nd segment: 5.16%		3rd segment: 6.28 %		N/A, full yiel	d curve	e used
	<b>b</b> Ap	plicable month	(enter code)				21b			1
22	Weigh	ted average ret	irement age				22			65
23	Mortal	ity table(s) (see	e instructions) X Pr	escribed - combined	Pres	cribed - separate	Substitu	ute		
Ра	rt VI	Miscellaneo	ous items							
24		-	nade in the non-prescribed ac	•	•	•				X No
25	Has a	method change	e been made for the current p	lan year? If "Yes," see instr	uctions r	egarding required attac	hment		Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachmen	t	Yes	X No
27			or (and is using) alternative fu				27			
Ра	rt VII	Reconcilia	ation of unpaid minim	um required contribu	itions	or prior years				
28	Unpaid		ired contributions for all prior			1 ,	28			
29			contributions allocated toward				29			
30	Remai	ning amount of	unpaid minimum required co	ntributions (line 28 minus lin	ne 29)		30			
Ра	rt VIII	Minimum	required contribution	for current year						
31	Targe	t normal cost ar	nd excess assets (see instruc	tions):						
	<b>a</b> Targ	get normal cost	(line 6)				31a			156246
	<b>b</b> Exc	ess assets, if a	pplicable, but not greater thar	n 31a			31b			10027
32	Amorti	zation installme	ents:			Outstanding Bala	ance	Installı	ment	
	<b>a</b> Net	shortfall amorti	zation installment							
	<b>b</b> Wa	iver amortizatio	n installment							
33			approved for this plan year, er Day Year				33			
34	Total f	unding requiren	nent before reflecting carryov	er/prefunding balances (line	es 31a - 3	31b + 32a + 32b - 33)	34			146219
				Carryover balance		Prefunding bala	nce	Total ba	lance	
35			use to offset funding							
36	Additic	onal cash requir	ement (line 34 minus line 35)				36			146219
37			d toward minimum required c	-			37			174718
38	Preser	nt value of exce	ss contributions for current ye	ear (see instructions)						
	<b>a</b> Tota	al (excess, if an	y, of line 37 over line 36)				38a			28499
	<b>b</b> Por	tion included in	line 38a attributable to use of	f prefunding and funding sta	andard ca	arryover balances	38b			0
39	Unpaid	d minimum requ	ired contribution for current y	ear (excess, if any, of line 3	6 over lii	ne 37)	39			0
40	Unpaid	d minimum requ	ired contributions for all years	S			40			
Pa	rt IX	Pension f	unding relief under Pe	ension Relief Act of 2	2010 (s	ee instructions)				
41	If a sho	ortfall amortizati	on base is being amortized p	ursuant to an alternative am	ortizatio	n schedule:				
	a Sche	edule elected						2 plus 7 years	15	years
	<b>b</b> Eligi	ble plan year(s)	for which the election in line	41a was made			200	08 2009 201	0	2011
42			n adjustment				42			
			celeration amount to be carrie				43			

SCHEDULE SB	nefit Plan	-	OM	B No. 1210-0110			
(Form 5500)		uarial Infor					2011
Department of the Treasury Internal Revenue Service							2011
Department of Labor Employee Benefits Security Administration	This schedule is required Retirement Income Securit Interna		SA) and s			This Form	n is Open to Public Inspection
Pension Benefit Guaranty Corporation		tachment to Form	5500 or	5500-SF.			
For calendar plan year 2011 or fisca		01/01/2011		and endin	g 12	/31/2011	
Round off amounts to nearest							
Caution: A penalty of \$1,000 will	be assessed for late filing of this	report unless reas	onable ca				
A Name of plan American Cash Balance Tr				B Three-digi			
American Cash Balance Tr	ust			plan numb	er (PN)		001
C Plan sponsor's name as shown or	n line 2a of Form 5500 or 5500-SI	=		D Employer Id	entificat	ion Number	(FIN)
American Ear, Nose, Thro					0-473		
E Type of plan: X Single Mult	iple-A Multiple-B	F Prior year p	lan size F	100 or fewer	- 101 F		e than 500
	100	Prior year p	ian size.				e inan 500
Part I Basic Information			0011				
Enter the valuation date:     Assets:	Month <u>12</u> Day	<u>31</u> Year	2011				
				W.	2a		175,585
	•••••••••••••••••••••••••••••••••••••••			•••••	2a 2b		175,585
3 Funding target/participant coun	it breakdown		(1) N	umber of participa		(2)	Funding Target
	d beneficiaries receiving payment	3a		unber of participa	0	(2)	o Contraction of the second second
	ticipants				0		0
<b>c</b> For active participants:			43.15		-		
(1) Non-vested benefits		3c(1)	(And and				165,558
(2) Vested benefits		17 - CAL - 18 - 12	13.00				0
(3) Total active					17		165,558
<b>d</b> Total		3d			17		165,558
4 If the plan is in at-risk status, ch	neck the box and complete lines (a	a) and (b)				34335524	A 14 ( A 14 ) ( A 16 )
a Funding target disregardin	ng prescribed at-risk assumptions	•••••	•••••		4a		
b Funding target reflecting a at-risk status for fewer tha	t-risk assumptions, but disregardi n five consecutive years and disre	ng transition rule fo egarding loading fa	or plans th ctor	at have been	4b		
5 Effective interest rate					5		5.73
6 Target normal cost					6		156,246
Statement by Enrolled Actuary To the best of my knowledge, the informatio accordance with applicable law and regulatic combination, offer my best estimate of antic SIGN	in supplied in this schedule and accompanyin ons. In my opion, each other assumption is re ipated experience under the plan.	ng schedules, statements easonable (taking into ac	and attachm count the exp	nents, if any, is complete perience of the plan and	e and acci I reasonal	urate. Each presr ble expectations)	ibed assumption was applied in and such other assumptions, in
HERE Part	14mm					10/06/20	12
	Signature of actuary					Date	
DANIEL E. PERF	De or print name of actuary			-	Maat	11-02799	ant number
	ARIAL SERVICES, INC.					ecent enrollm 73) 263-4	
701 FORD ROAD #11	Firm name			Tel	ephone	number (incl	luding area code)
US ROCKAWAY	NJ 07866						
	Address of the firm						
If the actuary has not fully reflected an instructions	ny regulation or ruling promulgated	d under the statute	in comple	eting this schedule	e, check	the box and	see

For Demonstrate Deduction Act Notice and OND Control N	
For Paperwork Reduction Act Notice and OMB Control Numbe	rs, see the instructions for Form 5500 or 5500-SF.

Pa	rt II	Beginning of year	carryove	r and prefunding bala	ances							
						(a) C	arryover balance		(b) F	refundi	ng balance	
7				cable adjustments (line 13 fro								
				••••••				0			0	
8		· · ·		nding requirement (line 35 fr				o			0	
9								0				
10									14			
11		r's excess contributions t		urn of%	•••••			0	2		0	
• •					18			-				
		ent value of excess contrib		, ,	••••••			-			37,989	
				rate of % excep							0	
	<b>c</b> Total	available at beginning of	current plar	n year to add to prefunding b	alance			n nd			37,989	
	<b>d</b> Portic	on of (c) to be added to pr	efunding ba	alance							0	
12	Other re-	ductions in balances due	to elections	or deemed elections				0			0	
13	Balance	at beginning of current ye	ear (line 9 +	line 10 + line 11d - line 12)				0			0	
Pa	rt III	Funding percenta	ages									
14	Funding	target attainment percent	age							14	106.05 %	
				e						15	108.85 %	
	Prior yea	r's funding percentage fo	r purposes	of determining whether carry	over/prefun	ding balan	ces may be used I	o reduce	e	16		
47								•••••			100.00 %	
10000				s less than 70 percent of the	funding targ	et, enter s	uch percentage		•••••	17	%	
	rt IV	Contributions and						_				
18				ear by employer(s) and empl	1	- 4				2		
(MI	(a) Date M-DD-YY	(b) Amount pa (Y) employer(s	aid by s)	(c) Amount paid by employees	(a) ( (MM-DD	Date	(b) Amount ( employe	paid by r(s)	(			
12/	06/201		27,667		N.	0.00 2004			_			
05/	22/201	2	33,334									
07/	05/201	2	2,407									
07/	11/201	2	33,333		1							
08/	01/201	2	82,259						10			
		Sales and the second		A MARK SHOWS	Totals >	· 18(b)		179,00	)0 18(c)			
19	Discount	ed employer contributions	s see inst	ructions for small plan with a	valuation d	ate after th						
	a Contri	butions allocated toward	unpaid mini	mum required contribution fr	om prior yea	ars		19a				
	<b>b</b> Contri	butions made to avoid res	strictions ac	ljusted to valuation date				19b				
	<b>c</b> Contri	butions allocated toward r	minimum re	quired contribution for curre	nt year adjus	sted to val	uation date	19c			174,718	
20		contributions and liquidit		- 10					N AR	he -		
	a Did th	e plan have a "funding sh	ortfall" for tl	he prior year?						[	Yes X No	
	<b>b</b> If 20a	is "Yes," were required qu	uarterly inst	allments for the current year	made in a ti	imely man	ner?			🗆	Yes 🗌 No	
	<b>c</b> If 20a	is "Yes," see instructions	and comple	ete the following table as app	licable:		24		Sta Ma	1.	The second second	
				Liquidity shortfall as of end	of Quarter of	of this plar	year	1				
		(1) 1st		(2) 2nd		(3)	3rd		(	0 0 0 14 106.05 % 15 108.85 % 16 100.00 % 17 % 2) Amount paid by employees  174,718 Yes X No Yes No		

Page 3

Pa	rt V Assumptio	ons used to determine	funding target and target	normal cost		
21	Discount rate:					
12	a Segment rates:	1st segment: 2.01 %	2nd segment: 5.16 %	3rd segment: 6.28 %	, 0	N/A, full yield curve used
	b Applicable month	(enter code)			21b	1
22	Weighted average re	tirement age	· · · i i i intere a s s s statement		22	65
23	Mortality table(s) (see			scribed - separate	 	ite
Pa	rt VI Miscellane	eous items				
24	Has a change been r	nade in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
			• • • • • • • • • • • • • • • • • • • •			
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes 🗴 No
26	Is the plan required to	o provide a Schedule of Active	e Participants? If "Yes," see instruct	tions regarding required	attachmen	t Yes 🗶 No
27			inding rules, enter applicable code		27	
Pa			um required contributions			
28			/ears		28	
29			d unpaid minimum required contrib		1 Provider	
	(line 19a)		<u> </u>	· · · <u>·</u> · · · · · · · · ·	29	
30	Remaining amount o	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	
Pai	rt VIII Minimum	required contribution	for current year			
31	Target normal cost, a	adjusted, if applicable (see ins	tructions)			
	a Target normal cost	(line 6)			31a	156,246
	<b>b</b> Excess assets, if a	pplicable, but not greater than	31a		31b	10,027
32	Amortization installm	ents:		Outstanding Bala	ance	Installment
	a Net shortfall amorti	zation installment				
	<b>b</b> Waiver amortization	n installment				
33			nter the date of the ruling letter grar		33	
	(Month	Day Year	) and the waived amount .			
34	Total funding requiren	nent before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	146,219
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected to u requirement	use to offset funding				
36	Additional cash requi	rement (line 34 minus line 35)			36	146,219
37			contribution for current year adjuste		37	174,718
38		ess contributions for current ye				
					38a	28,499
	and a second sec		prefunding and funding standard c		38b	0
			ear (excess, if any, of line 36 over		39	
Contraction of the local diversion of the loc		uired contribution for all years			40	
			ension Relief Act of 2010 (			
			ursuant to an alternative amortization			125
	a Schedule elected .				E	2 plus 7 years 🔲 15 years
	<b>b</b> Eligible plan year(s	) for which the election in line	41a was made		🗌 20	08 2009 2010 2011
-					42	
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		43	

## Schedule SB, Part V Summary of Plan Provisions

## American Cash Balance Trust

20-4734577 / 001

### For the plan year 1/1/2011 through 12/31/2011

Employer:	Type of Entity -	American Ear, Nos Limited Liability Co	e, Throat, Sinus & A mpany (LLC)	llergy PLLC					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EIN: 20-4734577	TIN:		Plan #: 001				
Dates:		Effective - 1/1/2010	Year end - 1	2/31/2011	Valuation - 12/31/2011				
Eligibility:		All employees excl	uding non-resident a	aliens, memb	ers of an excluded class and union				
		Minimum age - N/A	Months of service	e - 12					
	Hours Required for -	Eligibility - 1000	Benefit accr	ual - 1000	Vesting - 1000				
	Plan Entry -	First day of 1st or 7	th month of plan yea	ar on or next	following eligibility satisfaction				
<u>Retirement:</u>		First of month coincident with or next following attainment of age 65 and completion of 5 years of participation Not provided							
Average Con Top Hea			Current compensation Highest 5 consecutive top heavy years of participation						
Plan Benefits			t of the hypothetical	account bala	ance derived from annual Pay Credits and Interest Credits.				
	Pay Credits -		-	Credit Formu					
		A B	38% \$12	of compens	sation				
				0					
	Accrued Benefit -	Hypothetical Accou	nt Balance						
			Minimum Benefit - None Maximum Benefit - None						
		distribution, which i		computed us	lent of normal form not to exceed 415 maximum allowable sing a) 5.5% interest and the Applicable Mortality Table or				
	Death Benefit -	Present Value of A	ccrued Benefit						
<u>Top Heavy M</u>	linimum:	None							
IRS Limitatio	ns:	415 Limits -	Percent: 100	Dollar: \$19	95,000				
		Maximum 401(a)(1	7) compensation - \$	\$245,000					
Normal Form	<u>ı:</u>	Life Annuity							
Optional For	<u>ms:</u>	Lump Sum Joint with 50%, 759	% or 100% Survivor	Benefit					
Vesting Sche	edule:	100% vested in 3 y Service is calculate		service exce	pt years prior to plan effective date				
Present Valu	e of Accrued Bene	fit: Based on the H	ypothetical Account	Balance					
Actuarial Equ	uivalence:								
	Pre-Retirement -		5%						
		Mortality Table -	None						
	Post-Retirement -	Interest -	5.5%	hin Mantality	T-11- ( 447(-) ()				

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

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

### American Cash Balance Trust

20-4734577 / 001

For the plan year 1/1/2011 through 12/31/2011

Valuation Date:	12/31/2011					
Funding Method:	As prescribed in IRC S	Section 43	0			
	- Eligibility age at last bir	rthday and	d other ages	at nearest birthday		
Retrospective Compensation	- Current compensation					
Form of Payment	for lump sum is the cur Interest Credit Rate dis will not exceed 415 ma	rrent Hypo scounted a aximum al	othetical Acc using approp lowable dist	p sum which is the Hypothetical Account Balance. Funding Targount Balance projected to the assumed retirement date using the priate segment rate. Lump sum on plan actuarial equivalence rateribution, which is the lesser amount computed using a) 5.5% r b) plan actuarial equivalence interest and mortality		
Interest Rates	- Segment rates for the F Date as permitted under					
	Segment #	Year	Rate %			
	Segment 1	0 - 5	2.01			
	Segment 2	6 - 20	5.16			
	Segment 3	> 20	6.28			
Pre-Retirement -	Mortality Table -	None				
	Turnover/Disability -	None				
	Salary Scale -	None				
	Interest Credit Rate -	5.00				
	Expense Load -	None				
	Ancillary Ben Load -	None				
Post-Retirement -	Mortality Table -	11C - 20	011 Funding	Target - Combined - IRC 430(h)(3)(A)		
	Cost of Living -	None				
Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)						

						PAGE	02/0		
Form 5500-SF	Short Form Annual Return/Report of Small Emp Benefit Plan This form Is required to be filed under sections 104 and 4065 of the Emplo Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60				₽	OMB Nos	1210-011		
Internal Revenue Services						2011			
Pension Benefit Gutranty Corporation	Complete all entries in accordance with the instructions to the Form			inis rorm is Open to P					
Part   Annual Report Ide For calendar plan year 2011 or fiscal	intrication information		mor the instructions to the Form t	500-61	•_[				
	plen year beginning 01/01/ a single-employer plan	_	and ending		/2011				
B This return/report is:	a sugle-amployer plan the first return/report an amended return/report Form 8558	the fir	liple-employer plan (not mulliemploye nal return/report t plan year return/report (less than 12 natic extension	-	·		•		
	spacial extension (enter descri	otion)			X DFVC prog	ram			
Part II Basic Plan Informa	tion-enter all requested info	mation							
1a Name of plan AMERICAN CASH BALANCE TRUST			· · · ·		Three-digit plan number (PN) ▶	001			
				10	Effective date	•			
2a Plan sponsor's name and address. AMERICAN EAR, NOSE, THROAT, SIN	include room or suite number	(employe	r, if for a single-employer plan)	26	Employer Ident		mber		
2204 VOORHIES AVENUE       2204 VOORHIES AVENUE         BROOKLYN, NY 11235       EROOKLYN, NY 11235         3a Plan administrator's name and address (If same as plan spansor, enter 'Same')         AMERICAN EAR, NOSE, THROAT, SINUS & ALLERGY, 2204 VOORHIES AVENUE         PLLC				20	(EIN) 20-4734577 Sponsor's teleptione number				
			718-646-3776 2d Business code (see Instructions) 621111						
			3b Administrator's EIN 20-4734577						
			3c Administrator's telephone number 718-846-3778						
4 If the name and/or EIN of the plan and name, EIN, and the plan number fr	sponsor has changed since the om the last return/report.	ast return	n/report filed for this plan, enter the	<u>4b</u>	EIN		·····		
a Sponsor's name 5a Total number of participants at the				4c	PN				
				бa					
C Number of participants at the ond of the plan year.			.5b			19			
	*** - * *******************************			5c			19		
b Are you claiming a waiver of the an under 29 CFR 2520, 104-46? (See i	nuc plan year invested in eight nual examination and report of DSIAUCIIONS on waiver cligibility	an indepe	? (See instructions.) Indent qualified public accountant (IQ	PA)		X Yes	∏ № П №		
Part III Financial information		orm 5500	SF and must Instead use Form 55	00		<u> </u>			
7 Plan Assets and Liabilities			(a) Beginning of Year		(b) End (	of Year	<u>-</u> -		
a Total plan assets	******	. 7a	180002			3546	91		
b Total plan (labilities		7b	0				0		
Constant and the second for an and the second	<u>n line 7a}</u>	70	180002			35469	91		
8 Income, Expenses, and Transfers fo 8 Contributions received or receivable (1) Employers	firm		(a) Amount		(b) To	rtai			
(2) Participants	M ++ + + = = = = = = = = = = = = = = = =	8a(1)	179000	-l-	• •	•.			
(3) Others (including rollovars)	, , , , , , , , , , , , , , , , , , ,		0	4		· · ·	•		
b Other income (loss)	********	_88(3) 8b	0	4.					
C Total income (add lines 8a(1), 8a(2).	88(3), and 8b)	8C	-4310	·.	· · · · · · · · · · · · · · · · · · ·		· ·		
to provide benefits)	rs and insurance premiums	<u>əc</u> 8d	0	†		17469			
9 Certain deemed and/or corrective dis	uibutions (see instructions)	8e	0	<b>1</b>		•	•		
			0	1.	· · ·	•	•••		
<ul> <li>Administrative service providers (sala</li> </ul>	ries, fees, commissions)	<u>8f</u>							
T Administrative service providers (sale g Other expenses	** }-,,, } \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	80 80	0	1 ··	• .	·			
<ul> <li>Administrative service providers (sala</li> <li>Other expenses</li> <li>h Total expenses (add lines 8d, 8e, 6f, a</li> </ul>	and 8g)			 	•				
T Administrative service providers (sale g Other expenses	and 8g)	8g			·	174890			

:

••	

m 5500-8F (2011)

PAGE 03/03

Form	5500-S	F 2011
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Page 2 - 1

	E.	art IV	Dien Ohemateria (							_		
			Plan Characteristics									
		-	plan provides pension benefits, enter the applicable pension 3D									
	b	If the	plan provides welfare benefits, enter the applicable welfare t	feature codes from	the List of Plan Char	acterist	ic Coc	les in i	he instruc	tions:		
	Pa	rt V	Compliance Questions			·····	-					
	10		g the plan year:			1	Yes	No	<u> </u>			
	1	a Was 290	there a failure to transmit to the plan any participant contribu FR 2510.3-102? (See Instructions and DOL's Voluntary Fide	tions within the tim	e period described in			X		Amo	ount	
	· 1	n Andle	there any nonexempt transactions with any party-in-interest a 10a,)	2 (Do not lookute )		10a		x				
	C	> Was	the plan covered by a fidelity bond?	,	******************************	10b 10c	x					
	. d	1 Did th	e plan have a loss, whether or not reimbursed by the plan's increasity?	fidality barret street.		$\vdash$	-	x		<b>.</b>		300000
•	e	insure	any tees or commissions paid to any brokers, agents, or oth nee service or other organization that provider some or all a	er persons by an ir	surance carrier,	<u>10d</u>			· ·			
•	f					100		X		-		-
•	g	Did th	e plan failed to provide any benefit when due under the plan blan have any participant (pane?) (if twee 1 anter any participant)	17	8	101	_	X				
	-	it inis i	Plan have any participant loans? (If "Yes," enter amount as s an individual account plan, was there a blackout period? ( 01-3)			10g		X	·			
	1		01-3.)			10h		×	· · ·	-		
	, <u></u>		ons to providing the notice applied under 29 CFR 2520,101	e required notice of -3	r one of the	101				•	•	•
	Part	VIP	ension Funding Compliance					l,				· · · ·
	11	la this i 5500)),	defined benefil plan subject to minimum funding requireme	nts? (if "Yes," see	instructions and com	plete S	chedu	le SB (	(Form		·	<b>-</b>
	12										Yes	No
		(If "Yes	a defined contribution plan subject to the minimum funding r " complete 12a or 12b, 12c, 12d, and 12e below, as applica	equirements of sec	tion 412 of the Code	or sect	ion 30	2 of E	RISA?	Π.	Yes 🛛	∮ No
·	a	If a wal	er of the minimum funding standard for a polor was in balan	ble.)								-
	•	granting	rer of the minimum funding standard for a prior year is being the weiver	l amonized in this p	lan year, see instruct	lions, a	nd en	ter the	date of th	e lette	er rulini	9
•				MP 150/11 0201/), 8	100 skip to 1146 13			Day		Year_		_
	, b	Enter in	e minimum required contribution for this plan year	******			1	26	<u> </u>			
	. •	cancer. at	e amount contributed by the employer to the plan for this pla	in veer			1	20				
	negative smount)					fa	1:	2d				
		NAIN RIG	numum running amount reported on line 12d be met by the	e funding deadline?				—h	Yes	No	Π	N/A
	rait		all Terminations and Transfers of Assets					<u>- </u>		1 110		
	13a	Has a re	clution to terminate the plan basin adopted in any plan year?						XNo			
		n rea	enter the amount of any plan assets that reverted to the em	alover this year		. 13a	T	<u> </u>				<b></b>
•		of the PE	ure plan assets distributed to participants or beneficiaries, tr IGC?	ansferred to anothe	er plan, or brought un	der the	contr	ol				
•	C	if during which as	this plan year, any essets or liabilities were transferred from sels or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), Identify the	plan(s)	to	•		ЦY	es X	No
. •	13	<b>c(1)</b> Nar	ne of plan(s):				130/2	EIN(s		1.34	(3) PN	(6)
	•								·			1(9)
•												
-	Cautio	n: A per	ally for the late or incomplete filing of this raturn/report	will be assessed	Uniess reasonable	0.00	9 004	ahilet		L		
_	Under p SB or S belief, H	penallies Ichedulé I ls true,	of perjury and other penalties set forth in the instructions, I MB completed and signed by an enrolled actuary, as well a correct, and complete.	declare that I have s the electronic ver	examined this return sion of this return/rep	réport, port, an	inclux d to th	ling, if ie best	applicab! of my kn	e, a S owledy	chedul ge and	e
ĸſ	SIGN		Arias P	12-18-12								····
^	HERE	Signa	have all all a second as a	Date		LANTU, MO					<u> </u>	
X	SIGN			2-18-12	SANJAY		sning N-		<u>in adminis</u> M I>	trator		
L	HERE	· Signa		Date	Enter name of indiv			+		ala		
					and the line of themia	MUNCH D	HINIK	as eu	proyer or	<u>bisu</u> ĉ	ponso	r I