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).

0040

2012

OMB Nos. 1210-0110

1210-0089

		• •	Complete all entries in	accordance	e with the instruc	tions to the Form 550)0-SF.			
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis		01/2012		and ending	12/31/2	<u>2012</u>		_
Α	This ret	urn/report is for:	X a single-employer plan	a mu	ultiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
В	This retu	urn/report is:	the first return/report	the f	inal return/report					
			an amended return/report	a sho	ort plan year returr	n/report (less than 12 m	onths))		
С	Check b	oox if filing under:	X Form 5558	auto	matic extension			DFVC progra	am	
		3	special extension (enter de	scription)						
Pa	art II	Basic Plan Info	rmation—enter all requested							-
	Name		THE STATE OF THE POPULATION	momation			1b	Three-digit		_
		CASH BALANCE TRU	IST					plan number		
								(PN) •	001	_
							1c	Effective date o	•	
22	Dlon or	oncor's name and add	drago: includo room or quito nun	nhar (ampla	vor if for a single	omployer plan)	26	01/01		_
AME	RICAN	EAR, NOSE, THROAT	dress; include room or suite nur Γ, SINUS & ALLERGY PLLC	nber (emplo	yer, ir for a single-	employer plan)	20	Employer Identi (EIN) 20-47	ication Number	
							20	Sponsor's telep	shone number	-
2204	VOORI	HEES AVENUE	2204 \	VOORHEES	AVENUE		-0	718-64		
		, NY 11235		OKLYN, NY 1			2d	Business code	(see instructions)	
								62111		
3a	Plan ac	dministrator's name an	id address XSame as Plan Spo	onsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN	
							20	A designing to the design		_
							36	Administrators	telephone number	
4	If the n	ame and/or EIN of the	e plan sponsor has changed sind	ce the last re	eturn/report filed fo	or this plan, enter the	4b	EIN		_
			nber from the last return/report.							_
		or's name						PN		_
5a			at the beginning of the plan year				5a		1!)
b			at the end of the plan year				5b		1	5
С			account balances as of the end	. ,	`	•	5c		1:	5
<u> </u>									п п	_
oa b		•	during the plan year invested in the annual examination and rep	-	•	,			X Yes No	
D			? (See instructions on waiver eli						X Yes No	,
	If you	answered "No" to ei	ther line 6a or line 6b, the pla	n cannot us	e Form 5500-SF	and must instead use	Form	5500.		
Cau	ıtion: A	penalty for the late of	or incomplete filing of this ret	urn/report v	vill be assessed	unless reasonable ca	use is	established.		
			ner penalties set forth in the inst							
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary	, as well as	the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and	
	01, 10 0	ruo, corroci, aria comp		<u> </u>		1				_
SIG		Filed with authorized/	valid electronic signature.	(09/24/2013	VINCENZA WEAVER	1			
HEI	RE	Signature of plan a	dministrator	[Date	Enter name of individ	lual siç	gning as plan adr	ministrator	
SIG	N									
HEI		Signature of emplo	ver/nlan snonsor	<u> </u>	Date	Enter name of individ	اباعا وزر	nning as employe	ar or plan enoneor	_
Pre	parer's i		ame, if applicable) and address						number (optional)	_
		. •	,. ,			, ,	[
										_

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Dor	4 III Financial Information		<u> </u>				
Par 7	t III Financial Information Plan Assets and Liabilities		(a) Danimin mark Van		T		(h) Fud of Voca
		70	(a) Beginning of Yea		+		(b) End of Year
	Total plan assets	7a 7b	33408	0			569398
	Net plan assets (subtract line 7b from line 7a)	76 7c	35469				569398
	Income, Expenses, and Transfers for this Plan Year	70		/1			
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	18054	0			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	3416	67			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					214707
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					214707
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $^{\rm 1A}$ $^{\rm 1C}$ $^{\rm 3D}$ $^{\rm 3H}$	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he 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 contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X	
	Was the plan covered by a fidelity bond?			10c	X		80000
d	• • • • • • • • • • • • • • • • • • • •			100			80000
	or dishonesty?			10d		X	
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a					X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X	
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the				
Dort	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	o les lino
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
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 Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

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			1	
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 a negative amount)	12d		
<u>e</u>	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?		Yes 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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

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

					/ File as a	in attaciinei	iit to Foriii	3300 01	3300-3F.		L_			
Fo	r calendar	plan year 201	2 or fiscal pl	an year begin	ning 0	1/01/2012			and e	nding	12/31/2	2012		
Þ	Round of	ff amounts to	nearest do	llar.										
<u> </u>	Caution:	A penalty of \$	1,000 will be	assessed for	late filing o	f this report u	ınless reaso	onable ca	use is establ	ished.				
	Name of p	lan CASH BALAN	CE TRUST						B Three plan r	-digit umber	(PN)	•	00	1
		sor's name as EAR, NOSE, T				00-SF			D Employ 20-47345		ntification	n Numbe	r (EIN)	
Ε	Type of pla	ın: X Single	Multiple	-A Multip	le-B	F P	rior year pla	an size: 🔀	100 or fewe	er 📗	101-500	More	e than 500	
Р	art I	Basic Infor	mation											
1		e valuation da		Month 12	2	ay <u>31</u>	Year _	2012	_					
2	Assets:													
	a Marke	et value									2a			388858
	b Actua	rial value									2b			388858
3	Funding	target/particing	oant count bi	eakdown:				(1) N	lumber of par	ticipant	s	(2	2) Funding	Farget
	a For re	etired participa	nts and bene	eficiaries recei	iving payme	nt	3a			•	0		, ,	0
	b For te	erminated vest	ed participar	nts			3b				0			0
	C For a	ctive participar	nts:			ı								
	(1)	Non-vested	benefits				3c(1)							54
	(2)	Vested ben	efits				3c(2)							285473
	(3)	Total active					3c(3)				15			285527
	d Total						3d				15			285527
4	If the pla	an is in at-risk	status, chec	k the box and	complete lii	nes (a) and (b	o)				_			
	a Fundi	ng target disre	egarding pres	scribed at-risk	assumption	ns					4a			
		ing target refle									4b			
5	Effective	e interest rate									5			6.86 %
6	Target r	normal cost									6			134208
Sta	To the best of accordance v	f Enrolled Act of my knowledge, the with applicable law offer my best estin	ne information su and regulations.	In my opinion, ead	ch other assump									tion was applied in her assumptions, in
	SIGN HERE											09/19	9/2013	
			S	ignature of ac	tuary							Date)	
DA	NIEL E. PE	ERRINE, FSA			-							11-0	2799	
			Туре	or print name	of actuary					N	lost rece	ent enroll	lment numb	er
C/C	NOVA A	CTUARIAL SE	RVICES, IN	C.								973-	263-4664	
70°	1 FORD R	OAD		Firm name)					Telep	hone nu	mber (in	cluding area	a code)
#1°		, NJ 07866												
				Address of the	e firm				_					
lf th	e actuary h	nas not fully re	flected any r	egulation or r	ılina nromul	nated under	the statute	in comple	eting this ech	edule 4	check th	e hox an	d see	П
11 UI	c actuary r	ias not fully le	nociou any i	ogulation of It	aning promui	galeu unuel	ine statute	iii comple	July ulio SCII	caul e , (DI ICON III	C DUX all	u see	Ш

Page 2	-	
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Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Balan	ces								
						-	(a) (Carryover balance	;	(b)	Prefundi	ng balance		
7		Ū	0 , ,		cable adjustments (line 13 f				0			0		
8			•	•	unding requirement (line 35				0			0		
9	Amount	remainir	ng (line 7 minus lir	ne 8)					0			0		
10	Interest	on line 9	using prior year's	actual ret	urn of%				0	0				
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:									
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)					28499				
					nterest rate of%						0			
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce						28499		
	d Portion	on of (c)	to be added to pre	efunding ba	lance							0		
12	Other re	eductions	s in balances due	to elections	or deemed elections				0			0		
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12				0			0		
P	art III	Fun	ding Percenta	ages										
14	Funding	g target a	ttainment percent	age							14	136.18 %		
15	Adjuste	d funding	g target attainmen	t percentag	e						15	134.25 %		
16					of determining whether car						16	106.05 %		
17	If the cu	ırrent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%		
Pa	art IV	Con	tributions and	d Liquidi	ity Shortfalls									
18	Contrib	utions ma	ade to the plan for	the plan ye	ear by employer(s) and emp	ployees:								
(M	(a) Dat M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DD		(b) Amount p employer		(c) Amou emplo	nt paid by byees		
02	/25/2013	3		20000	0									
03	3/26/2013	3		20000	0									
07	7/17/2013	3		40000	0									
07	7/30/2013	3		40000	0									
30	3/14/2013	3		30000	0									
30	3/20/2013	3		30540	0									
						Totals ►	18(b)		180540	18(c)				
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of th	e year:					
	a Conti	ributions	allocated toward	unpaid mini	mum required contributions	s from prior y	/ears		19a			0		
	b Contr	ibutions	made to avoid res	trictions ad	justed to valuation date				19b			0		
	C Contr	ibutions a	allocated toward mi	nimum requ	uired contribution for current y	year adjusted	l to valuatior	n date	19c			174643		
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:									
	a Did th	he plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes X No		
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?													
	C If line	20a is "	Yes," see instructi	ons and co	mplete the following table a	as applicable):							
		/4)			Liquidity shortfall as of e	nd of quarte		- ·			(4)			
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>		

Do	w 4 \/	Accumptic	no Hood to Dotormina	Funding Torget and Torge	at Normal Coat				
			ns Used to Determine	Funding Target and Targe	et Normai Cost				
21	Discou	ment rates:	1st segment:	2nd segment:	3rd segment:				
	a Seg	ment rates.	5.54%	6.85%	7.52 %		N/A, full yie	ld curve	e used
	b Appl	licable month (e	enter code)			21b			1
22	Weight	ted average ret	irement age			22			65
23	Mortali	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	ite		
Pa	rt VI	Miscellane	ous Items						
24	Has a	change been m	ade in the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding requir	<u>e</u> d	
	attachr	ment						Yes	X No
25	Has a	method change	been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment		Yes	× No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	t	Yes	X No
27		•	•	er applicable code and see instruc	ctions regarding	27			
Da	rt VII			ım Required Contribution	e Ear Driar Vaare	1			
28			•	years		28			
29				unpaid minimum required contrib					0
						29			0
30	Remaii	ning amount of	unpaid minimum required cor	tributions (line 28 minus line 29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Target	normal cost ar	nd excess assets (see instruct	ions):					
	a Targe	et normal cost (line 6)			31a			134208
	b Exce	ess assets, if ap	pplicable, but not greater than	line 31a		31b			103331
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Instal	lment	
	a Net s	shortfall amortiz	zation installment		•	0			0
	b Waiv	er amortizatior	n installment		•	0			0
33				ter the date of the ruling letter gran) and the waived amount		33			
34	Total fu	unding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			30877
				Carryover balance	Prefunding bala	nce	Total b	alance	
35			use to offset funding						
36	Additio	nal cash requir	ement (line 34 minus line 35).			36			30877
37				ontribution for current year adjuste		37			174643
38	Presen	nt value of exce	ss contributions for current ye	ar (see instructions)					
	a Total	(excess, if any	v, of line 37 over line 36)			38a			143766
	b Porti	on included in I	ine 38a attributable to use of p	prefunding and funding standard c	arryover balances	38b			0
39	Unpaid	l minimum requ	rired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39			0
40	Unpaid	l minimum requ	ired contributions for all years			40			
Pa	rt IX	Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))			
41	If an ele	ection was mad	le to use PRA 2010 funding re	lief for this plan:				_	
	a Sche	dule elected				Г	2 plus 7 years	15 '	years
	b Eligib	ole plan year(s)	for which the election in line	11a was made		200	8 2009 20	10	2011
42						42			
			celeration amount to be carrie			43			

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 EEOO or EEOO SE

OMB No. 1210-0110

2012

File as an attachmen	nt to Form 5	500 or 5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 01/01/2	2012	and ending	12/31	/2012	
▶ Round off amounts to nearest dollar.					
► Caution: A penalty of \$1,000 will be assessed for late filing of this report un	nless reasor	nable cause is established			
A Name of plan		B Three-digi	İ		
American Cash Balance Trust		plan numb	er (PN)	>	001
		\$ 1 . ATT.	T Variety		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Id	antification I	Number (El	NI)
				1.4.7.1.1	14)
American Ear, Nose, Throat, Sinus & Allerqy PLLC		21	0-473457	7	
E Type of plan: X Single Multiple-A Multiple-B	rior vear pla	ın size: X 100 or fewer	7101-500	More t	han 500
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		2012			
1 Enter the valuation date: Month 12 Day 31	Year	2012		20/0	CONTRACTOR LIVER
2 Assets:			20		388,858
a Market value			2a 2b		
				70000 1000	388,858
3 Funding target/participant count breakdown	2-	(1) Number of participa		(2) Fi	unding Target
a For retired participants and beneficiaries receiving payment	3a 3b		0		0
b For terminated vested participants	่งม		0		0
c For active participants:	2-(4)				E 4
(1) Non-vested benefits	3c(1)				54
(2) Vested benefits			15		285,473
(3) Total active			20 11		285,527
d Total	0.500.00		15	107	285,527
If the plan is in at-risk status, check the box and complete lines (a) and (b)	•				
a Funding target disregarding prescribed at-risk assumptions			4a		
b Funding target reflecting at-risk assumptions, but disregarding transitio at-risk status for fewer than five consecutive years and disregarding			4b		
5 Effective interest rate			5		6.86 %
6 Target normal cost			6		134,208
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonabl combination, offer my best estimate of anticipated experience under the plan.					
SIGN					
HERE			09	/19/2013	3
Signature of actuary				Date	
DANIEL E. PERRINE, FSA			11	-02799	
Type or print name of actuary			Most recer	nt enrollmei	nt number
c/o NOVA ACTUARIAL SERVICES, INC.			(973)	263-46	64
Firm name		Te	ephone nur	nber (includ	ding area code)
701 FORD ROAD					
#11					
US ROCKAWAY NJ 07866 Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	the statute i	n completing this schedul	e, check the	box and s	ee L

Schedule SB (Form	5500) 2012	Page 2

Pa	rt II	Beç	ginning of Year	Carryov	er Prefunding Balance	s							
							(a) (Carryover balance	;	(b) F	² refundi	ng balance	
7	Balance	e at be	eginning of prior year	after appli	cable adjustments (line 13 fro	m prior			o			0	
8									-			0	
0					unding requirement (line 35 fr				o				
9					• • • • • • • • • • • • • • • • • • • •			18	0			0	
10					urn of%				0				
11					to prefunding balance:					15 16			
	a Pres	sent va	alue of excess contrit	outions (line	e 38a from prior year)							28,499	
					interest rate of% e				T Z			0	
	c Tota	ıl avail	lable at beginning of	current pla	n year to add to prefunding ba	alance						28,499	
	d Porti	ion of	(c) to be added to pr	efunding ba	alance				Elan			0	
12	Other re	educti	ons in balances due	to elections	s or deemed elections				0			0	
13	Balance	e at be	eginning of current ye	ear (line 9 +	- line 10 + line 11d - line 12) .				0			0	
Pa	art III	Fu	unding Percenta	ages									
14	Funding	g targe	et attainment percent	age							14	136.18 %	
15	Adjuste	d fund	ding target attainmen	t percentag	ge						15	134.25 %	
16					of determining whether carry						16	106.05 %	
.17	If the cu	urrent	value of the assets o	f the plan i	s less than 70 percent of the	funding targ	get, enter s	such percentage			17	%	
Pa	art IV	C	ontributions an	d Liquid	ity Shortfalls							_	
18	Contrib	utions	made to the plan for	the plan y	ear by employer(s) and emplo	yees:							
(M	(a) Date M-DD-YY		(b) Amount pa employer(s		(c) Amount paid by employees	(a) (MM-DD	Date D-YYYY)	(b) Amoun employ				unt paid by oyees	
-0.0	/25/20:			20,000									
	/26/20:			20,000									
	/17/20:	_		40,000									
	/30/20:			40,000				106					
-	/14/20:	_		30,000									
08/	/20/20:	13		30,540						_			
										_			
		TOV		HT II		Totals)	► 18(b)		180,5	40 18(c)			
19	Discour	nted e	mployer contributions	s see ins	tructions for small plan with a	valuation o	date after t	he beginning of th	ne year:				
92 32	a Cont	ributio	ons allocated toward	unpaid min	imum required contribution fro	om prior ye	ars		19a				
ecor.	b Cont	ributio	ons made to avoid res	strictions a	djusted to valuation date				19b				
	c Cont	ributio	ons allocated toward	minimum re	equired contribution for currer	nt year adju	sted to va	luation date	19c			174,643	
20	Quarter	rly con	tributions and liquidit	ty shortfalls	:						100		
	a Did t	he pla	in have a "funding sh	ortfall" for t	the prior year?		• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			···· [Yes X No	
4	b If line	e 20a i	is "Yes," were require	ed quarterly	y installments for the current y	/ear made i	in a timely	manner?		• • • • • • • • • •		Yes No	
	C If line	e 20a i	is "Yes," see instructi	ions and co	omplete the following table as								
		743	dat		Liquidity shortfall as of end	of quarter			_		7.7.V		
-		(1)	1st		(2) 2nd		(3)	3rd			(4) 4ti	1	
. 4-					<i>y</i> 6			10					

Г	art v Assumption	ons osed to betermine	Frunding ranger and range	get Normal Cost		
21	Discount rate:			·		
	a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	, 0	N/A, full yield curve used
	b Applicable month	(enter code)	_+		21b	1
22	Weighted average re	tirement age		*************	22	65
23	Mortality table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI Miscellane	eous items		100		
_	L	made in the non-prescribed act	uarial assumptions for the curren	plan year? If "Yes," see	instruction	s regarding required
	-		•			Yes 🕱 No
25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment .	Yes X No
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmen	t Yes X No
27			ter applicable code and see instru		27	
Da			um Required Contribution			
28			ears		28	
29			d unpaid minimum required contrib		50-751	
ive:					29	
30	Remaining amount o	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30	
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	nd excess assets (see instruct	ions):			
	a Target normal cost	t (line 6)			31a	134,208
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b	103,33:
32	Amortization installm	ents:		Outstanding Bala	ance	Installment
1	a Net shortfall amorti	ization installment			0	
12.5	b Waiver amortizatio	n installment				
33			ter the date of the ruling letter gra		33	
34	Total funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	30,87
•			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected for requirement	use to offset funding				
36	Additional cash requi	irement (line 34 minus line 35)			36	30,87
-	Contributions allocate	ed toward minimum required c	ontribution for current year adjust	ed to valuation date	37	174,64
38	,	ess contributions for current ye	**			
					38a	143,76
		· · · · · · · · · · · · · · · · · · ·	prefunding and funding standard		38b	
39			ear (excess, if any, of line 36 over		39	
40		juired contribution for all years			40	
		ACCOUNT FORM OF THE PARTY OF TH	Pension Relief Act of 201		5)	
41		de to use PRA 2010 funding re	<u> </u>			
- 57)					Г	2 plus 7 years 15 years
-			41a was made			08
42					42	
			d over to future plan years		43	
					859	

Schedule SB, Part V Summary of Plan Provisions

American Cash Balance Trust 20-4734577 / 001

For the plan year 1/1/2012 through 12/31/2012

Employer: American Ear, Nose, Throat, Sinus & Allergy PLLC

Type of Entity - Limited Liability Company (LLC)

EIN: 20-4734577 TIN: Plan #: 001 Plan Type: Cash Balance

Dates: Effective - 1/1/2010 Year end - 12/31/2012 Valuation - 12/31/2012

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

Minimum age - N/A Months of service - 12

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

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

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

Early - Not provided

Average Compensation: Current compensation

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

<u>Plan Benefits:</u> Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.

Pay Credits - Classification Pay Credit Formula

A 38% of compensation

B \$120

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

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

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$200,000

Maximum 401(a)(17) compensation - \$250,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service except years prior to plan effective date

<u>Present Value of Accrued Benefit:</u> Based on the Hypothetical Account Balance.

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - 12E - 2012 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 1/1/2012 through 12/31/2012

Valuation Date: 12/31/2012

Funding Method: As prescribed in IRC Section 430

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

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.69
Segment 2	6 - 20	4.53
Segment 3	> 20	5.60

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %		
Segment 1	0 - 5	5.54		
Segment 2	6 - 20	6.85		
Segment 3	> 20	7.52		

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 -12C - 2012 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)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest -8.5% 7.5% Post-Retirement - Interest -

> Mortality Table -183F - 1983 Individual Annuity (female)

Permissively Aggregated Plans - Tested as a Single Plan

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits

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).

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

OMB Nos. 1210-0110 1210-0089

2012

Part I	Annual Report I	dentification Information							
For calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2	012	and ending 12	ng 12/31/2012				
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	r) a one-participant plan				
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	rn/report (less than 12 mo	nths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m			
		special extension (enter descrip	otion)						
Part II	Basic Plan Info	mation—enter all requested info	rmation						
1a Name		0.7			1b Three-digit				
AMERICAN	CASH BALANCE TRU	51			plan number (PN)	001			
					1c Effective date of				
2a Plan s	ponsor's name and add EAR, NOSE, THROAT	fress; include room or suite number , SINUS & ALLERGY, PLLC	(employer, if for a single	-employer plan)	2b Employer Identification (EIN) 20-47				
2204 VOORHIES AVENUE 2204 VOORHIES AVENUE					2c Sponsor's telephone number 718-646-3776				
BROOKLYN	I, NY 11235	BROOKLY	YN, NY 11235		2d Business code (62111	ACTION OF THE PROPERTY OF THE			
3a Plan a	dministrator's name an	d address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b Administrator's I	EIN			
				1	3c Administrator's t	elenhone number			
name		plan sponsor has changed since the plan from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN 4c PN				
		at the beginning of the plan year			5a	19			
		at the end of the plan year			Ou .				
C Numb	er of participants with a	account balances as of the end of the	ne plan year (defined ben	efit plans do not	5c	15			
6a Were	all of the plan's assets	during the plan year invested in eli	gible assets? (See instru	ctions.)		X Yes No			
b Are you	ou claiming a waiver of 29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibil	of an independent qualifity and conditions.)	ed public accountant (IQF	PA)	X Yes No			
lf you	ı answered "No" to ei	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use F	Form 5500.				
		or incomplete filing of this return							
SB or Sche	alties of perjury and oth edule MB completed ar true, correct, and comp	ner penalties set forth in the instruct id signed by an enrolled actuary, as elete.	ions, I declare that I have well as the electronic ve	examined this return/report,	ort, including, if applic and to the best of my	able, a Schedule knowledge and			
SIGN	Mys	75	8/6/13	Sanlay Kynt	fy				
HERE	Signature of plan a	dministrator	Date	- 1	lual signing as plan administrator				
SIGN	Almen 1		8/6/13	Sanjay Kan	/				
HERE	Signature of emplo		Date	Enter name of individu	vidual signing as employer or plan sponsor				
Preparer's	name (including firm n	ame, if applicable) and address; inc	clude room or suite numb	er (optional)	Preparer's telephone	number (optional)			

Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a	354691			569398			3
b	Total plan liabilities	7b	0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	354691			569398			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	180540						
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	3416	7					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						214707	
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							
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)							214707	,
i	Transfers to (from) the plan (see instructions)	8j			_			214701	
Bai	t IV Plan Characteristics	0]							
	If the plan provides pension benefits, enter the applicable pension	fonturo con	doe from the List of Blon Char	antorio	atio Co	doe in	the inetrum	tione.	
Ja	1A 1C 3D 3H	leature con	des from the List of Flan Char	actens	Stic Co	ides in	the instruc	uons.	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructi	ons:	
Par	t V Compliance Questions								
10	During the plan year:								
	During the plan year.				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	Yes	No X		Amount	
а	Was there a failure to transmit to the plan any participant contribu	uciary Corr t? (Do not i	ection Program)nclude transactions reported	10a	Yes	Au		Amount	
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Corr t? (Do not i	ection Program)nclude transactions reported		Yes	X		Amount	80000
b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not i	nclude transactions reported	10b		X		Amount	80000
b c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumere there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity borner persons	nclude transactions reported and, that was caused by fraud as by an insurance carrier, effits under the plan? (See	10b 10c		X		Amount	80000
b c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or the plan is the provides some or all or the plan is the provides some or all or the plan is the p	fidelity borner persons	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fifts under the plan? (See	10b 10c 10d		X X		Amount	80000
a b c c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plantageneral control of the plantageneral c	fidelity borner persons of the bene	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		x x x		Amount	80000
a b c d d e e f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity borner persons of the benear so of year e	nclude transactions reported and, that was caused by fraud should be shown to	10b 10c 10d 10e 10f 10g		X X X		Amount	80000
a b c d d e e f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all distructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity borner persons of the benear of year e (See instru	nclude transactions reported and, that was caused by fraud so by an insurance carrier, effits under the plan? (See and.)	10b 10c 10d 10e 10f		X X X X		Amount	80000
a b c c d d e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity borner persons of the benear of year e (See instru	nclude transactions reported and, that was caused by fraud so by an insurance carrier, effits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h		X X X X		Amount	80000
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e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oft insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance	fidelity borner persons of the beneates of year e (See instruction 1-3	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) actions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE			
a b c c d d e e f g h i l 11a 11a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidit Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity borner persons of the bene (See instru-	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fifts under the plan? (See and.) ctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE	7		□ No
f g h	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidument on Ine 10a.)	fidelity borner persons of the bene (See instruction 1-3	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR d notice or one of the eres," see instructions and com-	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE	7	X Yes	No 0
6 dd e e f g h 11 11 11 11 11 11 11 11 11 11 11 11 1	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and party-in-interest on line 10a.)	fidelity borner persons of the bene instruction of the bene instruction of the required 1-3	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X Authorized the SE	ERISA?	X Yes	□ No 0
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	Form 5500-SF 2012 Page 3 - 1			
<u>c</u>	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 a negative amount)	12d		
<u> </u>	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?	Y	es X t	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 under the of the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0		
	3c(1) Name of plan(s):	ic(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
		Idh T		
144	Aquite Of firest	I 4 D II	ust's EIN	