For	m 5500-SF	Short Form Annual Re		of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service		enefit Plan	ad 1065 of the Employed	_	2	2013
	partment of Labor enefits Security Administration	This form is required to be filed u Retirement Income Security Act of 19 the Internal F		ctions 6057(b) and 6058		This Form i	s Open to Public
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	)-SF.	Ins	pection
Part I		entification Information					
For calenda	ar plan year 2013 or fisca			and ending 12	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-partici	oant plan
B This ret	urn/report is:	the first return/report X the	ne final return/report				
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths	)	
C Check b	box if filing under:	] Form 5558	utomatic extension			DFVC progra	ım
		special extension (enter description)					
Part II	Basic Plan Inform	nation—enter all requested informati	on				
1a Name	•	_			1b	Three-digit plan number	
AMERICAN	CASH BALANCE TRUS	I				(PN) ►	001
				·	1c	Effective date o	f plan
						01/01	/2010
		ess; include room or suite number (emp SINUS & ALLERGY, PLLC	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-47	
	, , ,				2c	Sponsor's telep	hone number
2204 VOOR BROOKLYN	HIES AVENUE . NY 11235	2204 VOORHIE BROOKLYN, N			2d	718-640	see instructions)
	,				zu	62111	,
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	elephone number
4 If the r	ama and/or EIN of the n	lan sponsor has changed since the las	t roturn/roport filed fo	within plan, optor the	46		
	EIN, and the plan numb	per from the last return/report.			40 4c		
		the beginning of the plan year			5a		15
		the end of the plan year			5b		0
<b>c</b> Numbe	er of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not	5c		0
		luring the plan year invested in eligible					X Yes No
		ne annual examination and report of an		,			
under	29 CFR 2520.104-46? (	See instructions on waiver eligibility an	d conditions.)				X Yes No
-		er line 6a or line 6b, the plan cannot			_		1
<b>C</b> If the p	lan is a defined benefit p	blan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	se is	established.	
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.					
SIGN	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu	-		
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)

L

Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Year	,		(b) End of Year
a Total plan assets	7a	569398			0
<b>b</b> Total plan liabilities	7b	0	)		0
C Net plan assets (subtract line 7b from line 7a)	7c	569398			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:					
(1) Employers	8a(1)	25707			
(2) Participants	8a(2)	0			
(3) Others (including rollovers)		0			
<b>b</b> Other income (loss)	8b	34089			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				59796
<b>d</b> Benefits paid (including direct rollovers and insurance premium: to provide benefits)		0			
e Certain deemed and/or corrective distributions (see instructions	,	0			
f Administrative service providers (salaries, fees, commissions)	8f	0			
g Other expenses	8g	0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i Net income (loss) (subtract line 8h from line 8c)					59796
j Transfers to (from) the plan (see instructions)	······ 8j	629194			
Part IV Plan Characteristics					
1A       1C       3D       3H         b       If the plan provides welfare benefits, enter the applicable welfa         Part V       Compliance Questions	re feature codes	from the List of Plan Charact	teristic Co	des in th	ne instructions:
10 During the plan year:			Yes	No	A
			res		Amount
a Was there a failure to transmit to the plan any participant cont 29 CER 2510 3-1022 (See instructions and DOI 's Voluntary)				No X	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary <b>b</b> Were there any nonexempt transactions with any party-in-inte	Fiduciary Correct rest? (Do not inc	tion Program) lude transactions reported	10a		Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary <b>b</b> Were there any nonexempt transactions with any party-in-inte on line 10a.)	Fiduciary Correc rest? (Do not inc	tion Program)	10a 10b	x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inte on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan</li> </ul>	Fiduciary Correc rest? (Do not inc an's fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10a	x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inte on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan and distances in the plan have a loss.</li> </ul>	Fiduciary Correc rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c	x x x x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inte on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or</li> </ul>	Fiduciary Correc rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10a 10b 10c 10d	x x x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inte on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, ou insurance service, or other organization that provides some ou instructions.)</li> </ul>	Fiduciary Correc rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit plan?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10a 10b 10c 10d 10e 10f	x x x x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inte on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the</li> </ul>	Fiduciary Correct rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit plan? 	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See .) ons and 29 CFR	10a 10b 10c 10d 10e	x x x x x x	
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inte on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amou</li> <li>h If this is an individual account plan, was there a blackout period</li> </ul>	Fiduciary Correc rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit plan? nt as of year end od? (See instructi ed the required n	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g	X X X X X X X X	
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<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>Were there any nonexempt transactions with any party-in-inte on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the</li> <li>Did the plan have any participant loans? (If "Yes," enter amou</li> <li>If this is an individual account plan, was there a blackout perio 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520</li> <li>Part VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below)</li> </ul>	Fiduciary Correct rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit plan?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10a 10b 10c 10c 10d 10e 10f 10g 10h 10i	X X X X X X X X X U U U B B	(Form X Yes No 0
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<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inteon line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plator dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amound h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requises 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year is a first of the minimum funding standard for a prior year is</li> </ul>	Fiduciary Correct rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit plan?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10c 10d 10c 10d 10d 10e 10f 10g 10h 10i 0lete Schemer	X X X X X X X X X X X X X X X X X X X	(Form X Yes No Yes No 0 ERISA? Yes X No
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inte on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the</li> <li>g Did the plan have any participant loans? (If "Yes," enter amou</li> <li>h If this is an individual account plan, was there a blackout perior 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current yee</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be</li> </ul>	Fiduciary Correc rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit plan? nt as of year end od? (See instruction ed the required n ).101-3 irements? (If "Yea ar from Schedule ding requirements low, as applicabl being amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10c 10d 10c 10d 10d 10e 10f 10g 10h 10i 0lete Schemer	X X X X X X X X X X X X X X X X X X X	(Form X Yes No 0 ERISA? Yes X No e date of the letter ruling
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary</li> <li>b Were there any nonexempt transactions with any party-in-inteon line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the g Did the plan have any participant loans? (If "Yes," enter amoun h If this is an individual account plan, was there a blackout perior 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requis 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year is granting the waiver.</li> </ul>	Fiduciary Correct rest? (Do not inc an's fidelity bond, r other persons b r all of the benefit plan? nt as of year end od? (See instruction ed the required no 0.101-3 irements? (If "Yeat ar from Schedule ding requirements low, as applicabl being amortized edule MB (Form	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10a 10b 10c 10c 10d 10c 10d 10c 10d 10d 10b 10f 10f 10g 10h 10i 00ete Schem ion section	X X X X X X X X X X X X X X X X X X X	(Form X Yes No 0 ERISA? Yes X No e date of the letter ruling

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		
е	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?	. X Ye	es No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	X Yes N	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):	3c(2) EIN(	(s) <b>13c(3)</b> PN(s	;)
KANT	U PENSION TRUST 11-35	15454	001	
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trus	sťs EIN	

SCHEDULE SB Single-Employer Defined Benefit (Form 5500) Actuarial Information					it Plan					No. 121										
	(Fo	orm 5	500)				Ac	tua	rial I	Inform	ation							2013	3	
		ment of the al Revenue		/		This ashedula is	*~ ~	ired to	ha fila	dundara	ation 10/	1 of	the Employ	~~						
	Dep mployee Ber	artment of		istration		This schedule is Retirement Incon	ne Śe	curity /	Act of 2	1974 (ERI	SA) and s					This		is Ope specti	en to Pu on	blic
	Pension Ber						Inte	ernal R	evenue	e Code (th	e Code).									
For	aalandar		- 2012	or field la						t to Form	5500 or 5	550			40/04/0	0.40				
				earest do		ear beginning	01/	/01/201	13				and end	ing	12/31/2	2013	5			
						essed for late fili	na of	this re	port un	less reaso	onable ca	use	is establish	ied.						
	lame of pl		, + .,				.9					В	Three-di							
AME	ERICAN C	ASH BA	LANCE	E TRUST									plan nun	•	(PN)	)	•	(	001	
<b>C</b> D	lan shong	or's nom		hown on li	ino 20	of Form 5500 o	r 550	0 95				D	Employer	Ido	ntification	NI	mbor (			
	•					& ALLERGY, PL		0-36					Employer				mber (			
														2	0-473457	1				
Εт	ype of plar	n: 🗙 Sii	ngle	Multipl	e-A	Multiple-B			F Pri	ior year pla	in size:	1(	00 or fewer	Π	101-500	Π	More t	han 500		
Pa	rt I E	asic Ir	oform	ation																
1	Enter the				N	Ionth 12	D	ay3	31	_ Year _	2013									
2	Assets:	valuatio	on date					uy <u> </u>				_								
	a Marke	value													2a					629194
	<b>b</b> Actuar	ial value													2b					629194
3	Funding	target/pa	articipa	int count b	reakc	lown:					(1) N	uml	ber of partic	ipan	its		(2)	Funding	Target	
	<b>a</b> For re	ired part	ticipant	s and ben	eficia	ries receiving pa	ymer	nt		3a					0					0
	<b>b</b> For te	minated	lvested	d participa	nts					3b					0					0
	<b>C</b> For ac	tive parti	icipants	S:					_											
	(1)	Non-ve	ested b	enefits						3c(1)										0
	(2)									3c(2)										497874
	(3)									3c(3)					17					497874
										3d					17					497874
4						box and comple		• •	. ,					Г	4-					
			-			ed at-risk assum									4a					
						mptions, but dis									4b					
5								Ŭ	Ŭ						5					6.16 %
6	Target n	ormal co	st												6					155963
۲ a	ccordance w	my knowle ith applicab	dge, the i ble law an	information s d regulations	. In my	in this schedule and a opinion, each other a erience under the plar	ssumpt													
	IGN				•	· · ·														
	ERE															ſ	)7/16/2	014		
••				S	Signat	ure of actuary						-					Date	011		
DAN	IEL E. PE	RRINE,	FSA		5												14-027	'99		
				Туре	or pri	nt name of actua	ıry					_		ſ	Most rece				nber	
C/O		TUARIA		VICES, IN	IC.												973-82	1-5775		
	FORD RO KAWAY,		6		Fi	irm name							Т	elep	hone nu	mbe	r (inclu	iding ar	ea code	)
					Addr	ess of the firm						_								
instru	ctions		-	-	-	ation or ruling pro	-				-		-							
For F	aperworl	Reduct	tion Ac	ct Notice	and C	OMB Control Nu	mbe	rs, see	e the ir	nstruction	s for For	rm <del>5</del>	5500 or 550	0-SI	F	S	chedu	le SB (		500) 2013 v. 130118

Pa	art II	Begini	ning of Year	Carryov	er and Prefunding B	alances						
							(a) (	Carryover balance		(b)	Prefundin	g balance
7		-			cable adjustments (line 13 f				0			0
8					unding requirement (line 35				0			0
9	Amoun	t remainin	g (line 7 minus li	ne 8)					0			0
10	Interest	t on line 9	using prior year'	s actual ret	turn of <u>5.00</u> %				0			0
11					d to prefunding balance:							
					38a from prior year)							143766
					interest rate of <u>6.86</u> %							0
	C Total	available a	at beginning of cu	rrent plan ye	ear to add to prefunding balar	nce						143766
	<b>d</b> Porti	on of (c) to	be added to pre	efunding ba	alance							0
12	Other r	eductions	in balances due	to election:	s or deemed elections				0			0
13	Balance	e at begini	ning of current ye	ear (line 9 +	+ line 10 + line 11d – line 12	!)			0			0
Р	art III	Fund	ling Percenta	ages								
14	Funding			-							14	126.37 %
-			target attainmen								15	100.14 %
16					of determining whether car						16	136.18 %
17	If the cu	urrent valu	e of the assets of	of the plan i	s less than 70 percent of th	e funding ta	rget, enter s	such percentage			17	%
P	art IV	Cont	ributions an	d Liauid	ity Shortfalls					L		
					rear by employer(s) and em	plovees.						
	(a) Dat		(b) Amount p		(c) Amount paid by		Date	(b) Amount p	aid by	(	<b>c)</b> Amoun	
(N	1M-DD-Y	YYY)	employer	(s)	employees	(MM-DE	D-YYYY)	employer(	s)		emplo	yees
01	/28/2014	4		25707	0							
						Totals ►	· 18(b)		25707	18(c)		0
19	Discour	nted emplo	oyer contribution	s – see ins	tructions for small plan with	a valuation	date after tl	he beginning of the	e year:			
	a Cont	ributions a	allocated toward	unpaid min	imum required contributions	s from prior	years		19a			0
	<b>b</b> Cont	ributions n	nade to avoid res	strictions ad	djusted to valuation date				19b			0
	<b>C</b> Contr	ributions al	located toward m	inimum req	uired contribution for current	/ear adjuste	d to valuatior	n date	19c			25590
20	Quarter	rly contribu	utions and liquidi	ty shortfalls	S:							
	<b>a</b> Did t	he plan ha	ave a "funding sh	ortfall" for t	the prior year?							Yes 🗙 No
	<b>b</b> If line	e 20a is "Y	es," were require	ed quarterly	y installments for the curren	t year made	e in a timely	manner?				Yes No
	<b>c</b> If line	e 20a is "Y	es," see instruct	ions and co	omplete the following table a	as applicabl	e:					<u> </u>
					Liquidity shortfall as of e			in year				
		(1) 1st			(2) 2nd		(3)	3rd			(4) 4th	

Pa	rt V	Assumption	ns Used to Deterr	nine l	Funding Target and 1	Targe	t Normal Cost					
21	Disco	ount rate:										
	<b>a</b> Se	egment rates:	1st segment: 4.94%		2nd segment: 6.15%		3rd segment: 6.76 %		N/A, fu	ıll yield	curve	e used
	<b>b</b> Ap	plicable month (	enter code)					21b				1
22	Weig	hted average ret	tirement age					22				65
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu	te			
Ра	rt VI	Miscellane	ous Items		L							
24		-	nade in the non-prescrit		uarial assumptions for the c	urrent	plan year? If "Yes," see	instructions	regarding re	equired	Yes	X No
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ictions	regarding required attac	hment			Yes	X No
26					Participants? If "Yes," see						Yes	× No
27		• •	-		er applicable code and see			27				
Pa	rt VII				Im Required Contribu							
28	Unpa	id minimum requ	uired contributions for a	II prior	years			28				0
29					unpaid minimum required o			29				0
30		,			tributions (line 28 minus line			30				0
Ра	rt VIII	Minimum	<b>Required Contrib</b>	ution	For Current Year							
31	Targe	et normal cost ar	nd excess assets (see i	nstruct	ions):							
	a Tar	get normal cost (	(line 6)					31a				155963
	-		. ,		line 31a			31b				131320
32		tization installme					Outstanding Bala		I	nstallm	ent	.0.020
	<b>a</b> Net	t shortfall amortiz	zation installment					0				0
	<b>b</b> Wa	aiver amortizatior	n installment					0				0
33	lf a w (Mont		approved for this plan ye Day Year		ter the date of the ruling letter () and the waived amo	-		33				
34	Total	funding requiren	ment before reflecting ca	arryove	r/prefunding balances (lines	s 31a -	31b + 32a + 32b - 33)	34				24643
		<u> </u>	ŭ		Carryover balance		Prefunding balar	nce	Тс	tal bala	ance	
35			use to offset funding		,	0		0				0
36	Addit	ional cash requir	rement (line 34 minus li	ne 35).			·	36				24643
37	Contr	ributions allocate	ed toward minimum requ	uired co	ontribution for current year a	djuste	d to valuation date	37				25590
38			ess contributions for cur									
								38a				947
				-	prefunding and funding stan			38b				0
39					ear (excess, if any, of line 36		-	39				0
40	Unpa	id minimum requ	uired contributions for a	ll years				40				
Pa	rt IX	Pension F	Funding Relief Un	der P	Pension Relief Act of	2010	(See Instructions)					
41	lf an e	election was mad	de to use PRA 2010 fun	nding re	lief for this plan:							
	<b>a</b> Sch	nedule elected							2 plus 7 yea	irs	15	years
	<b>b</b> Elig	gible plan year(s)	) for which the election	in line 4	11a was made			200	8 2009	2010	Π	2011
42	Amou	int of acceleratio	n adjustment					42	•			
43	Exces	ss installment ac	celeration amount to be	e carrie	d over to future plan years			43				

43 Excess installment acceleration amount to be carried over to future plan years .....

SCHEDULE SB	Single	-Employer	Define	d Ber	nefit Plan	-	OMB	No. 1210-0110
(Form 5500)		Actuaria	l Inform	natior	1			2013
Department of the Treasury Internal Revenue Service								2013
Department of Labor Employee Benefits Security Administrat	tlon Retirement Incor	s required to be fil me Security Act of Internal Reven	f 1974 (ERIS	SA) and s		•		n is Open to Public
Pension Benefit Guaranty Corporation		e as an attachme			5500-SE			mapecuon
For calendar plan year 2013 or fis		01/01/			and ending	12	/31/2013	
Round off amounts to neares	st dollar.							
Caution: A penalty of \$1,000 v	will be assessed for late fi	ling of this report t	uniess reasc	nable ca	use is established	1.		
A Name of plan					B Three-digit			
American Cash Balance I	!rust				plan numb	er (PN)	)	001
C Plan sponsor's name as shown	on line 2a of Form 5500	or 5500-SF			D Employer Ide	entifica	tion Number	(EIN)
American Ear, Nose, Thr	roat, Sinus & Alle	ərgy PLLC			20	-473	4577	
E Type of plan: X Single M	lultiple-A Multiple-B	E	Prior year pl	n size: 3	▲ 100 or fewer	7101-8	500 🗖 Mor	e than 500
and the		ALC: NOTE:	nor year pic	an size. [2				e man 500
Part I Basic Information	Month 12	Dav 31	Year	2013				
2 Assets:		Day31	fear	2013				1
a Market value					[	2a		629,19
<b>b</b> Actuarial value						2b		629,19
3 Funding target/participant co	ount breakdown:			(1) N	umber of participa	ints	(2)	Funding Target
a For retired participants and		ayment	3a			0		i analig renger
<b>b</b> For terminated vested par	ticipants		3b			0		
<b>C</b> For active participants:				Charles .	Torage in the	1		
(1) Non-vested benef	its		3c(1)					
(2) Vested benefits			3c(2)	ing the second		AT IN ST		497,87
(3) Total active			3c(3)			17		497,87
<b>d</b> Total			3d		2	17		497,87
4 If the plan is in at-risk status	, check the box and comp	plete lines (a) and	(b)				1123年1月4日	Al appendix and the second
<b>a</b> Funding target disregardin	ig prescribed at-risk assur	mptions	•••••			4a		
<b>b</b> Funding target reflecting a at-risk status for fewer	at-risk assumptions, but di than five consecutive year					4b		
5 Effective interest rate						5		6.16 %
6 Target normal cost						6		155,96
Statement by Enrolled Actuary To the best of my knowledge, the informati accordance with applicable law and regula combination, offer my best estimate of anti-	tions. In my opinion, each other as	ssumption is reasonable						
SIGN HERE	-lel	-					07/16/20	14
DANIEL E. PE	Signature of actuary						Date 14-02799	
	Type or print name of actu	-					recent enrolln 973) 263-4	nent number
2, 0	Firm name				Tel			luding area code)
701 FORD RO# #11								J
US ROCKAWAY	NJ 07	866			-			

Pa	rt II Beginn	ning of Year	Carryove	r and Prefunding Bal	ances							08
				11		(a) C	arryover balance		(b) Pref	unding	g balance	
7	Balance at beginr year)	ning of prior year	after applica	able adjustments (line 13 fr	om prior			o				0
8				nding requirement (line 35 f				0				0
9						-50		0				0
10				rn of <u>5,00</u> %		* ()	-0	0				0
11	Prior year's exces	ss contributions f	o be added	to prefunding balance:		10	A CONTRACTOR	E.				121
	a Present value	of excess contril	butions (line	38a from prior year)		AL CONTRACTOR					143,7	66
	<b>b</b> Interest on (a) otherwise prov	using prior year vided (see instruc	s effective in ctions)	nterest rate of <u>6.86</u> % of	except as							0
	<b>c</b> Total available	e at beginning of	current plan	year to add to prefunding b	alance .			and the second second			143,7	66
	d Portion of (c) t	o be added to pr	efunding ba	lance		Harrison pe	A STATE OF	Manual St.				0
12	Other reductions	in balances due	to elections	or deemed elections				0				0
13	Balance at beginr	ning of current ye	ear (line 9 +	line 10 + line 11d - line 12)				0				0
Pa	art III Fund	ling Percenta	ages							-		
14	Funding target at	tainment percen	tage						1	4	126.37	%
				ə						5	100.14	%
16	· · · · · · · · · · · · · · · · · · ·			of determining whether carr					1	6	136.18	%
17				less than 70 percent of the						7		%
Pa	art IV Cont	ributions an	d Liquidi	ty Shortfalls							3 - 34 Feb	
18	Contributions ma	de to the plan fo	r the plan ye	ar by employer(s) and emp	loyees:							
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer(	aid by s)	(c) Amount paid by employees	(a) (MM-DD	Date -YYYY)	(b) Amoun employ			Amou emplo	nt paid by yees	
01	/28/2014		25,707			24						
										_		
							10. 1941					
-									1			
101	TO SE MONTENESS AN	ない。目前に言い			Totals I	▶ 18(b)	211-04 M P	25,707	18(c)	_		_
19	Discounted empl	oyer contribution	is see inst	ructions for small plan with	a valuation	date after	the beginning of					
	a Contributions a	allocated toward	unpaid mini	mum required contributions	from prior y	ears		19a				0
	<b>b</b> Contributions r	made to avoid re	strictions ad	justed to valuation date	•••••			19b				0
		allocated toward	minimum re	quired contribution for curre	ent year adju	usted to va	aluation date	19c			25,5	90
20	-		•					13-22	NS Part	1. ivz-	The state of the	
				ne prior year?'						🗌	Yes X No	
				installments for the current			/ manner?		•••••	•	Yes 🔄 No	
	C If line 20a is	Yes," see instruc	tions and co	mplete the following table a			n voor	Sur		100		12a
	(1) 1s	st		Liquidity shortfall as of en (2) 2nd		or this plat (3)	3rd		(4)	4th		
						X-4						

and the second s	art V   Assumpt	ions Used To Determine	<b>Funding Target and Target</b>	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: <b>4.94</b> %	2nd segment: 6.15 %	3rd segment: 6.76 %		N/A, full yield curve used
	<b>b</b> Applicable mont	h (enter code)			21b	1
22	Weighted average	retirement age			22	65
23	Mortality table(s) (s	ee instructions) X Pr	escribed - combined 🛛 Pres	cribed - separate 🛛 🗌 S	ubstitute	e
Pa	rt VI Miscellar	neous items				
24	Has a change beer	n made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see ins	tructions	s regarding required
25	Has a method char	nge been made for the current p	an year? If "Yes," see instructions	regarding required attachm	ent	Yes 🗴 No
26	Is the plan required	to provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required atta	achment	t Yes 🗶 No
27			ter applicable code and see instruc		27	
Pa	rt VII Reconci	liation of Unpaid Minimu	Im Required Contribution	s For Prior Years		
28	Unpaid minimum re	equired contributions for all prior	years		28	0
29			d unpaid minimum required contrib		29	0
30			ntributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimur	n Required Contribution	For Current Year	4X		
31	Target normal cost	and excess assets (see instruct	tions):			
	<b>a</b> Target normal co	ost (line 6)			31a	155,963
	<b>b</b> Excess assets, if	applicable, but not greater than	line 31a		31b	131,320
32	Amortization instal	lments:		Outstanding Balance	•	Installment
	a Net shortfall amo	ortization installment		1)	0	0
	1	ion installment			0	0
	<b>b</b> Waiver amortiza					
33	If a waiver has bee	n approved for this plan year, er	nter the date of the ruling letter gra ) and the waived amount .		33	
	If a waiver has bee (Month	n approved for this plan year, er Day Year	nter the date of the ruling letter gra		33 34	24,643
	If a waiver has bee (Month	n approved for this plan year, er Day Year	nter the date of the ruling letter gra ) and the waived amount .		34	24 , 643 Total balance
34	If a waiver has bee (Month Total funding requir Balances elected f	n approved for this plan year, er Day Year	nter the date of the ruling letter gra ) and the waived amount . /prefuncing balances (lines 31a - 3	1b + 32a + 32b - 33)	34	
34	If a waiver has bee (Month Total funding requir Balances elected f requirement	n approved for this plan year, er Day Year ement before reflecting carryover or use to offset funding	nter the date of the ruling letter gra ) and the waived amount . /prefunding balances (lines 31a - 3 Carryover balance 0	1b + 32a + 32b - 33) Prefunding Balance	34	Total balance 0
34 35 36	If a waiver has bee (Month	n approved for this plan year, er Day Year rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required o	nter the date of the ruling letter gra ) and the waived amount . /prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuste	1b + 32a + 32b - 33) Prefunding Balance	<b>34</b>	Total balance 0 24,643
34 35 36 37	If a waiver has bee (Month	en approved for this plan year, er Day Year rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required c	nter the date of the ruling letter gra ) and the waived amount . /prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuste	1b + 32a + 32b - 33) Prefunding Balance	34 0 36	Total balance 0
34 35 36 37	If a waiver has bee (Month	n approved for this plan year, er Day Year rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required control of the second	nter the date of the ruling letter gra ) and the waived amount . /prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuster ear (see instructions)	1b + 32a + 32b - 33) Prefunding Balance	34 0 36	Total balance 0 24,643
34 35 36 37	If a waiver has bee (Month	n approved for this plan year, er Day Year rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required control of the second	nter the date of the ruling letter gra ) and the waived amount . /prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuste ear (see instructions)	1b + 32a + 32b - 33) Prefunding Balance	34 0 36 37	Total balance 0 24,643 25,590
34 35 36 37	If a waiver has bee (Month	an approved for this plan year, er Day Year ement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required of excess contributions for current yeany, of line 37 over line 36) . in line 38a attributable to use of	nter the date of the ruling letter gra ) and the waived amount . /prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuste ear (see instructions) prefunding and funding standard of	1b + 32a + 32b - 33) Prefunding Balance ad to valuation date	34 0 36 37 38a	Total balance 0 24,643 25,590 947
34 35 36 37 38	If a waiver has bee (Month	in approved for this plan year, er Day Year rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required contributions for current yeany, of line 37 over line 36) . in line 38a attributable to use of equired contribution for current yeany	nter the date of the ruling letter gra ) and the waived amount . /prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuste ear (see instructions)	1b + 32a + 32b - 33) Prefunding Balance	34 0 36 37 38a 38b	Total balance 0 24,643 25,590 947 0
34 35 36 37 38 38 39 40	If a waiver has bee (Month	in approved for this plan year, er DayYear rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required contributions for current yean, of line 37 over line 36) . in line 38a attributable to use of equired contribution for current yean	nter the date of the ruling letter gra ) and the waived amount . //prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuster ear (see instructions) prefunding and funding standard of //ear (excess, if any, of line 36 over	1b + 32a + 32b - 33) Prefunding Balance	34 0 36 37 38a 38b 39	Total balance 0 24,643 25,590 947 0
34 35 36 37 38 38 39 40 Pa	If a waiver has bee (Month	in approved for this plan year, er DayYear rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required contributions for current yean, of line 37 over line 36) . in line 38a attributable to use of equired contribution for current yean	nter the date of the ruling letter gra ) and the waived amount . //prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuster eaar (see instructions) prefunding and funding standard of //eaar (excess, if any, of line 36 over 's Pension Relief Act of 2010	1b + 32a + 32b - 33) Prefunding Balance	34 0 36 37 38a 38b 39	Total balance 0 24,643 25,590 947 0
34 35 36 37 38 39 40 Pa	If a waiver has bee (Month	in approved for this plan year, er DayYear rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required of excess contributions for current yeany, of line 37 over line 36) . in line 38a attributable to use of equired contribution for current year <b>n Funding Relief Under</b> I nade to use PRA 2010 funding re	nter the date of the ruling letter gra ) and the waived amount . //prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuster eaar (see instructions) prefunding and funding standard of //eaar (excess, if any, of line 36 over 's Pension Relief Act of 2010	1b + 32a + 32b - 33)         Prefunding Balance         ad to valuation date         ad to valuation date         barryover balances         line 37)         (See Instructions)	34 0 36 37 38a 38b 39	Total balance 0 24,643 25,590 947 0
34 35 36 37 38 39 40 Pa	If a waiver has bee (Month	in approved for this plan year, er DayYear rement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required of excess contributions for current yeany, of line 37 over line 36) . in line 38a attributable to use of equired contribution for current yean equired contributions for all year <b>n Funding Relief Under</b> I hade to use PRA 2010 funding re	nter the date of the ruling letter gra ) and the waived amount . /prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuste ear (see instructions) prefunding and funding standard of /ear (excess, if any, of line 36 over s Pension Relief Act of 2010 elief for this plan:	1b + 32a + 32b - 33)         Prefunding Balance         Prefunding Balance         ad to valuation date         ad to valuation date         barryover balances         line 37)         (See Instructions)	34 0 36 37 38a 38b 39	Total balance         0         24,643         25,590         947         0         947         0         10         0         12 plus 7 years         15 years
34 35 36 37 38 39 40 Pa 41	If a waiver has bee (Month	in approved for this plan year, er Day Year ement before reflecting carryover or use to offset funding quirement (line 34 minus line 35) ated toward minimum required of excess contributions for current yeany, of line 37 over line 36) . in line 38a attributable to use of equired contribution for current year <b>n Funding Relief Under</b> I hade to use PRA 2010 funding re d	nter the date of the ruling letter gra ) and the waived amount . //prefunding balances (lines 31a - 3 Carryover balance 0 contribution for current year adjuster ear (see instructions) prefunding and funding standard of //ear (excess, if any, of line 36 over s Pension Relief Act of 2010 elief for this plan:	1b + 32a + 32b - 33)         Prefunding Balance         Prefunding Balance         add to valuation date         arryover balances         line 37)         (See Instructions)	34 0 36 37 38a 38b 39 40	Total balance         0         24,643         25,590         947         0         947         0         10         0         12 plus 7 years         15 years

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

### American Cash Balance Trust

20-4734577 / 001

For the plan year 01/01/2013 through 12/31/2013

Valuation Date:	12/31/2013										
Funding Method:	As prescribed in IRC	Section 43	0								
	Eligibility age at last	pirthday and	d other ages	at nearest birthday	/						
Retrospective Compensation -	Current compensation	n									
Form of Payment -		urrent Hypo liscounted u	othetical Acc using approp	ount Balance proje priate segment rate	cted to the ass . Lump sum or	sumed retire	ment date using the rial equivalence rates				
		Il not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% erest 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 rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)									
	Segment #	Segment # Year Rate % Segment # Year Rate %									
	Segment 1	0 - 5	1.31	Segment 1	0 - 5	4.94					
	Segment 2	egment 2 6 - 20 4.05 Segment 2 6 - 20 6.15									
	Segment 3	> 20	5.05	Segment 3	> 20	6.76					
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 -	13C - 20	013 Funding	Target - Combined	d - IRC 430(h)(	(3)(A)					
	Cost of Living -	None									
Asset Valuation Method:	Fair market value of	assets adju	sted for cont	tributions under IR	C 430(g)(4)						
Discrimination Test Assumption	<u>s:</u>										
HCE Determination -	Based on all employe	es									
Otherwise Excludable -	Otherwise Excludabl	e HCEs are	included wi	th the Not Otherwis	e Excludable	employees					
410(b)/401(a)(4) Testing:											
Pre-Retirement -	Interest -	3.5%									
Post-Retirement -	Interest -	7.5%									
	Mortality Table -	83F - 1983	Individual A	nnuity (female)							
Permissively Aggregated Plans -	Tested as a Single P	lan									
Compensation -	Use current compensation to calculate the benefit accrual rate (annual method)										
Testing Age -	Normal retirement ag	e or attaine	ed age, if old	er							
Normal Form for MVAR -		o or attaine									
401(a)(26) Testing:											
401(a)(26) Testing: Compensation -		or Benefits		enefit accrual rate	for 401(a)(26)						

## Schedule SB, Part V Summary of Plan Provisions

#### American Cash Balance Trust 20-4734577 / 001

### For the plan year 01/01/2013 through 12/31/2013

Employer: Type of Entity	American Ear, Nose, Throat, Sinus & Allergy PLLC - Limited Liability Company (LLC) EIN: 20-4734577 TIN: Plan #: 001 Plan Type: Cash Balance							
Dates:	Effective - 01/01/2010 Year end - 12/31/2013 Valuation - 12/31/2013							
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							
	<ul> <li>First of month coincident with or next following attainment of age 65 and completion of 5 years of participation</li> <li>Not provided</li> </ul>							
Average Compensation: Top Heavy Minimum Benefit	Current compensation - Highest 5 consecutive top heavy years of participation							
Plan Benefits: 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 Benefit There were a summarized and the sum							
Death Benefit	- Present Value of Accrued Benefit							
Top Heavy Minimum:	None							
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$205,000							
	Maximum 401(a)(17) compensation - \$255,000							
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							
Present Value of Accrued Ben	efit: Based on the Hypothetical Account Balance.							
Actuarial Equivalence:								
Pre-Retirement	- Interest - 5%							
	Mortality Table - None							
Post-Retirement	- Interest - 5.5%							

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Form	5500-SF	Short Form Annual Retu		Small Employe	ee	0	MB Nos. 1210-0110 1210-0089
	of the Treasury evenue Service	Ben This form is required to be filed und	efit Plan	4065 of the Employee		20	013
Departm	nent of Labor Security Administration	Retirement Income Security Act of 1974 the Internal Rev	4 (ERISA), and section venue Code (the Code)	ons 6057(b) and 6058(a le).	a) of		Open to Public
	Guaranty Corporation	Complete all entries in accordance	e with the instruction	ons to the Form 5500-	-SF.	<u></u>	
Part I Ar	nnual Report IC an year 2013 or fisc	lentification Information al plan year beginning 01/01/2013		and ending 12	2/31/2	013	
A This return/r	1		ultiple-employer plar	(not multiemployer)		a one-particip	ant plan
B This return/r		the first return/report	final return/report				
		an amended return/report a sh	ort plan year return/r	eport (less than 12 mo	nths)		
C Check box i	if filing under:	Form 5558 aut	omatic extension			DFVC program	n
		special extension (enter description)					
Part II Ba	asic Plan Infor	mation—enter all requested information	1		44		
1a Name of pl					10	Three-digit plan number	
MERICAN CAS	SH BALANCE TRUS					(PN) 🕨	001
					1c	Effective date of 01/01/	
2a Plan spons	sor's name and add R, NOSE, THROAT	ress; include room or suite number (empl , SINUS & ALLERGY, PLLC	oyer, if for a single-e	nployer plan)	2b	Employer Identifi (EIN) 20-473	
					2c	Sponsor's teleph	
2204 VOORHIE BROOKLYN, NY		2204 VOORHIES BROOKLYN, NY			2d	718-646 Business code (	see instructions)
					3h	62111 Administrator's E	
3a Plan admin	nistrator's name and	address Same as Plan Sponsor Nam	e Same as Plan	Sponsor Address	20	Administrators	-118
4 If the nam name, Ell	ne and/or EIN of the N, and the plan num	plan sponsor has changed since the last ber from the last return/report.	return/report filed for	this plan, enter the		EIN	
a Sponsor's					-	PN	15
		at the beginning of the plan year			5a 5b		0
		at the end of the plan year			de		0
C Number of complete	e this item)	iccount balances as of the end of the plat	ryear (denned bener		5c		0
b Are you o under 29 If you an	claiming a waiver of CFR 2520.104-46? nswered "No" to ei	during the plan year invested in eligible a the annual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan cannot it plan, is it covered under the PBGC insu	independent qualifie I conditions.) use Form 5500-SF a	d public accountant (IQ	PA) Forn	n 5500.	X Yes No X Yes No Not determined
Caution: A pr	enalty for the late	or incomplete filing of this return/repor	t will be assessed u	inless reasonable cau	use is	s established.	
Under penaltie SB or Schedu	as of pariup, and oth	ner penalties set forth in the instructions, I ad signed by an enrolled actuary, as well	declare that I have a	examined this return/re	port.	including, if applic	cable, a Schedule y knowledge and
	A	$\langle \rangle$	1/27/14	SANJA	Y	KANT	IJ
SIGN HERE	Signature of plan-a	dministrator	Date	Enter name of individ			I mereta managereta
	signature of plan-a		1/27/14	SANJAY		KANTL	
SIGN HERE S	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual s	igning as employ	er or plan sponsor
Prepare, 's na	ame (including firm n	ame, if applicable) and address; include i	room or suite numbe	r (optional)	Pre	eparer's telephone	e number (optional)
For Paperwork	k Reduction Act Notic	e and OMB Control Numbers, see the instru	ictions for Form 5500-	SF.			Form 5500-SF (2013) v. 130118

Part III	Financial Information							
7 Plan	Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year		
<b>a</b> Total	plan assets	7a	569398			0		
<b>b</b> Total	plan liabilities	7b		0		0		
C Net p	lan assets (subtract line 7b from line 7a)	7c	569398	8		0		
	ne, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
<b>a</b> Contr	ibutions received or receivable from:							
(1) E	Employers	8a(1)	25707					
<b>(2)</b> P	Participants	8a(2)		0				
	Others (including rollovers)	8a(3)		0				
<b>b</b> Other	r income (loss)	8b	34089	9				
	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				59796		
	fits paid (including direct rollovers and insurance premiums ovide benefits)	8d		D				
	in deemed and/or corrective distributions (see instructions)	8e	(	0				
<b>f</b> Admir	f Administrative service providers (salaries, fees, commissions)		(	)				
<b>g</b> Other	r expenses	8g	(	) )				
h Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
	ncome (loss) (subtract line 8h from line 8c)	8i				59796		
<b>j</b> Trans	sfers to (from) the plan (see instructions)	8j	629194	4				
Part IV	Plan Characteristics							
1A       1C       3D       3H         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 Duri	ing the plan year.			Yes	s No	Amount		
<b>a</b> Was	ing the plan year: s there a failure to transmit to the plan any participant contribut CER 2510 3-1022 (See instructions and DOI 's Voluntary Fidu			Yes	s No X	Amount		
<b>a</b> Was 29 <b>b</b> Wer	s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest	ciary Correct ? (Do not inc	ction Program)	10a		Amount		
a Was 29 b Wer on li	s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.)	ciary Correct? (Do not inc	ction Program)	10a 10b	х	Amount		
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a Was 29 b Wer on li c Wa d Did or d e Wer insu	s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) as the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's lishonesty? re any fees or commissions paid to any brokers, agents, or oth urance service, or other organization that provides some or all	ciary Correct ? (Do not ind fidelity bonc er persons lo of the benef	ction Program) Clude transactions reported I, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	× × × ×	Amount		
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a         Was           29         b         Wer           on li         On li           c         Was           d         Did           or d         e           Wer         insu           insu         insu           f         Has           g         Did           h         If th           252:         i           i         If 10           exce         Part           11         Is th           5500         11a           Entee         12           1s th         gran	s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.)	ciary Correct ? (Do not ind fidelity bonc ier persons of the benef n? s of year end See instruct ne required r 1-3 ents? (If "Ye om Schedul requiremen as applicab ig amortized	ction Program) clude transactions reported clude transactions reported that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code ole.) I in this plan year, see instructions and com Mon	10a         10b         10c         10d         10d         10d         10d         10d         10d         10d         10g         10h         10i         plete Sch         or section         ctions, and	X X X X X X X X X X X X A A A A A A A A	B (Form B (Form C Yes No 0 ERISA? Yes No 0 ERISA? Yes No		
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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					
е	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?	X Yes	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	X Yes No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s): 1	<b>3c(2)</b> EIN(s)	) <b>13c(3)</b> PN(s)				
KANT	U PENSION TRUST 11-351	15454	001				
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					