For	m 5500-SF	Short Form Annual Ret		f Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	Be This form is required to be filed u	enefit Plan	ad 1065 of the Employed	•	2	2013
	partment of Labor nefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form i	s Open to Public
Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	Ins	spection
Part I		entification Information			0/04/0	24.0	
	r plan year 2013 or fisca				2/31/2		
	urn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This retu	urn/report is:		e final return/report	francet (lace than 12 mg	ntha)		
				n/report (less than 12 mo	onths)	-	
Check b	ox if filing under:		itomatic extension			DFVC progra	arti
Part II	Pasia Plan Inform	special extension (enter description)					
1a Name		Hation —enter an requested informatio	011		1b	Three-digit	
	JNDING, LLC DEFINED	BENEFIT PLAN				plan number (PN) ▶	001
					1c	Effective date o	
-						01/01	/2012
	onsor's name and addre UNDING, LLC	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 13-41	fication Number 27143
	NUT STREET 2ND FL				2c	Sponsor's telep 718-67	
CEDARHUR	ST, NY 11516				2d	Business code (52229	(see instructions)
3a Plan ad	Iministrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
4 If the n	ame and/or EIN of the p	lan sponsor has changed since the last	return/report filed fo	or this plan, enter the	4b	EIN	
name,	EIN, and the plan numb	er from the last return/report.					
a Sponso		the beginning of the plan year			4c	PN	
		the end of the plan year			5a		6
		count balances as of the end of the plan			5b		6
					5c		
	•	uring the plan year invested in eligible a		,			X Yes No
		e annual examination and report of an i See instructions on waiver eligibility and					X Yes 🗌 No
	•	er line 6a or line 6b, the plan cannot	,				
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes 🗙 No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.	
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a 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 r	name (including firm nan	ne, if applicable) and address; include n	oom or suite number	r (optional)	Prep	arer's telephone	number (optional)

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear		
а	Total plan assets	7a	27489	7				2	67548		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	27489	7				4	67548		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:		40077	0							
	(1) Employers	8a(1)	19277	9							
	(2) Participants	8a(2)									
<u> </u>	(3) Others (including rollovers)	8a(3)	10								
	Other income (loss)	8b	-12	8							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	92651		
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)										
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i						1	92651		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	-,									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteristi	c Coc	des in	the instru	ctions	:		
	1A 3B 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristic	Code	es in t	he instruc	tions:			
Dor	art V Compliance Questions										
10					/es	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	n the time neriod described in		103	NO		Amo	ount		
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
С	· · · · · · · · · · · · · · · · · · ·			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			V					
	or dishonesty?			10d	\rightarrow	Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					V					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h		•									
<u> </u>	2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part				<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			•		Yes	X No	
11a	Enter the unpaid minimum required contribution for current year fr					 11a					
12	Is this a defined contribution plan subject to the minimum funding		· · · ·				FRISA?		Yes	X No	
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				1011 3	02 01			.00		
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc		and er	_	ne date of			ing	
14	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule			th		Day		Yea	r		
· ·	Enter the minimum required contribution for this plan year				•	12b					

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of 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?	Ye	es 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 c of the PBGC?	ontrol		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	Bc(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	lame of trust	14b Tru	sťs EIN	

60	HEDULE SB	Single Em	nlover	Dofina	d Bon	ofit Plan		OME	3 No. 1210-011	10
	(Form 5500)	Single-Em	ctuarial						2013	
	partment of the Treasury		stuariai		ation				2010	
	ternal Revenue Service	This schedule is req						This Forr	n is Open to	Public
Employee	Department of Labor Benefits Security Administration	Retirement Income S	ecurity Act o ternal Reven			section 6059 of the			Inspection	
Pension	Benefit Guaranty Corporation		an attachme	,	,	5500-SF.				
For calend	lar plan year 2013 or fiscal p		1/01/2013			and ending	12/31	1/2013		
	off amounts to nearest do									
-	n: A penalty of \$1,000 will b	e assessed for late filing o	f this report u	unless reaso	onable ca				1	
A Name o	f plan ′ FUNDING, LLC DEFINED	BENEFIT PLAN				B Three-digit	(51.1)		001	
ODIOOLI						plan numbe	r (PN)	•		
	onsor's name as shown on li	ine 2a of Form 5500 or 55	00-SF			D Employer Ide	ntificati	on Number	(EIN)	
ODYSSEY	FUNDING, LLC					1	3-4127	143		
F = (
E Type of		e-A Multiple-B		Prior year pla	in size: X	100 or fewer	101-50	0 More	than 500	
Part I	Basic Information									
•	the valuation date:	Month <u>01</u>	Day <u>01</u>	Year 2	2013	_				
	rket value					Г	2a			265152
	uarial value						2b			265152
	ing target/participant count b				(1) N	umber of participar		(2)	Funding Tar	
	r retired participants and ben		ent	3a	(.)		0	(=)	r unung run	<u>901</u> (
	r terminated vested participa			3b			1			14154
C For	r active participants:									
((1) Non-vested benefits			3c(1)						67115
((2) Vested benefits			3c(2)						187905
	(3) Total active			3c(3)			5			255020
	tal			3d			6			269174
4 If the	plan is in at-risk status, cheo	ck the box and complete li	nes (a) and (b)						
	nding target disregarding pre						4a			
	nding target reflecting at-risk at-risk status for fewer than f						4b			
-	tive interest rate	,	0 (0 0			5			4.79 %
^ –	et normal cost						6			171805
	by Enrolled Actuary									
accordan	st of my knowledge, the information s ce with applicable law and regulations	. In my opinion, each other assumption								
	ion, offer my best estimate of anticipat	ed experience under the plan.								
								00/00/	2014	
HERE		Signature of actuary						09/30/2 Date	2014	
	V ZISKIND, ESQ., FSPA	Signature of actuary						14-05	856	
		or print name of actuary					Most re		nent number	
ECONOMIC	C GROUP PENSION SERVI								94-9000	
		Firm name				Tele	ohone n		uding area co	ode)
333 7TH A 3 FL	VE								-	
	K, NY 10001									
		Address of the firm				_				
If the actuar	y has not fully reflected any	regulation or ruling promu	lgated under	the statute	in comple	eting this schedule.	check t	the box and	see	
instructions		0 01	0		•	.				
For Paperw	ork Reduction Act Notice	and UNID CONTROL NUMB	ers, see the	Instruction	S IOF FOR	111 3300 OF 5500-S	г.	Sched	ule SB (Form	1 33001 2013

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7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) (a) Carryover balance (b) Prefunding balance 7 Balance at beginning of prior year's funding requirement (line 25 from prior year) 0 0 0 9 Amount remaining (line 7 minus line 8) 0 0 0 0 10 Interest on line 9 using prior year's actual return of% 0 0 0 0 11 Prior year's excess contributions to be added to prefunding balance: 0 <
year) 0 0 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0 9 Amount remaining (line 7 minus line 8) 0 0 10 Interest on line 9 using prior year's actual return of
prior year) 0 0 0 9 Amount remaining (line 7 minus line 8) 0 0 0 10 Interest on line 9 using prior year's actual return of
10 Interest on line 9 using prior year's actual return of%
11 Prior year's excess contributions to be added to prefunding balance: a a Present value of excess contributions (line 38a from prior year) 202865 b Interest on (a) using prior year's effective interest rate of
11 Prior year's excess contributions to be added to prefunding balance: a a Present value of excess contributions (line 38a from prior year) 202865 b Interest on (a) using prior year's effective interest rate of
b Interest on (a) using prior year's effective interest rate of5.26 % except as otherwise provided (see instructions)
as otherwise provided (see instructions)
d Portion of (c) to be added to prefunding balance 0 12 Other reductions in balances due to elections or deemed elections 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 0 14 Funding Percentages 14 98.50 % 15 Adjusted funding target attainment percentage 15 98.50 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 17 % 17 If Contributions and Liquidity Shortfalls 17 % 18 Contributions made to the plan for the plan year by employer(s) and employees: (b) Amount paid by employer(s) (c) Amount paid by
12 Other reductions in balances due to elections or deemed elections 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 0 14 Funding Percentages 0 0 14 Funding target attainment percentage 14 98.50 % 15 Adjusted funding target attainment percentage 15 98.50 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 0.00 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % 18 Contributions and Liquidity Shortfalls 18 0 0 0 18 Contributions and to the plan for the plan year by employer(s) and employees: (b) Amount paid by employer(s) and employees: (c) Amount paid by employer(s) (b) Amount paid by employer(s)
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 0 Part III Funding Percentages 14 98.50 % 15 Adjusted funding target attainment percentage 15 98.50 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 0.00 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 (a) Date (b) Amount paid by employer(s) and employees: (a) Date (b) Amount paid by employer(s) employee(s) (a) Date (b) Amount paid by employer(s) (c) Amount paid by employees (c) Amount paid by employer(s) (c) Amount paid by employer(s) 09/15/2014 192779 0 0 0 19 192779 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: 19a 19a
Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 Prior year's funding requirement. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (a) Date (b) Amount paid by (b) Amount paid by (c) Amount paid by (c) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (a) Date (b) Amount paid by (c) Pryry employer(s) (a) Date (b) Amount paid by (c) Amount paid by (c) Amount paid by (b) Amount paid by (c) Amount paid by (c) Amount paid by (c) Amount paid by (b) Amount paid by (c) Amount paid by (c) Amount paid by (c) Amount paid by (c) Amount paid by (
14 Funding target attainment percentage 14 98.50 % 15 Adjusted funding target attainment percentage 15 98.50 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 0.00 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (b) Amount paid by employer(s) (c) Amount paid by employer(s) (c) Amount paid by employees
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15 Adjusted funding target attainment percentage 15 98.50 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 0.00 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by employees 09/15/2014 192779 0 0 0 0 0 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: 19a 19a
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Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (mployees) (mployees) (mployees) (mployees) (mployees) (mployees) (mployees) (mployee
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (b) Amount paid by employer(s) (c) Amount paid by employees 09/15/2014 192779 0 0 09/15/2014 192779 0 0 09/15/2014 192779 0 0 09/15/2014 192779 0 0 09/15/2014 192779 0 0 09/15/2014 192779 0 0 09/15/2014 192779 18(c) 0 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: 19a a Contributions allocated toward unpaid minimum required contributions from prior years. 19a
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (b) Amount paid by employer(s) (c) Amount paid by employees 09/15/2014 192779 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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09/15/2014 192779 0 0 1 1 1 1 <t< th=""></t<>
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19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years.
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years.
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19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years.
a Contributions allocated toward unpaid minimum required contributions from prior years
b Contributions made to avoid restrictions adjusted to valuation date
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date
20 Quarterly contributions and liquidity shortfalls:
a Did the plan have a "funding shortfall" for the prior year? 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 instructions and complete the following table as applicable:
Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th

Pa	rt V	Assumption	ns Used to Determi	ne Fundin	ng Target and	Targe	t Normal Cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: %		2nd segment: %		3rd segment: %		N/A, full yield curve used
	b Ap	plicable month (enter code)					21b	
22	Weigl	hted average ret	tirement age					22	65
		ality table(s) (see		Prescribed			scribed - separate	Substitu	
		Miscellaneo							
24			nade in the non-prescribed	l actuarial as	sumptions for the c	urrent	nlan vear? If "Ves" see	instructions	recording required
		•			•				
25	Has a	a method change	e been made for the currer	nt plan year?	If "Yes," see instru	uctions	regarding required attac	hment	Yes 🕺 No
26	Is the	plan required to	o provide a Schedule of Ac	tive Participa	ants? If "Yes," see	instruc	tions regarding required	attachment	Yes 🗙 No
27		• •	o alternative funding rules				• •	27	
Ра	rt VII	Reconcilia	ation of Unpaid Min	imum Rec	quired Contrib	ution	s For Prior Years		
28	Unpa	id minimum requ	uired contributions for all p	rior years				28	0
29			contributions allocated to	•	•			29	0
30	Rema	aining amount of	f unpaid minimum required	contribution	s (line 28 minus lin	e 29)		30	0
Ра	rt VIII	Minimum	Required Contribut	ion For C	urrent Year				
31	Targe	et normal cost ar	nd excess assets (see inst	ructions):					
	a Targ	get normal cost ((line 6)					31a	171805
	b Exc	cess assets, if ap	pplicable, but not greater t	nan line 31a				31b	0
32	Amor	tization installme	ents:	Outstanding Bala	nce	Installment			
	a Net	t shortfall amortiz	zation installment					4022	4055
	b Wa	aiver amortization	n installment					0	0
33			approved for this plan year Day Year					33	
34	Total	funding requiren	ment before reflecting carr	yover/prefund	ding balances (line	s 31a -	31b + 32a + 32b - 33)	34	175860
				(Carryover balance		Prefunding balar	nce	Total balance
35			use to offset funding						
36	Additi	ional cash requir	rement (line 34 minus line	35)				36	175860
37	Contr	ibutions allocate	ed toward minimum require	ed contributio	on for current year a	adjusteo	d to valuation date	37	175860
38	Prese	ent value of exce	ess contributions for currer	it vear (see ir	nstructions)				
			y, of line 37 over line 36)					38a	0
			line 38a attributable to use					38b	0
39			uired contribution for curre					39	0
40			uired contributions for all y					40	
Pa	rt IX	Pension I	Funding Relief Unde	er Pensio	n Relief Act of	2010	(See Instructions))	
41	lf an e	election was mad	de to use PRA 2010 fundir	ng relief for th	nis plan:				
	a Sch	nedule elected							2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election in I	ine 41a was	made			200	8 2009 2010 2011
42	Amou	int of acceleratio	ý n adjustment					42	
			celeration amount to be ca					43	

23 Plane and the plane of the plane and the plane ando	(iguoido) seguinu	auoudaia: s iai	Licha	(ທານອາຊາ)	ດເມດເມ ລາເດຣ ເດ ເມດດໄ ລ	, suctor	ssame' II shbiicspie) sug soore	bsters name (including num na	lei l
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Signature of prime administration Signature of prime administration Signature of prime administration Signature of prime administration Signature of prime administration Complete all extremelection Dirich prime administration Signature of prime administration Signature of prime administration Signature of prime Dirich prime administration Dirich prime administration Signature of prime administration Signature of prime administration Signature of prime administration Dirich prime administration Dirich prime administration Signature of prime administration Signature of prime administration Signature of prime Dirich prime administration Dirich prime administration Dirich prime administration Signature of prime administration Signature of prime administration Signature of prime administration Dirich prime Dirich prime administration Dirich prime administration Dirich prime administration Signature of prime administration Dirich prime administration Dirich prime administration Dirich prime administration Dirich prime administration Signature of prime administration Dirich prime administration Signation Dirich		-			615101			115 100	
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Current presents decide a finite in a control prior of the prior	L								
C	y knowledge and cable, a Schedule	ilqqs if appli	ni ,hoq	entropy and this returning	, I declare that I have	notions	er penalties set forth in the inst	er penalties of perjury and oth	puU
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-5F (2013) 811051.v

Schedule SB, line 32 -Schedule of Amortization Bases

Odyssey Funding

/ 001

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

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2012	167,983	Shortfall	151,529	6	26,115
	01/01/2013	-147,507	Shortfall	-147,507	7	-22,060
Totals:				\$4,022		\$4,055

Schedule SB, line 22 -Description of Weighted Average Retirement Age

Odyssey Funding

/ 001

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

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V **Summary of Plan Provisions**

Odyssey Funding / 001

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

Employer:	Odyssey Funding, LLC
Type of Entity -	Limited Liability Company (LLC)
	EIN: TIN: Plan #: 001 Plan Type: Defined Benefit
<u>Dates:</u>	Effective - 01/01/2012 Year end - 12/31/2013 Valuation - 01/01/2013 Top Heavy Years - 2011, 2013
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union
	Minimum age - 21 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
	First of month coincident with or next following attainment of age 65 and completion of 5 years of participation Not provided
Average Compensation:	Highest 3 consecutive years of service
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation
Plan Benefits: Retirement -	Derived from the unit credit benefit formula below:
	10% of average monthly compensation per year of service beginning year 1 limited to 10 year(s)
Accrued Benefit -	Unit credit based on service. Service prior to 01/01/1994 is excluded
	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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum
Death Benefit -	Present Value of Accrued Benefit
Top Heavy Minimum:	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$205,000
	Maximum 401(a)(17) compensation - \$255,000
Normal Form:	Life Annuity
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit
Vesting Schedule:	Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Odyssey Funding

/ 001

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

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

<u>417(e):</u>

 Interest Rates Segment #
 Years
 Rate %

 Segment 1
 0 - 5
 1.00

 Segment 2
 6 - 20
 3.57

 Segment 3
 > 20
 4.77

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

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5.5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 26 -Schedule of Active Participant Data

Odyssey Funding

/001

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

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29		1								
30 to 34		1								
35 to 39		1	2							
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Odyssey Funding / 001

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

				*			_	
Valuation Date:	01/01/2013							
Funding Method:	As prescribed in IRC	Section 430)					
Age	- Eligibility age at near	est birthday	and other a	ges at nearest birt	hday			
	New participants are	included in	current yea	's valuation				
Prospective Compensation	- Highest 3 consecutiv	e years of s	ervice					
Form of Payment	 Assumed form of pay the greater of the pre Mortality Table or lun discounted using app maximum allowable of Applicable Mortality T Minimum 	esent value on sum at th propriate seg distribution,	of accrued b e assumed gment rate. which is the	enefit computed us retirement date of Lump sum on plan lesser amount cor	sing funding yie accrued benef actuarial equiv nputed using a	eld curve and 417(e) it using plan actuarial valence rates will not a) 5.5% interest and th	Appli equi exce ne	
Interest Rates	- Yield curve for month Date as permitted un			Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)				
	Yield Curve Rate	Year	Rate %	Segment #	Year	Rate %		
	Half Yr Rate	1/2	0.32	Segment 1	0 - 5	5.23		
	Five Yr Rate	5	1.56	Segment 2	6 - 20	6.51		
	Twenty Yr Rate	20	4.46	Segment 3	> 20	7.16		
Pre-Retirement -	Mortality Table - Turnover/Disability - Salary Scale - Expense Load - Ancillary Ben Load -	None None None None None						
Post-Retirement -	- Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)							
	Cost of Living -	None						
	Lump Sum -	or	·	nnuity Reserving F le Mortality Table f		e AA (unisex) at 5.5% sex)	5	
Asset Valuation Method:	Fair market value of a			-		,		
Discrimination Test Assumption	ns:							
	Based on all employe	ees						
Otherwise Excludable -	Otherwise Excludable	e HCEs are	included wi	h the Not Otherwis	e Excludable	employees		
10(b)/401(a)(4) Testing:								
Pre-Retirement -	Interest - 8	8.5%						
Post-Retirement -	Interest - 8	8.5%						
		G71M - 197 ⁻	1 Group Ani	nuity (male)				
Permissively Aggregated Plans -				• • •				
	Use current compens		culate the b	enefit accrual rate	(annual metho	d)		
	Normal retirement ag					-		
	-							
Normal Form for MVAR -	Joint with 50% Surviv	VOL RENETITS						

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Odyssey Funding

/ 001

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

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

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

SCHEDULE SB	Single-Employer Defined Benefit Plan			OMB No. 1210-0110	
(Form 5500)	Actuarial Information				
Department of the Treasury Internal Revenue Service					2013
Department of Labor Employee Benefits Security Administration	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).			This Form is Open to Public	
Pension Benefit Guaranty Corporation	File as an attachment t	. ,	00-SE	'	Inspection
For calendar plan year 2013 or fiscal p				12/31/2013	
▶ Round off amounts to nearest do	llar.				
Caution: A penalty of \$1,000 will be	e assessed for late filing of this report unle	ess reasonable caus	e is established.		
A Name of plan			Three-digit		
Odyssey Funding, LLC Defined Benefit Plan			plan number (l	PN) ►	001
		al.	Free and the second second	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	Contraction of the second
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SE		Employer Identif	ication Number (EIN)
			D Employer Identification Number (EIN)		
Odyssey Funding, LLC				127143	
E Type of plan: X Single Multiple	e-A 🛄 Multiple-B 🛛 🖌 🖡 Prior	r year plan size: 🗴	100 or fewer 10	01-500 🗍 More	e than 500
Part I Basic Information					
1 Enter the valuation date:	Month 01 Day 01	Year 2013			
2 Assets:		1 cai <u>2013</u> .			and the strength of
				a	265,15
				2b	265,15
3 Funding target/participant count t	reakdown:	(1) Num	ber of participants	(2)	Funding Target
a For retired participants and ben		3a (1) (1)	0		ranger
b For terminated vested participa		3b	1		14,15
C For active participants:	L.	konst stižeje i na	t i ja		
• •		lc(1)		944	67,11
		lc(2)	e de translation		187,90
		Sc(3)	5		255,02
d Total		3d	6		269,17
4 If the plan is in at-risk status, che	ck the box and complete lines (a) and (b) .		1		
	scribed at-risk assumptions			a	
b Funding target reflecting at-risk	assumptions, but disregarding transition r ive consecutive years and disregarding loa	rule for plans that ha		-	
· · · · · · · · · · · · · · · · · · ·	the senecedary pour and deregarding to			5	4.79 %
6 Target normal cost				3	171,80
Statement by Enrolled Actuary	. 17				
To the best of my knowledge, the information sup accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	plippl in this schedule and accompanying senedules, stal my opinion, each other assumption's reasonable (taki experience under the plan.	lements and attachments, ng into account the experie	if any, is complete and ac ence of the plan and reas	ccurate, Each presribe conable expectations) a	d assumption was applied in and such other assumptions, in
SIGN HERE	ht -			09/30/20:	
	Signature of actuary			Date	· · · · · · · · · · · · · · · · · · ·
N. Yaakov Ziskind, Esq., FSPA				14-05856	
Type or print name of actuary			Most recent enrollment number		
Economic Group Pension Services				(212) 494-9	
· · · · · · · · · · · · · · · · · · ·	Firm name	<u> </u>	Telepho	one number (incl	uding area code)
333 7th Ave			·	,	- /
3 Fl					
US New York	NY 10001				
	Address of the firm				